

**SOUTH EASTERN HEALTH &
SOCIAL CARE TRUST**

**REPORT ON DISCHARGE OF
DELEGATED STATUTORY
FUNCTIONS
AND CORPORATE PARENTING**

1st April 2016 – 30th March 2017

CONTENTS PAGE

SECTION 1		PAGE
1.0	INTRODUCTION	3
SECTION 2 EXECUTIVE SUMMARY		
2.0	General	4
2.1	Statement of Controls Assurance	4
2.2	Accountability arrangements from frontline staff to Executive Director on Trust Board with responsibility for professional social work.	5
2.3	Executive Director of Social Work's General Statement of Controls Assurance setting out the Trust's performance in-year against the Discharge of Statutory Functions	6
2.4	Summary of areas where the Trust has not adequately discharged Delegated Statutory Functions.	6
2.5	Progress report on Actions taken to improve performance, including financial implications. This section should make specific reference to last year's report (sect 2.4), actions arising, and progress made.	9
2.6	Highlight which, if any, of the areas require further improvement and if they have been included in the Trust's Corporate Risk Register.	9
2.7	Set out the systems, processes, audits and evaluations undertaken internally or externally identifying emerging trends and issues which shape the Directors conclusion about Trust performance.	10
SECTION 3 GENERAL NARRATIVE		
3.0	Mental Health	11
4.0	Adult Physical Disability	28
5.0	Adult Learning Disability	49
6.0	Primary Care and Older People	71
7.0	Children's Services – Cared For Children	96
8.0	Children's Services - Safeguarding	117
9.0	Corporate Parenting Report (CC302)	131
10.0	Assessed Year in Employment	216
11.0	PSS Training Strategy Accountability Report	224
12.0	Local Adult Safeguarding Partnership Report (LASP)	238
Appendix 1	South Eastern HSC Trust Delegated Statutory Functions Monitoring Action Plan Update	283
Appendix 2	Statutory Functions Data Returns	313

Introduction

This is an annual report on the discharge of delegated statutory functions in respect of services undertaken by the social work and social care workforce within the South Eastern Health and Social Care Trust (the Trust), covering the period 1st April 2016 to 30th March 2017. The scheme of delegation was approved by the Trust Board on November 2011.

The scheme provides the overarching assurance framework for the discharge of statutory social care functions. It outlines the powers and duties which are delegated to the Trust; the principles and values which underpin the delivery of statutory services; the policies, circulars and guidance to which the Trust must adhere in the discharge of such functions; and the organisational assurance arrangements in respect of same. The scheme requires the Trust to produce this annual report addressing how it has discharged those statutory functions pertaining to social care services.

This report has been completed in line with regional guidance. It combines discharge of statutory functions reporting and the six monthly corporate parenting report. The report provides a summary of the discharge of statutory functions across all directorates. This is presented in separate sections 3-8. The corporate parenting report (CC302) is presented in section 9 of the report.

In line with the Trust's corporate priority of ensuring safety, promoting quality and testing the service user experience, emphasis, is placed on not only providing the numerical data required for the report but also ensuring that accountability, quality assurance, and service user participation and feedback is integrated within the delivery of statutory functions. In this way the Trust seeks to ensure public confidence in the delivery of the service and demonstrates a continued commitment to a culture of improvement, innovation, safe and effective practice.

EXECUTIVE SUMMARY

2 GENERAL

The Trust as a corporate entity is responsible for the discharge of statutory functions delegated to it. Through the Chief Executive, the Executive Director of Social Work (EDSW) holds delegated responsibility for personal social services functions.

The Executive Director of Social Work is Mr Brendan Whittle who is a qualified social worker and is registered with the Northern Ireland Social Care Council (NISCC) on Part 1 of the Register. Mr Brendan Whittle took up post on 1st March 2015.

The Executive Director of Social Work is a member of the Trust Board and is accountable to the Chief Executive for compliance with legislative requirements and for ensuring that systems, processes and procedures are in place to effectively discharge statutory functions in respect of child care, mental health, disability, community care and in relation to the social work and social care workforce.

2.1 Statement of Controls Assurance

Throughout this reporting period the Trust has sought to effectively discharge delegated statutory functions across all directorates. Information presented in the individual directorate reports provides detailed analysis of compliance and controls assurance arrangements (see sections 3-9).

The Executive Director of Social Work (EDSW) has implemented controls assurance arrangements and held performance management reviews with social work leads across all directorates. The EDSW is satisfied that delegated statutory function requirements have achieved reasonable compliance across all service areas.

Regulation and Quality Improvement Authority (RQIA)

The Trust has fully co-operated with the RQIA in its discharge of its regulatory and inspectorial functions.

Throughout the commentary contained in this report, reference is made to reviewing and reporting arrangements with RQIA in relation to the provision of regulated services and the statutory duty of quality.

Northern Ireland Social Care Council (NISCC)

Since 2007, the Trust has implemented a policy on NISCC registration, which outlines roles and responsibilities of all staff in ensuring appropriate registration and monitoring of the workforce. The Assistant Director of Social Work, (ADSW) has overall responsibility for the regulation of the workforce, implementing systems and arrangements for monitoring compliance.

The Trust has meets its obligations outlined in the NISCC Standards of Conduct and Practice.

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

Professional Accountability

The EDSW has ensured there is an unbroken line of professional accountability from social workers, through team managers and senior managers to the EDSW.

The EDSW has ensured that those managers who are responsible for the planning and delivery of social work services to children and their families are professionally qualified social workers. A professionally qualified social worker is employed at Director and/or ADSW level in all of the directorates undertaking statutory functions. This ensures accountability arrangements are clear and unambiguous.

All social care workers and professional social workers receive supervision within the organisation. In uni-disciplinary teams, professional social work supervision is provided to all social workers by professionally qualified senior social workers, ensuring opportunity to review individual practice and accountability. Within integrated teams social workers receive monthly supervision by their managers and professional supervision by a social work manager on a three monthly basis, where the manager is not a social worker.

An annual audit of supervision practice within each directorate is completed. The outcomes of these audits are detailed within individual directorate reports.

Social Care Governance Arrangements

The EDSW is assisted by an ADSW who is responsible for ensuring the Trust implements appropriate social care governance arrangements. The post holder maintains responsibility for the regulation and development of the workforce and quality assurance of the provision of delegated statutory functions.

Assessed Year in Employment (AYE)

All newly qualified social workers participate in an assessed year in employment which ensures they are practicing at an appropriate level of

competence. NISCC set standard for employers to monitor and measure the social workers competence and support during this assessed year. On two occasions per year audits of adherence to the standards are undertaken within the Trust.

During this reporting period audit findings have highlighted a high level of compliance across all the required NISCC standards within the Trust. The Trust sustains a significant level of monitoring and support to newly qualified social workers and intends to maintain these high standards.

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

The information contained in this report demonstrates where the Trust has performed reasonably against the discharge of delegated statutory functions.

Robust governance arrangements are in place across all directorates ensuring continuous monitoring and improvements (where necessary) in all areas relating to delegated statutory functions and all regulatory requirements for relevant bodies.

The integration of sound governance systems has ensured opportunities for continuous audit and improvement activity.

Audits and reports contained throughout the body of this report demonstrate how the Trust has ensured adherence to professional governance requirements and service delivery. Outcomes of audits, inspections, and reviews completed both within the organisation and other regulatory bodies have demonstrated consistence with requirements and continuous improvement in practice. Regulated services have been subject to RQIA inspection and overall positive reports have been received. Quality improvement actions have been implemented where improvements were required.

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

During this reporting period the Trust has experienced a number of challenges in relation to the discharge of delegated statutory functions. Such difficulties are not entirely unique to the Trust during 2016/2017. All issues have been raised with HSCB. Some require a regional approach to improvement, as outlined in the following areas;

Looked After Children

The Trust continues to experience difficulty in meeting the individual needs of children for appropriate placements. There has been an increase in demand for placements during this reporting period due to an increase of 44 looked after children. This difficulty has been compounded by the reduction in the number of foster carers over the previous three years with the loss of forty foster carers. Additionally the significant growth of kinship or family placement together with the introduction of the kinship care standards has placed additional pressure on fostering teams who are actively contributing to a regional fostering service recruitment process. As a result of the increase in demand and the Trust's inability to respond to same there is an increasing number of children in unsuitable care placements. There has also been a reported increase in a number of moves that children have experienced. The trust intends to undertake a deeper analysis and there is some concern that the data does not represent actual practice. The Trust intends to furnish a separate report on this in due course. To meet the increased demands the Trust is increasing use of private agency placements.

Unallocated Cases

The Trust has continued to be unable to allocate all cases for family support assessment and intervention during this reporting period. The Trust continues to experience variation in relation to the number of unallocated cases. The number of unallocated cases peaked at 208 in January 2017 and reduced to 105 at 31st March 2017, which is a reduction from March 2016, when 179, children were awaiting a service.

Lakewood Secure Care Centre

During this reporting period (particularly from December 2016), the Trust experienced considerable difficulty in the staffing of the Lakewood facility. In response, the Trust had to restrict admissions to stabilise the service and ensure the implementation of an appropriate recovery plan. Presently a significant number of measures have been implemented to enhance the staffing quota. Additional support has been provided from across children's services to support the residential care team in meeting the needs of individual young people in secure care.

Children with Disabilities

The Trust has experienced difficulty in providing bespoke placements for children with learning disabilities who present with complex challenging behaviours. Given their individual needs these children cannot live within group living arrangements and require specialist placement. This is a challenge which is experienced by other Trusts. A review of current provision across the region is underway to explore how Trusts can respond to this growing demand.

Older People's Services

As reported in 2015/16, the Trust continues to experience a challenge in relation to the lack of capacity in domiciliary care services. The Trust continues to experience difficulty in sourcing care packages from the independent sector. This has impacted on patient flow and unscheduled care as some patients are delayed in acute beds when timely packages cannot be sourced. The Trust is continuing to address this difficulty across a number of fora. This is a regional issue.

The Trust continues to place significant emphasis on the quality assurance of nursing, residential and domiciliary care from independent providers. During this reporting period concerns in respect of Dunmurray Manor were identified. An investigation is underway by the Commissioner for Older People: which will include an examination of the actions of those responsible for the commissioning provision and monitoring, and registration of the care provided.

Mental Health Services

Within mental health services recruitment and retention of social work team leaders has impacted on the directorate's ability to ensure clear lines of professional accountability for social work during this reporting period. Two new team leaders are now in post. The temporary reduction in team leaders had a significant impact on the Trust's ability to undertake the duties of the 'designated officer' role in adult protection. A review of the discharge of the duties of this role is currently being undertaken, to ensure the Trust can meet demands.

The Trust has ensured the provision of approved social work duties however workforce issues are impacting on the continued management of the delivery of this specialist activity. This has been added to the mental health directorate's risk register and has been considered at the Trust's Social Work Executive. A workforce plan has been developed to address concerns; however this appears to be a regional practice issue which may require a regional solution.

Adult Disability Services

Within disability services there continues to be challenges in discharging delegated statutory functions due to a lack of designated living and respite options for people under 65 with a physical sensory or neurological condition

As reported in previous annual reports there continue to be a lack of dedicated community based options for people with forensic history.

Lack of community placements continue to contribute to delays in discharge arrangements from Muckamore Abbey. Presently there are twelve people with a learning disability fit for discharge who are unable to have their needs met within a community setting

As adults with learning disability age there continues to be an increasing profile of older carers. The Trust are leading work with individual families and key stakeholders to provide appropriate services to this ageing population.

Emerging challenges in the provision of delegated statutory functions in this reporting year focus on a lack of additional funding through supported people to develop supported living opportunities for people delayed in hospital or where their current home circumstances break down. This continued lack of investment will impact on adult disability to plan and develop living options independently within the community. The Trust are actively working the HSCB and other stakeholders to explore appropriate responses to these service challenges.

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

During this reporting period social work leads from the Trust and the Assistant Director (SCG) have met regularly with representatives from HSCB to review the action points agreed as part of the annual review of the provision of delegated statutory functions and CC302 for 2016/17.

The action plan contained in Appendix 1 highlights the status of all improvements made. Further detailed information is presented in individual directorate reports. The majority have been achieved and signed off by HSCB during 2016/17.

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

The issues of capacity to provide and quality assure in domiciliary care services in older peoples services is recorded on the Trust corporate risk register. Where there are assessed risks in practice, individual improvement arrangements are in place across all areas and referenced throughout the directorate sections of this report.

The fragility of the secure cared service, has been held on the childrens Directorate risk register but has been has been escalated for consideration as a corporate role for the Trust in 2017/18.

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

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

All of the systems, processes, audits and evaluations undertaken in this reporting year and the results emerging trends and issues are detailed throughout the report.

Audit is only one part of the Trust's quality assurance and performance management arrangements in relation to service delivery. Each directorate retains a balance scorecard and the delegation of statutory functions and corporate parenting are integrated within the requirements for reporting under this process. Performance management meetings are held on a regular basis with the Director of Planning and Performance which ensures a level of independent monitoring of service provision and achievement of appropriate standards in practice. The social work executive forum meets on a regular basis; it monitors compliance with delegated statutory functions and measures the outcomes and improvement activity associated with audits and evaluations.

RQIA thematic and facility inspections offer external assurance arrangements. The Trust's emphasis on ensuring safety, promoting quality and testing the service user experience has afforded many opportunities for practitioners to become more involved in leading, reviewing and promoting service user experience from front line practice. Such projects are referenced throughout the report and they have been successful in leading improvement within the Trust.



Brendan Whittle
Director of Children's Services & Executive Director of Social Work.
May 2017

Mental Health

Mental Health

3.1 Named Officer responsible for professional Social Work

There remains an unbroken line of professional accountability for social work: Bria Mongan the Director of Adult Services and Prison Healthcare. Yvonne Russell-Coyles is the social work lead and Community Mental Health Services Manager. Both are social workers registered with the NISCC. The lead social worker professionally reports to Bria Mongan, who intern reports through to the Executive Director of Social Work.

Yvonne has been receiving professional supervision from the Assistant Director Disability Services. The acting ASW lead, John Hogan, remains responsible for ensuring that statutory functions and standards are met. This post is in the process of recruitment again, as recruitment at this level remains a challenge.

3.2 Supervision arrangements for social workers

Multi-disciplinary supervision is carried out as per Trust supervision policy on a monthly basis.

To reflect the HSCB's recommendation professional social work arrangements were amended so that social workers are offered professional supervision six times per year. There have been 3 new social work team leaders appointed over the last year. In some areas professional supervision has been offered only through peer group support and professional forum.

Where a social worker's line manager is social work trained; staff will continue to have access to monthly supervision combining both operational and professional supervision. All social workers are offered monthly supervision with their line manager. A format for professional and operational supervision has been devised and guidance issued to line managers. The social work lead has monthly supervision with the Assistant Director and professional supervision is available with the Assistant Director of Adult Disability Services on a bi-monthly basis.

Community Adult Mental Health Services posts have been banded as Band 6 hence there are no Band 5 social workers requiring AYE induction & supervisions. Newly appointed band 6 social work staff, are offered additional supervision during their induction period and thereafter monthly.

All social work practitioners have the opportunity to attend bi-monthly, a trust wide professional social work forum to enhance the engagement and professional development functions of supervision.

All approved social workers (ASW's) from any directorate, have access to the bi-monthly approved social worker professional forum. There are three geographical sector ASW peer supervision groups which meet quarterly focusing on: quality assurance of reports, ensuring best practice, sharing knowledge and reflection on practice.

Within operational supervision the social worker brings a current caseload weighting document to each supervision session. The caseload weighting tool enables the team leader to monitor the workload and ensure that appropriate caseload size is maintained. The social worker also brings a number of case files for discussion and audit. service users who are subject to: enhanced care planning, child protection/children's service interface and adult protection/safeguarding issues are discussed during all one to one supervision sessions. The actions from these case discussions are directly recorded onto the IT system for appropriate information sharing and reduction of risk. In addition to the caseload waiting tool the principles of choice, partnership and Corrective Action Preventive Action (CAPA) documentation are reviewed at supervision. This has been invaluable as capacity and demand within the system can be understood. Reflective practice is promoted within one to one supervision and through peer group supervision.

3.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>												
	<p>Audit of Supervision of Social Workers in Adult Mental Health</p> <p>The supervision audit for 16/17 was completed in March 2017 and a full complement of social worker files (39) examined.</p> <table border="1" data-bbox="312 1451 1348 1682"> <thead> <tr> <th data-bbox="312 1451 831 1491">Sector of Work</th> <th data-bbox="831 1451 1348 1491"></th> </tr> </thead> <tbody> <tr> <td data-bbox="312 1491 831 1532">Community</td> <td data-bbox="831 1491 1348 1532">64% (22)</td> </tr> <tr> <td data-bbox="312 1532 831 1572">Hospital and Home Treatment</td> <td data-bbox="831 1532 1348 1572">26% (12)</td> </tr> <tr> <td data-bbox="312 1572 831 1612">Addictions</td> <td data-bbox="831 1572 1348 1612">5% (3)</td> </tr> <tr> <td data-bbox="312 1612 831 1653">Psych Therapies</td> <td data-bbox="831 1612 1348 1653">3% (1)</td> </tr> <tr> <td data-bbox="312 1653 831 1682">Care Management</td> <td data-bbox="831 1653 1348 1682">3% (1)</td> </tr> </tbody> </table> <p>This included hospital and home treatment, assessment centre and community mental health team, care management, psychological therapies and addictions services. The following findings were noted.</p> <p>In terms of supervision frequency, 77% of the sample had supervision each month. Of the remaining 23% partial compliance was met and 5 staff experienced extended sick leave. Most other staff achieved six supervisions in the year. Two staff had received only four supervisions in the last year.</p>	Sector of Work		Community	64% (22)	Hospital and Home Treatment	26% (12)	Addictions	5% (3)	Psych Therapies	3% (1)	Care Management	3% (1)
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This demonstrates a significant improvement on the same audit last year of monthly supervision (33% increase on monthly supervision). Reasons why supervision was not completed, noted supervisor or supervisee were on sick leave and workload pressures predominantly. It is notable that full compliance was achieved by the community mental health team.

Supervision agreements where in 69% of social workers files: a reduction from last year. A further 23% had an agreement which needed to be reviewed due to new Team leader /line manager in post. Only 8% of files did not have a contract. An improvement of 20% was shown in usage of agendas 70% to 90%. Supervision sessions were recorded promptly, competently and stored properly in 87% of files. KSF appraisal completed were 67% for social worker staff. This is down slightly from last year's figure. Continuous professional development is noted on 74% of the files and this is monitored along-side the mandatory training matrix. At each supervision the supervisor ensures the support function of supervision is met (85%) and the engagement function is also met (92%).

Supervision should be planned in advance and arranged, conducted in such a way as to permit proper reflection and discussion. Should supervision be cancelled, this should be re-arranged as soon as possible to prevent non-compliance with Trust standards. The recording of the content and detail of the discussion could be more detailed and contained within the supervision record.

Professional supervision, where the line manager may not be a social worker, is provided bi-monthly. This occurs in group format due to numbers requiring this facility. The audit showed that some files did not have recorded evidence of professional supervision, but the supervision may have taken place. The audit suggests that 56% of social workers receive professional supervision when the line manager is from a different discipline.

The Trust's mental health social work staff can also access a bi-monthly professional social work forum. Two forums occur in each Sector for ease of attendance. There is an expectation that all social workers should attend four out of six meetings in a year.

An audit of the attendance at the social work forum identified significant deficit in meeting the standard.

1 staff attended 6 forums
4 staff attended 4 forums
6 staff attended 3 forums
12 staff attended 2 forums
17 staff attended 1 forum
16 staff attended 0 forums.

To attend to this deficit staff will be reminded of the standard for

attendance and this should be monitored more closely by their team leaders in supervision. Mental health social work was well represented at the Trust's World Social Work Day event on the 21.03.17.

Case discussion occurred in 97% of files of which 56% had reflection recorded. Following last year's outcome of limited reflection a new format was drawn up for use in the supervision file. The new format was only found on 2 files and not used consistently. Some reflection sheets were placed in training records as part of their continuous professional development. Further promotion of the reflection sheets is required to have a consistent approach to recording.

Adult Safeguarding

The demand of safeguarding referrals decreased by 22.8% (52 referrals) in 2015/16 and the referrals have decreased by a further 32% (57 referrals) from last year's figures with a total of 119.

Staff will consult with the designated officer regarding any safeguarding adult concerns and there has been a significant decrease in the number of inappropriate referrals as a result.

There are currently three social work team leaders (one in each sector), who act as the designated officers. They are required to complete multiple documents and recordings across several paper and electronic based systems for each referral.

Two new social work team leaders have taken up post (Oct'16 and Jan'17) and are due to be trained as designated adult protection officers (D.A.P.O) in June'17. The designated officer role remains a senior social worker or team leader role. The current designated officers have been unable to give the time to get information onto the SOSCARE system.

A temporary arrangement whereby a Band 7 ASW worked alongside the adult safeguarding team had been extended to the end of August 2016 to facilitate recruitment and selection of new team leader posts and their designated officer training.

In addition, a one year DAPO post will be recruited to take on the majority of the DAPO work and reduce the team leader's current level of commitment to this task. This role will be linked to the safeguarding team and will carry out all levels of investigations, ABE interviews and co-ordinate support for the other DAPO's within the programme.

Serious Adverse Incident Reviews.

There were a total of eleven serious adverse incidents reported in the year 2016/2017, which is a reduction from last year. However, the significant event audits (SEA's) have increased to seventeen. Whilst there have been no specific issues regarding social work, the learning

from all such processes is shared within the multi-disciplinary forums and at supervision.

The mental health programme has rigorous procedures in place for the management of serious adverse incidents (SAI's) reviews, consistent regional guidance. The corporate risk management and governance department are in process of reviewing the SAI process and self-harm incidents will no longer equate to a serious event audit.

Audits

The community mental health, home treatment and assessment centres have all completed their suite of ISO policies and procedures. These are reviewed and audited by Level 5 managers through an annual audit plan. Service user perspectives and feedback have enhanced/developed service received from the assessment centres. Corrective action plans and reviews are timetabled to evidence progress and improve overall quality.

File audits against recording standards occurs monthly and these have identified key themes:

Service user's signature not on care/support plan or risk management plan and re-assessment documentation needs to be completed at annual review of long term cases.

Carers' Assessments

The data shows that carer assessment uptake has increased since October 2016. A quality improvement extension for community health care outcomes (ECHO) project commenced September 2016 with an aim to increase uptake and offer of carers assessments within community mental health teams by 20% by the end of March 2017. This work had 3 key areas to address:

1. Reviewing carer assessment documentation to produce a shorter carer friendly document;
2. Improve system for recording and collecting data for carers assessments;
3. Improve communication with families throughout the service users journey and providing them with appropriate information and gaining feedback through formal and informal methods.

Two carers events occurred in October 2016 and the feedback has been incorporated into the work of the ECHO project.

Some challenges have arisen, such as attempting to change the regional carers document and availability of support for carers outside the 9.00 am to 5.00 pm core hours. A draft new "carer conversation" has been co-designed with carers and a small Safety Quality Experience (SQE) project team and the paperwork has been tested on 3 different

	<p>occasions. From quarter 3 (Sept-Dec'16) to quarter 4 (Jan- March'17) the outcomes have been very positive with 75% of an increase in carers assessments offered and an increase of 70% in carers assessments completed. Also there has been an increase in relative/carer contact of 44%. Staff experience to date indicates that the dedicated time given to carers has resulted in meeting the needs of individual carers.</p> <p>A mental health carer project worker has been appointed to further promote carers work and self-directed support (SDS) over the next 6 months as a small budget has been identified to support carers. In addition this role will support staff to complete new paperwork when this is approved to go directorate wide. Further work regarding reasons for declining current NISAT carer assessment is to continue as some of the issues have been resolved with the new draft documentation and dedicated staff time.</p> <p>Of the 3 assessments recently declined, 1 was due to carer not seeing themselves as a carer and 2 with not being the right time for the carer. This has been recorded and will be reviewed with the carers when their situation is more settled.</p> <p>For the period 2016/2017, a total of 405 carer's assessments have been offered and total carers assessments completed 184, this is a 20% from last year.</p> <p>There has been a steady increase in the number of carer/relative contacts and family work in the last year. A total of 1,743 have been recorded. This demonstrates the inclusion of family /carers in the care and support offered to the service user.</p>
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<p>3.4</p>	<p>Report on the Programme of Care's interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC</p> <p>The mental health social work services manager / social work lead, has established a list of all social work and social care staff, registered with NISCC working within mental health services. This list is checked on a monthly basis to ensure that all social work and social care staff, are actively registered with NISCC.</p> <p>All social care and supported accommodation staff are currently registered with the NISCC.</p>

All social workers are required to have a copy of their certificate of registration on their supervision file this is audited by team leaders.

The adult mental health programme has had no AYE staff in the last year however this is something the programme will need to reconsider as a social workers in the community mental health services has historically been appointed as Band 6. The programme is compliant with practice learning site standards for student social workers and continues to offer placements at levels II and III. Therefore we should take the opportunity to grow our own social workers/workforce.

All staff are encouraged to reflect their learning on the Professional in Practice (PiP) accreditation system on the NISCC website. A number of staff are recording all training and development in this way. This will continue to be encouraged at the social work forum.

RQIA

All of the Trust's mental health supported living facilities were inspected with no corrective action plans required.

3.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	3.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	3.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Line of accountability for professional supervision has not been provided consistently due to reduced social work team leaders.</p> <p>Reduced number of social work team leaders has had a significant impact on the designated officer role.</p>	<p>Issue to be highlighted at management level and a system put in place by May '16.</p> <p>Quality improvement project completed and evidence from this shows considerable increase in number of carer assessment completed, offered and care/relative contact.</p> <p>A temporary post has been created to promote the development of this work with carers/relatives, and successfully implement SDS.</p> <p>Two new Team leaders appointed and will provide professional supervision in group format due to numbers of social work staff with a line manager from a different discipline.</p> <p>3 Team leaders recruited and now in post.</p> <p>Review of the designated officer role and alternatives to current situation being</p>	

		explored by senior management. A temporary arrangement ended in August '16. It is anticipated that another one year post will be developed to assist the team leaders.	
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3.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>Retention levels for social work staff in mental health services remain high and this gives continuity to the workforce. However, analysis of the age of social workers and ASW's would indicate that the majority of the workforce is over 45 years and hence we have to build and develop the social work workforce. This will be at all levels whereby students should be encouraged to apply for AYE posts who can then become Band 6 social workers who should then complete ASW within 2 years showing a progression and career pathway for social workers.</p> <p>A Workforce Strategy for 2016-2019 for the directorate enables measurement of success by completing: annual appraisals, regular supervisions, through the introduction of outcome measures, audits and service development plans, as part of assessing performance. All social workers will be expected to complete the requirements of developing (capable teams) under the Regional CPD Framework. A 5 day training programme has been developed and rolled out across mental health services. The skill mix within teams will need to be reviewed to enable the Trust to develop adequate social workers and enable them to progress as ASW workers.</p> <p>There has been difficulty recruiting to team leader social worker posts in the past, however, 3 new social work team leaders have taken up post in the last year. These team leaders, will fulfil the DAPO role and should the team leader be ASW qualified they will also contribute to the organisation providing sessions to the rota alongside quality assuring the documentation.</p> <p>ASW numbers have remained under review and had been adequate to allow the Trust to discharge its statutory responsibility within the context of the current legislation. One ASW has retired and a further 2 may do so this year. This year 2 staff are completing ASW which will balance the current numbers. It has been identified that a greater number of candidates will need to complete the ASW training each year to maintain and prepare for future requirements under the Mental Capacity Act (NI) 2016.</p> <p>The fulfilling of the statutory duties has been difficult due to staff shortages and this has been recorded on the directorate risk register and raised with the Director of Social Work. The ASW Workforce review has occurred and needs progressing and short term measures are in place by having an ASW bank facility.</p> <p>An options appraisal plan regarding the ASW workforce has been</p>

	<p>completed. Confirmation that other programmes of care will contribute to the ASW rota and responsibilities needs is subject to discussion by the social work executive.</p> <p>All social workers within mental health are contracted to work across seven days (although this is not required currently for those in the community mental health team). Flexible working arrangements are in place to allow implementation of family friendly policies.</p>
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<p>3.9</p>	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</p>
	<p>The Trust adheres to the charging for Residential Accommodation Guidelines of the DOH Charging for Accommodation Guide (CRAG 2015) amended text document.</p>

<p>3.10</p>	<p>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</p>
	<p>Hospital social workers are managed within a new structure for the acute service provision within mental health services. There are 7.5 wte who work across the 3 sectors and who are supervised by the home treatment team leaders.</p> <p>Work has started to reduce duplication of tasks that the care management staff and hospital social workers complete. The hospital care pathway is due to be reviewed again. Self-directed support training is mandatory for all hospital social workers this year.</p>

<p>3.11</p>	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>All practitioners within mental health services are required to treat everyone with dignity and continually consider an individual's human rights.</p> <p>This is evidenced in assessment documentation where the areas of: confidentiality, seeking consent to involve others, collecting corroborative history, completing risk assessment, identifying any communication issues or concerns as well as alert raising. The service user is fully involved and advised of progress throughout, as is the</p>

carer/family member where appropriate.

This ethos is carried through to any on-going collaborative working which with the individual and also their family.

Think Family pilot

The Trust has completed a pilot of the Think Family, Think Child approach within the Down Sector on 31 March 2017 and it is likely to become a specialist assessment identified within the regional core care pathway.

Greater collaborative working between services has occurred and where identified needs and/or risks have been noted for the family, these have been managed more effectively.

The think family practitioner's role enabled staff to deliver a Think Family model. This provided the family unit with support as a whole and assisted to alleviate any identified risks.

Any action required in relation to identified child protection concerns is explained to service users and carers/family with reference to the potential impact on family life. Possible lesser concerning impact on any children is addressed in terms of what supports may be offered to the family unit to help alleviate difficulties being experienced, as a preventative measure.

The evaluation of the Pilot data is in progress and should be completed by July 2017.

Approved social workers

Approved social workers are required to make specific reference to an individual's human rights and any required intervention which may be required and the need to contravene those rights. The approved social worker risk assessment report, which is completed in all cases where an ASW is involved in assessing an individual under the Mental Health (NI) Order 1986, requires reference to specific articles in the Human Rights Act 1998.

The Trust complies with current mental health legislation and with social work codes of practice, in ensuring that service users and their nearest relative have information concerning their rights, where it is necessary to detain an individual to hospital for assessment against their will. This also includes cases where it is necessary to consider a guardianship application for an individual, for whom there are medical and welfare grounds concerns.

Deprivation of Liberty

Implications with regard to deprivation of liberty are explored throughout

casework involvement and intervention. It is particularly considered in cases where guardianship is necessary and where an individual's welfare and their capacity to safely manage their own affairs and/or activities-of-daily-living is of concern.

There are on-going efforts to involve service users and carers in initial and on-going planning reviews and to support them in their efforts to provide safely for their own needs.

A declaratory orders scoping exercise has taken place in October 16 and within mental health service there were cases being explored by the Trust for consideration.

There is to be a review by RQIA later 2017 regarding restraint and seclusion. This will have an impact on safeguarding/protection of adults.

Improving Recovery through Organisational Change (ImROC)

ImROC continues to be a focus of intervention, support and service development within the Trust. The Recovery College has progressed and is proving effective in promoting recovery for individual service users and seeking to support their efforts to give themselves hope for the future, through the running of training events and workshops with the inclusion of service users as facilitators. This is in keeping with human rights in terms of dignity and respect for their person and also the impact of their condition on their presentation and ability to achieve goals.

All of the teams have a Team Recovery and Implementation plan (TRIP) in place and these are reviewed annually. Service users with lived experience are invited to be involved with the production and delivery of training courses for others service users/carers and staff.

Carer Advocates

The Trust continues to encourage the availability and use of patient and carers advocates and works in partnership with MINDWISE and CAUSE in an effort to provide an effective supportive service.

Self-Directed Support

The launch of self-directed support on the 1st April 2016 encouraged all staff to make all new and existing service users aware of self-directed support and provide information on this option. All staff in the personalised care team have completed the comprehensive training

and community staff have all been encouraged to complete the awareness training. Hospital social workers will have the training completed by Sept'17.

There has been a significant amount of work from the personalised care management team in promoting self-directed support. There are currently seven people receiving this service with a further two cases pending. The Personalised care management team have been transferring people from direct payments to SDS. This has resulted in seven people receiving Direct payments and another two to be transitioned. Also there have been 6 cases closed in last year.

Regional Core Care Pathway

The core care pathway recognises that all treatment and care needs to be highly personalised and recovery orientated. The purpose of this pathway is to provide guidance on the steps of care to be delivered as well as enhancing the quality of service experience and promote consistency of service delivery across Northern Ireland. It puts the service user at the centre of their care and recognises the positive contribution they make and promotes genuine partnership approach with mental health services.

The Trust has piloted the proposed assessment document on two occasions within the assessment centre in Downpatrick. Feedback from service users, practitioners and professional leads sought and fed back to the regional steering group.

The well-being plan is now in the process of being tested with people who have longer term needs as this document is not deemed to be appropriate for use when people are acutely unwell.

Patient and carer advocates

Mental health services have service level agreements with MIND and CAUSE to ensure that both service users and carers have access to appropriate and trained advocates. All in-patients are given information on how to contact their advocates on admission to any mental health ward. These services promote people's article 6 rights.

Peer Support workers/Advocates

The Trust employs 6 peer advocates within the mental health programme who work with patients in the inpatient units, giving advice and information on user rights. Within the Community there has been one appointment to the Bangor Community Mental Health Team.

HUMAN RIGHTS

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>All ASW assessments have to take the rights of the individual into account and refer to same in their reporting.</p> <p>Each individual detained under the Mental Health Order has rightful access to Mental Health Review Tribunal.</p> <p>The nearest relative is also advised of their rights in person (if possible) and also in writing.</p> <p>There is current uncertainty around decision making processes where there would be a restriction of liberty for a person lacking capacity, following a decision that any restriction of liberty should be a judicial decision. As the court and legal system in Northern Ireland is not set up to manage this, there could be ambiguity about the legality of any necessary restrictions on service users lacking capacity. This could also lead to pressure to use existing legislation</p>	<p>The ASW report/risk assessment pro-forma has been updated to include prompting of and reference to these rights.</p> <p>As per statutory responsibility, the individual is notified of their right by the ASW and also by medical records.</p> <p>The nearest relative is provided with written information and also verbally (if possible)</p> <p>Circulated information widely amongst social workers and line managers.</p>	<p>This is included in ASW re-approval training</p> <p>Adopt any systems identified by the court or by legislative reform.</p>

3.12	Identify any challenges encountered in the balancing of Rights.	3.13 What action have you taken to manage this challenge?	3.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>(guardianship) inappropriately. ASWs in particular could be vulnerable as they must determine the least restrictive option that best meets the welfare of the client.</p> <p>The new Mental Capacity (NI) Act 2016 will have an impact on the role of the ASW in particular, necessitating greater and, more lengthy involvement in service planning, provision and review for individuals.</p>	<p>Initial discussion with staff who will be directly affected.</p>	

3.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	<p>Investors in People</p> <p>The Trust has been re-evaluated by IIP and had a very positive report. There was considerable evidence whereby staff have felt involved in the development of services, service plans, personalised development and involved in decision making within the organisation.</p> <p>Outcome Based Accountability</p> <p>An outcome based accountability approach is being adopted across the adult services directorate. There has been a series of workshops for senior managers over the last 10 months and all directorates aim to have the development of the service in a “Plan on a Page”.</p> <p>An IT based measurement tool ‘Corenet’ is being introduced within the home treatment team and next year it will be introduced to the community mental health services. This will show outcomes for service users and enable the service to evidence effectiveness and outcomes.</p> <p>Recovery Week was launched in March 2015 and remains a popular event each year. This year the recovery week continued to grow in momentum. Staff and service users were involved in a wide range of activities such as social, educational, physical activities and leisure. Co-production of the event has attributed to its continued success.</p>

3.16	SUMMARY
	<p>The mental health programme discharged its statutory duties satisfactorily throughout the reporting period and there are no significant issues of concern. An improvement plan will be implemented to increase adherence to supervision policy standards within mental health. The mental health programme is going through a period of significant change and the key themes are co-ordinated through the ImROC programme and regional care pathway to become more recovery focussed and increase person centred practice.</p> <p>With the introduction of the Mental Capacity (NI) Act 2016 and the associated draft guidance and codes of practice the programme will plan for the commencement of capacity legislation in 2017. There is a steering group established which involves all disciplines to explore implications for the various programmes and service provision.</p>

Adult Physical Disability

4. Adult Physical Disability

Programme of Care / Directorate:-
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4.1	Named Officer responsible for professional Social Work
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Mrs O’Kane and Mrs Veitch are designated social work leads for the programme. Both leads attend the social work executive meetings chaired by the EDSW. The lead social workers have fulfilled their responsibility in auditing and monitoring delegated statutory functions during this period.

The operations manager, Mrs Margaret O’Kane, reports to the acting Assistant Director, Mrs Carole Veitch, who in turn reports to the Director for Adult Services, Ms Bria Mongan (who is a qualified social worker), and the EDSW, Mr Brendan Whittle.

4.2	Supervision arrangements for social workers
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All team leaders for the community physical disability teams are social work qualified and provide monthly supervision for staff. Supervision arrangements are consistent with the Trust’s supervision policy for adult services (based on the children’s services reform implementation standards RIT) in terms of frequency of supervision. The RIT proforma is used to ensure consistency in the recording format of professional supervision. Professional development, performance management and support issues are standing agenda items for each supervision session.

For the ninth year an internal audit of social work supervision has been completed. This audit focused on the supervisee experience of the quality of supervision for all bands of social work staff. There was a 59% response rate. The outcome of the audit was very affirmative:

- 90% agreed or strongly agreed that supervision supports and empowered them to deliver a safe, effective and high quality service.
- 94% agreed or strongly agreed that at the end of supervision they felt valued and confident to do the job expected of them.
- 97% agreed or strongly agreed that supervision gave them clarity regarding practice issues.
- 97% agreed or strongly agreed that at the end of supervision they felt listened to and understood.
- 87% agreed or strongly agreed that they felt confident that they were working to standards.
- 97% agreed or strongly agreed that supervision supported them in complex decision making
- 90% agreed or strongly agreed that supervision enhanced their professional development
- 84% agreed or strongly agreed that supervision linked to their Knowledge Skills Framework Annual Review.

	There have been no AYE staff members appointed within the physical disability programme during 2016/2017.
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4.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>Audits:</p> <p>The following audits were completed in regard to the adult physical disability programme during 2016/2017.</p> <p>Social Work Supervision</p> <p>An audit of the quality of social work supervision was completed which identified a high level of satisfaction among social workers in regard to the quality of supervision (see 3.2).</p> <p>ISO</p> <p>An external audit of adult disability services was carried out by BSO in May 2016. The audit objectives were achieved and adult disability services was reaccredited for ISO 9001:2008. Adult disability services fulfilled the standards and audit criteria and it was deemed that the management system continues to achieve its intended outcomes. There were 7 minor nonconformities identified. An action plan has been drawn up and implemented to address all areas. The next BSO Audit will be carried out in 2018.</p> <p>Investors in People (IIP)</p> <p>The adult disability programme continues to be engaged in the Trust's IIP Internal Review Programme. 2 disability staff members continue to be active IIP accredited members of the Trusts internal review team, with a third identified to undertake the required training to join this team.</p> <p>The programme fully embraced and delivered on the action plan arising from the most recent adult services review, which included reviewing systems and processes, enabling focused meetings for administrative staff and ensuring all teams have the opportunity to meet with the Assistant Director on an annual basis.</p> <p>The IIP standards are an integral part of the programmes ongoing continuous improvement process.</p> <p>Service User Journey</p> <p>An audit of ISO processes and procedures for care management focusing on the service user journey, was carried out on 96 service users files. All files audited were compliant with the procedures. A very small</p>

sample of files required the refiling of direct payment documentation into the correct section. This has been addressed and learning shared.

Carers Assessments Audit

In 2016/17 a carers assessments' audit was completed across the 3 sectors of the Trust. There was evidence of a person centred analysis of carers needs, regular re-assessment and a range of support services being made available. A support plan for carers cash grants has been introduced and the audit has recommended that the outcome of all carers assessments is recorded within an individual support plan. During 2016/2017 there has been a 12% increase in the number of carers assessments offered and an 11% increase in number completed. The template used for carers assessments is currently being reviewed.

Complaints

An annual audit of complaints received by adult disability services is carried out twice per year. 2016/17 audit showed 78% of complaints were responded to within the required timescales with 2 complaints being re-opened to the Trust.

Hand Hygiene

An audit was carried out regarding hand hygiene across regulated facilities. An audit of the monthly hand hygiene audits was completed during 2016 and in early 2017 within regulated facilities Thompson House Hospital (THH), day care, residential care and respite care facilities).

Audit results showed that whilst THH average across the 12 month period was 95.5% which is compliant with the 95% target there were 5 months where 95% compliance was not achieved. Non-compliance was due to nail polish or gel nails, incorrect 7 step technique used or not performed, jewellery or watches below wrist being worn, hand washing not done between patients as required and incorrect personal protection equipment worn. Issues have been addressed in staff meetings and daily staff briefings to improve compliance.

The other facilities averaged above 90% across the 12 months. Staff have been reminded both individually and in team meetings of hand hygiene requirements.

Overall hand hygiene results were positive with some room for improvement across facilities mainly in relation to wearing of nail polish and nail gel and jewellery.

Implementation of Compliance with Swallowing Guidelines in Adult Day Centres

All dysphagia reviews in the day centres are audited and processed on the Electronic Project Management (EPM) system. Any concerns regarding compliance with speech and language therapy (SLT)

recommendations are highlighted and actions addressed. There has continued to be a high incidence of compliance with SLT recommendations again highlighting that the mandatory swallow awareness training and availability of SLT assessment/ intervention and advice continues to minimise risk in this area.

Regulated services Monthly Monitoring

An annual audit of monthly monitoring visits was completed for the 2 regulated facilities within physical disability. Both day centres provided evidence to demonstrate that they were 100% compliant with the requirement to have completed monthly monitoring reports. The findings from the audit will be shared with all monitoring officers and taken forward as part of the inspection planning for 2017-2018.

Trends

Carers assessments continue to be kept under review. An electronic recording system has assisted in the gathering and collating of information across the three sectors. There is evidence of a steady increase in the number of assessments being offered and undertaken. It is anticipated that the initial success of a newly developed carers assessment proforma will encourage both staff and carers to actively engage in this process.

The introduction of the electronic project management system to log and collate audit activity has proved very beneficial during 2016/2017. Reviewing the information held on the system has been a standing agenda item at the monthly disability managers meetings.

<p>4.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>The Trust has fully complied with NISCC regulations in regard to the registration of social work and appropriate social care staff during 2016/2017. A programme of application/compulsory registration of all social care staff working in statutory regulated facilities has now been completed. The Trust has provided on-site support in partnership with NISCC to facilitate the registration of the workforce. Going forward registered managers will provide governance to ensure staff maintain their registrations with NISCC.</p> <p>The 2 physical disability statutory day centres within SET were inspected by RQIA in 2016/17. Neither centre received any requirements; 1 centre received 1 recommendation and the other received 2 recommendations. The Trust has actioned and implemented the recommendations and shared the learning across other regulated services.</p> <p>The Trust has established a cross directorate working group to take forward the recommendations of the RQIA review of regional acquired brain injury standards and quality indicators. Work has commenced in implementing the relevant recommendations from the review held in 2015. 6 monthly updates are provided to the Health and Social Care Board regarding progress on each of the recommendations.</p> <p>Trust designated officers continue to liaise with PSNI and Public Protection Unit in joint protocol investigations under safeguarding vulnerable adults procedures.</p> <p>The Northern Ireland Housing Executive (NIHE) in partnership with the Department for Communities (DfC), the Trust and the Cedar Foundation has commissioned an evaluation of the North Lisburn (Meadowvale) supported living scheme designed for 13 clients with a brain injury/neurological condition. The evaluation will have a particular focus on the use of assistive technology to promote and facilitate independence. This scheme opened in September 2016 and is the first purpose built supported living scheme in Northern Ireland for people with an acquired brain injury.</p> <p>The operations manager maintains a whistle blowing register and oversees compliance with the Trust whistle-blowing policy. The policy ensures that the provisions of the Public Interest Disclosure (Northern Ireland) Order 1998 are complied with in terms of safeguards for those raising genuine concerns.</p>

	<p>Adult disability services are contributing to the regional review of transport arrangements to meet statutory requirements. The operations manager along with representatives from the Trust transport department, are members of the 'Integrated Passenger Transport Project Board'. This work will be ongoing into 2017/2018.</p>
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4.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	4.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	4.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>There remains a lack of designated living and respite options for people under 65 with a physical, sensory, or neurological condition. Supported living options are particularly poorly developed. In part the issue is the insufficient numbers of individuals around which a service could be developed.</p> <p>Service users who have speech & language recommendations regarding swallowing can be supported by untrained staff who do not have the skills to support complex recommendations thus increasing the risk of choking, aspirating and potentially dying as a result. Such staff can also be unaware of when to appropriately refer individuals for assessment to prevent/reduce risk.</p>	<p>The Trust, in partnership with Cedar and Triangle, opened a supported living development of 13 apartments for people with brain injury.</p> <p>Detailed assessment and advice provided to all referred.</p> <p>Education sessions provided where necessary to individuals & staff.</p> <p>Written advice provided to support SLT findings & recommendations.</p> <p>Further SLT assessments if required.</p>	<p>No.</p> <p>Yes. Risk highlighted on corporate risk register</p>

4.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>In 2015/2016 a number of senior management positions were “acting”, including the Assistant Director, operations manager, one community service manager, and one team leader. During 2016/2017, the operations manager and community services manager posts were filled on a permanent basis. The acting team leader post has been recruited on a permanent basis. In July 2016 a community services manager retired, this post has been recruited on a permanent basis with the new community manager taking up post in September 2016.</p> <p>The acting Assistant Director retired on 31 March 2017. The newly appointed Assistant Director took up post on 1 April 2017. During 2015/16 the roles and responsibilities of the adult services senior management team were further reviewed with the creation of an additional senior management post due to service expansion. The new post holder will carry a remit for service users with complex needs and also be a governance lead.</p> <p>There are currently 2 vacant social work posts within physical disability services, one in the North Down and Ards team and one in the Down team. Both posts are in the process of being recruited as is a band 3 sensory rehabilitation assistant.</p> <p>In 2016-17 there continues to be difficult recruiting to vacancy nursing</p>

	<p>posts in Thompson House Hospital (THH). Management of THH worked in partnership with human resources and the nursing directorate to develop a recruitment strategy this has resulted in a successful phase of recruitment to vacant posts and the development of a THH nurse waiting list for future vacancies.</p> <p>Due to stringent scrutiny processes and the transfer of the recruitment process to BSO, there has been a time lag in the recruitment of staff to fill vacant posts. Adult disability services have actively been developing a group of bank staff across a range of services to assist with the continuity of service delivery.</p>
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4.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	The programme applies DOH Charging for Residential Accommodation Guidelines ((2015)CRAG) for charging, in respect of residential and nursing home care and meals. There is no charge levied for transport costs.

4.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>There is a 0.5 wte social worker dedicated to Thompson House Hospital. This member of staff is responsible for providing an ongoing social work service to people with a neurological condition who are occupying a bed within the hospital.</p> <p>The role and function includes supporting families and patients and contributing to annual reviews. This member of staff works closely with medical and nursing staff and allied health professionals in order to identify social work issues which may arise. The social worker will also link with community social work staff on behalf of respite and rehabilitation patients who are in THH for a shorter term.</p>

4.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>Staff who are working across disability services are encouraged to consider a human rights approach throughout their intervention with individuals and their carers. Human rights considerations have been embedded within everyday practice to ensure all individuals rights are considered alongside other factors such as risk, choice and capacity.</p> <p>The promotion and facilitation of self-directed support is seen by adult disability services as a fundamental shift in the nature of how the Trust responds to assessed need. All new referrals are being responded to using a self-directed support approach, and existing cases are being migrated to self-directed support when reviewed.</p> <p>The Meadowvale new development is the first of its kind in Northern Ireland and will provide an independent living solution that is currently missing from the suite of housing options available to people with neurological conditions / an acquired brain injury in Northern Ireland. The facility seeks to facilitate and enable individuals to gain the optimum level of autonomy, control and independence in their own home. In order to part enable this there is a range of assistive technology provided in the homes.</p> <p>The safeguarding vulnerable adults process is underpinned by the human rights framework. This is evidenced by the human rights checklist which is completed in every case. The human rights checklist is also used with regard to: best interest decision making; promoting quality care; risk management processes and deprivation of liberty practice.</p>

Disability staff work with the Trusts' equality officers to ensure equality impact screens and assessments are undertaken where appropriate.

ISO procedures within all services have been reviewed and updated with a rights based approach.

In January 2016, following a period of consultation, the Northern Ireland Institute for the Disabled (NIID) announced the closure of Stewart Memorial House nursing home (SMH) in Bangor. Under occupancy, difficulty in recruitment of nursing staff, and the need for significant estates works made the nursing home financially non-viable. The home closed on 29.4.16 with all residents having been successfully moved to appropriate alternative accommodation. 13 of those residents were Trust service users. A follow up resettlement questionnaire was undertaken with these service users to establish the impact of the move on their reported quality of life. Overall whilst people were very satisfied with their new environments, they regretted that they had needed to move. For some there were positive outcomes such as being in the company of other younger people, or being nearer to family. One service user's mother noted that she appreciated the increase in her son's level of community integration.

HUMAN RIGHTS

4.12	Identify any challenges encountered in the balancing of Rights.	4.13 What action have you taken to manage this challenge?	4.14 What additional actions (if any) do you propose to manage any on-going challenges?
<p>1.</p> <p>2.</p>	<p>Family conflict in respect of family members wanting different outcomes/care arrangements for service users. Families can lose sight of the service user's views/interests as they are caught up in conflict.</p> <p>There continue to be challenges for staff with regard to balancing the rights of the patient or service user to make their own life choices in contradiction of professional advice and recommendations to manage risk. One such example is when a service user with capacity chooses to have their meals prepared and served to them in a way which is contrary to the advice of the speech and language therapist. There is a further challenge when the service user requires a personal assistant to prepare the meal and assist with feeding.</p>	<p>Undertaken best interest and multi-disciplinary reviews, recommendations are based on best interest practice guidance.</p> <p>Referrals made to family group conferencing and advice sought from Directorate of Legal Services(DLS)</p> <p>Advocacy for service user is promoted.</p> <p>The Trust has implemented a policy for the management of choking risks in adult clients with dysphagia.</p>	<p>Advice from DLS is sought as required on an individual case basis.</p> <p>Further mediation through family group conferencing.</p> <p>There may be a need in future to a seek Declaratory Judgement.</p>

4.12	Identify any challenges encountered in the balancing of Rights.	4.13 What action have you taken to manage this challenge?	4.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>All decisions taken in regard to Deprivation of Liberty (DOL) are underpinned by a human rights approach. However, particular difficulties are likely to emerge when service users or their families object to placements or DOL measures or when the multi-disciplinary team have professional differences on what DOL measures are required.</p> <p>A patient in THH being supported through end of life care had requested to be located in a single room in the hospital which was only available on the ground floor of the hospital where there is a lower level of staff supervision / presence. Disability services had to balance the patient's right to choose where to be located and her request for privacy to facilitate personal time with family versus significant risks associated with her condition, staffing supervision levels, and ability to call for assistance in an emergency.</p>	<p>completed which inform and underpin the need for and proportionality of the measures to be taken to manage the identified risk. This is recorded on the regional DOL proforma.</p> <p>Hospital staff worked with the Motor Neurone Disease Society, patient and her family to manage risks and support patient achieve her personal choices. This included providing additional equipment to enable patient to call for assistance in an emergency.</p>	<p>It is increasingly likely that Declaratory Judgements will be required into the future.</p> <p>Any learning from such experiences will be shared across disability services. Support/care will continue to be provided in a person centred way.</p>

4.12	Identify any challenges encountered in the balancing of Rights.	4.13 What action have you taken to manage this challenge?	4.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>A patient in THH being supported through end of life care had requested that if she got to the stage where she required enteral feeding she advised nursing / medical staff that she did not want this procedure undertaken. Family were supportive of this decision.</p>	<p>The Trust had to ensure she had capacity to make this decision and therefore a range of assessments were undertaken to enable the clinical team to advise her of the Trust position in relation to this procedure. Family sought legal advice on this and arrangements are now in place to respect the patient's wishes.</p>	<p>Any learning from such experiences will be shared across disability services. Support/care will continue to be provided in a person centred way.</p>

4.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>The physical disability programme is actively promoting the uptake of direct payments within the context of self-directed support. All new cases are being managed through the self-directed support model and all existing cases are in the process of being migrated to self-directed support. All relevant staff have received training. The operations manager represents adult disability services on the Trust self-directed support implementation group. A senior disability manager has been identified as self-directed support lead. Every community team across adult disability services has identified a self-directed support champion. The senior manager chairs a disability champions forum which meets on a monthly basis to drive forward this person centred approach. These champions also attend the corporate self-directed support champions forum. This facilitates shared learning across programmes of care.</p> <p>A senior manager in disability services has successfully completed the 'Quality Improvement in Social Work' regional programme. The improvement project undertaken during the Programme was based in the Rowan day centre and was aimed at improving recording in service users files through the use of a person centred one page profile. Core to the success of the project was engagement and co-production of service users, carers, and staff. The project poster was selected for presentation at the International Forum on Quality and Safety in Health Care which was held in London in April 2017.</p> <p>2 administrative staff participated in a 'Safety Quality & Experience' course and completed a project for collating and reporting short breaks activity by utilising information technology. This was successfully piloted and is now being rolled out to all sectors. This project was also successful in being selected for presentation at the International Forum on Quality and Safety in Health Care which was held in London in April 2017.</p> <p>The operations manager successfully completed the 'Leading Social Work' programme for senior managers which was run in 2016/17. She has been supported by the programme to take forward work to develop a community of leaders within disability services and support succession planning for the service into the future.</p> <p>Following a discussion about barriers to uptake of carers assessment at the HSCB Statutory Functions meeting in June 2016 the Department Of Health gave the SEHSCT permission to develop and test an alternative to the NISAT carers assessment tool in disability and mental health services. This tool was developed in partnership with a carer representative with an increased focus on reducing bureaucracy and increasing support for carers. During 2016/17 the tool, named the 'Carers Conversation Wheel' was tested as an alternative to the NISAT</p>

documentation. To date at least 50 carer assessments have been undertaken using the new document 'The Carers Conversation Wheel'.

The carers development officer has conducted telephone interviews with all carers who have experienced the new tool and feedback has been 100% positive, comments include that the carers felt listened to and supported.

This tool will be spread to all disability community teams over the next months and an increased uptake of carer assessments in disability services is expected. By changing staff perceptions of carer assessment as bureaucratic it is anticipated that they will be more likely to offer to carers assessments in a meaningful way. Also by shifting the emphasis to *conversation* and away from *assessment* it is hoped that carers will be more willing to engage in the process

The drive to develop a movement for quality improvement in disability services has increased in 2016/17 with a move away from each team /facility having a quality champion, to the expectation that every team/facility will have engaged in a quality improvement initiative during the year. A disability quality celebration workshop was held in October 2016 to showcase the 8 safety quality experience (SQE) projects which have been undertaken by disability services to date. This was a very successful event which shared learning and inspired staff to consider other opportunities for service improvement. A follow up quality workshop will be held in 2017/18.

In addition a staff member from disability services was successful in becoming one of the first SQE fellows in the Trust. In this role she will provide expert facilitation and advice to staff.

Disability services successfully managed the closure of Stewart Memorial home with minimum disruption and person centred outcomes for the individuals concerned.

The SQE Project which commenced in 2015/16 in Thompson House Hospital in relation to safer swallowing continues. Swallowing recommendations have been made more accessible to nursing staff in the dining area. There is a notification for all staff in the kitchen and dining areas to indicate when patient recommendations have been updated. This is a visual prompt for all staff to check recommendations before plating up and serving patient meals. Kitchen staff received additional support and training in relation to texture descriptors, meal preparation and menu choices. This work continues to enhance the patient experience at meal times and minimises the risk of patients choking. The SQE project was awarded best poster presentation in the 2016 SQE Awards.

The Community Brain Injury Service (CBIS) goal planning project was introduced in 2014-15 and continues to develop and produce positive outcomes for service users. Service users have more control over

setting their individual goals and reviewing these. This along with the introduction of the 'Bridges' self-management programme supports service users with an acquired brain injury to take greater control of their rehabilitation, recovery and the self-management of their condition. Initial measures indicate that by using these methods service users are staying within CBIS for shorter periods of time and they feel more in control of their condition.

In the North Down & Ards sector, the CBIS have worked with a number of service users post brain injury to co-produce an awareness programme called "Being Me Again – Life After Brain Injury". This programme is for staff, service users, carers / families and it is delivered by service users who have an acquired brain injury (ABI) to raise awareness of ABI and provide hope and support to those who have sustained a brain injury and their families. 2 programmes have already been delivered with a third in the planning. These Programmes are being run through the Trust Recovery College.

Sensory Services continue to build visual and aural rehabilitation services in line with the Regional Sensory Impairment Strategy alongside providing social work and community engagement services.

New initiatives this year include :

- The appointment of a specialist 'deaf-blind' worker working across sensory and learning disability adults following successful completion of the diploma in deaf-blind studies.
- Appointment of a 'deaf- blind' children's worker in partnership with SENSE working across sensory and children's disability teams.
- Lip-reading classes offered by Trust staff following successful completion of lip reading teaching course.
- Tinnitus management services offered by Trust staff following successful completion of the tinnitus training
- The launch and circulation of an e-learning package to promote awareness on sensory support needs among Trust staff.
- The launch of the HSC 'Making Communication Accessible' guide which aims to improve communication amongst staff.
- The continued success of a monthly hearing aid support service in conjunction with Action on Hearing Loss.

The team continue to provide a wide range of rehabilitation based community & health development activities with an emphasis on

- Service user led activities .

- In addition one of the rehabilitation workers has been successful in her submission for the International Mobility Conference 2017 and will present her poster presentation on a new initiative for Guiding and Mobility.

2 adult disability service users have been supported by speech and language therapists to participate in the “my journey my voice” exhibition road show which continues to travel around local libraries. It’s aim is to raise awareness of communication issues and disability. It features 9 photographic portraits and audio recordings of individuals with a communication disability telling their stories.

In September 2016, a new scheme Meadowvale Court opened providing independent living opportunities for thirteen individuals with acquired brain injury / neuro-disability / physical disability. This scheme was developed in partnership with NIHE, Triangle Housing Association, Cedar Foundation and the Trust. A significant number of new tenants transferred from residential provision and 2 people moved from long stay hospital accommodation in Thompson House. This new scheme was fitted with a range of smart technology to promote and encourage levels of independence. The Housing Executive are undertaking research to evaluate the impact of smart technology.

Adult disability maintains a health development working group in partnership with the Trust health development department which is implementing an agreed action plan to meet the health and well-being needs identified for people with physical and sensory disabilities through the departmental physical disability and sensory support strategy.

This year there was an emphasis on promoting wellbeing and achieving better outcomes through rehabilitation with the emphasis on managing long term conditions such as tinnitus. The disability service alongside the health development department offer a programme of walking groups, cook it programmes and mindfulness sessions to people with sensory and physical disabilities across the Trust.

The aim for the coming year is to extend this programme to service users with physical disabilities attending Ardarragh day centre in the Down sector.

Adult disability services are working to implement the Trust smoke free action plan which involves encouraging, signposting, and supporting people with a disability to quit smoking. In addition all service users attending disability facilities are required to adhere to the no smoking policy.

The ‘Lisburn Community of Interest’ has continued to develop during 2016/17. The partnership of the Trust adult disability and health development services working with Lisburn city council have been

	<p>working collectively to realise the public health strategy 'Making Life Better'. The Community of Interest held a community workshop in Lisburn civic centre on 3 June 2016 called "Making Life Better – real change for real people". The workshop focused on older carers within the community with sessions on self-directed support, carers support, social security changes and trading standards. The Trust Chief Executive gave the opening address with an emphasis on increasing well-being and improving outcomes for service users.</p> <p>Adult disability Services have committed to implementing an outcomes based accountability approach to the planning and delivery of services. The senior management team have attended a number of workshops facilitated by the National Children's Bureau. The programme was also represented at the two day international 'Outcomes Based Accountability Summit: Outcomes & Impact' held in Belfast in October 2016.</p>
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4.16	SUMMARY
	<p>The physical disability programme has successfully discharged its statutory functions for the period 2016/2017. All staff have clear lines of professional accountability through the social work lead through to the Director of social work. Staff have personal development plans and annual appraisals completed.</p> <p>The senior management team within adult disability services in 2016/2017 has ensured business continuity for service delivery.</p> <p>In 2015/2016 a number of Senior Management positions were "acting", including the Assistant Director, operations manager, one community service manager, and one team leader. During 2016/2017, the operations manager and community services manager posts were filled on a permanent basis. The acting team leader post has been recruited on a permanent basis. The acting Assistant Director retired on 31. March 2017. The newly appointed Assistant Director took up post on 1 April 2017. In July 2016 a community services manager retired, this post has been recruited on a permanent basis with the new community manager taking up post in September 2016.</p> <p>6 social work forum meetings were held in 2016/2017. The social work forum is well attended and its format has changed to allow each service area to host a session to showcase examples of best practice and highlight issues arising. Any relevant issues raised are reported through to the Director of Social Work by the social work lead through the social work executive meetings.</p> <p>4 social care forum meetings were held in 2016/2017. These meetings are chaired by the regulated services manager.</p>

<p>The physical disability programme achieved 100% compliance with commissioning targets regarding hospital discharge, completion of assessments and main components of care needs met in less than 8 weeks.</p> <p>With regard to support for carers, there has been an increase in both the number of assessments offered and undertaken. Adult disability services intend to continue its focus on promoting the uptake of carers assessments by taking forward the new assessment proforma which was co-produced in 2016/2017 with carers, and has been tested successfully in the North Down and Ards sector.</p> <p>The Trust has established a cross directorate working group to take forward the recommendations of the RQIA review of regional acquired brain injury standards and quality indicators.</p> <p>Strategies and standards for acquired brain injury, sensory services and physical disability continue to be progressed and implemented within the Trust.</p>
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Adult Learning Disability

5. Adult Learning Disability

Programme of Care / Directorate:-

5.1 Named Officer responsible for professional Social Work

Mrs O’Kane and Mrs Veitch are designated social work leads for the programme. Both leads attend the social work executive meetings chaired by the Executive Director for Social Work. The lead social workers have fulfilled their responsibility in auditing and monitoring delegated statutory functions during this period.

The operations manager, Mrs Margaret O’Kane, reports to the Acting Assistant Director, Mrs Carole Veitch, who in turn reports to the Director for Adult Services, Ms Bria Mongan (who is a qualified social worker) , and the Executive Director for Social Work, Mr Brendan Whittle.

5.2 Supervision arrangements for social workers

All team Leaders for the community learning disability teams are social work qualified and provide monthly supervision for staff. Supervision arrangements are consistent with the Trust’s supervision policy for adult services (based on the children’s services reform implementation standards RIT) in terms of frequency of supervision. The RIT proforma is used to ensure consistency in the recording format of professional supervision. Professional development, performance management and support issues are standing agenda items for each supervision session.

For the ninth year an internal audit of social work supervision has been completed. This audit focused on the supervisee experience of the quality of supervision for all bands of social work staff. There was a 59% response rate. The outcome of the audit was very affirmative:

- 90% agreed or strongly agreed that supervision supports and empowers them to deliver a safe, effective and high quality service.
- 94% agreed or strongly agreed that at the end of supervision they felt valued and confident to do the job expected of them.
- 97% agreed or strongly agreed that supervision gave them clarity regarding practice issues.
- 97% agreed or strongly agreed that at the end of supervision they felt listened to and understood.
- 87% agreed or strongly agreed that they felt confident that they were working to standards.
- 97% agreed or strongly agreed that supervision supported them in complex decision making
- 90% agreed or strongly agreed that supervision enhanced their professional development
- 84% agreed or strongly agreed that supervision linked to their

	<p style="text-align: center;">KSF Review</p> <p>There has been one AYE staff member appointed within the learning disability programme during 2016/2017.</p>
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5.3	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
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	<p>The following audits were completed in regard to the adult Learning disability programme during 2016/2017.</p> <p>Social Work Supervision</p> <p>An audit of the quality of social work supervision was completed which identified a high level of satisfaction among social workers in regard to the quality of supervision.(see 3.2)</p> <p>ISO</p> <p>An external audit of adult disability services was carried out by BSO in May 2016. The audit objectives were achieved and adult disability services was reaccredited for ISO 9001:2008. Adult disability services fulfilled the standards and audit criteria and it was deemed that the management system continues to achieve its intended outcomes. There were 7 minor nonconformities identified. An action plan has been drawn up and implemented to address all areas. The next BSO Audit will be carried out in 2018.</p> <p>Investors In People (IIP)</p> <p>The adult disability programme continues to be engaged in the Trust's IIP internal review programme. 2 disability staff members continue to be active IIP accredited members of the Trusts internal review team, with a third identified to undertake the required training to join this team. The programme fully embraced and delivered on the action plan arising from the most recent adult services review, which included reviewing systems and processes, enabling focused meetings for administrative staff and ensuring all teams have the opportunity to meet with the Assistant Director on an annual basis. The IIP standards are an integral part of the programmes ongoing continuous improvement process.</p> <p>Service User Journey</p> <p>An audit of ISO processes and procedures for care management focusing on the service user journey, was carried out on 96 service users files. All files audited were compliant with the procedures. A very small sample of files required the refiling of direct payment documentation into</p>
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the correct section. This has been addressed and learning shared.

Carers Assessments Audit

In 2016/17 a carers assessments' audit was completed across the three sectors of the Trust. There was evidence of a person centred analysis of carers needs, regular re- assessment and a range of support services being made available. A support plan for carers cash grants has been introduced and the audit has recommended that the outcome of all carers assessments is recorded within an individual support plan. During 2016/2017 there has been a 12% increase in the number of carers assessments offered and an 11% increase in number completed. The template used for carers assessments is currently being reviewed.

Complaints

An annual audit of complaints received by adult disability services is carried out twice per year. 2016/17 audit showed 78% of complaints were responded to within the required timescales with 2 complaints being re-opened to the Trust.

Management Of Aggression within Learning Disability facilities

This audit report was issued in May 2015 with a number of recommendations. All recommendations with the exception of the implementation of the Physical Intervention Record Form (PIRF) in electronic format have been met. Work continues in partnership with mental health colleagues and the Trust ICT department to finalise and roll out the electronic PIRF.

Regulated Services Monthly Monitoring

An annual audit of monthly monitoring visits was completed for the 13 regulated facilities within disability. 77% services provided evidence to demonstrate that they were 100% compliant with the requirement to have completed monthly monitoring reports. Other areas for improvement are the timely completing and return of reports and inconsistent standard of completion. The findings from the audit will be shared with all monitoring officers and taken forward as part of the inspection planning for 2017-2018.

Administration of Medications

An audit was completed of the medication incidents from Jan 2016 – Dec 2016 across the 4 statutory supported living services. There were a number of incidents formally recorded and reported across the services, none resulting in any serious harm or injury. The findings from the Audits will be shared with the respective facility managers. Auditing of medicines management will continue for 2017.

Implementation of Compliance with Swallowing Guidelines in Adult

Day Centres

All dysphagia reviews in the day centres are audited and processed on the electronic project management system. Any concerns regarding compliance with speech and language therapy (SLT) recommendations are highlighted and actions addressed. There has continued to be a high incidence of compliance with SLT recommendations again highlighting that the mandatory swallow awareness training and availability of SLT assessment/ intervention and advice continues to minimise risk in this area.

Hand Hygiene

An audit of the monthly hand hygiene audits held within regulated facilities (THH, day care, residential care and respite care facilities) in 2016 was undertaken in early 2017. All but one averaged above 90% across the 12 months. One residential facility's average was 87.1% with under performance over 5 of the 12 months. Non-compliance was due to the wearing of nail polish and jewellery by staff on duty. Staff have been reminded both individually and in team meetings of hand hygiene requirements.

Overall hand hygiene results were positive with some room for improvement across facilities mainly in relation to wearing of nail polish and nail gel and jewellery.

Regulated Services Mandatory Training

An audit was undertaken regarding the completion of the disability training matrix by all regulated services indicating training required and completed. All regulated services are compliant with the agreed training matrix tool. Each service has the tool completed and up to date as of the end of January 2017, this includes training completed, outstanding and date of renewal.

Trends

The number of admissions to Muckamore Abbey Hospital (MAH) has increased from 25 in 2015-16 to 29 in 2016-17. Analysis of the admissions information indicates that the number of admissions (29) relate to 20 individuals. 5 of these 20 individuals had more than 1 admission during the year. Further analysis of the data is being undertaken to identify if any of these admissions could have been avoided with additional support from the community teams, including the newly established intensive support service. Initial indications are that the number of inappropriate admissions to hospital has reduced and the increase is due to the complexity of the individuals. 50% of admissions were detentions as opposed to voluntary admission.

Carer assessments continue to be kept under review. An electronic recording system has assisted in the gathering and collating of

	<p>information across the three sectors. There is evidence of a steady increase in the number of assessments being offered and undertaken. It is anticipated that the initial success of a newly developed carers assessment proforma will encourage both staff and carers to actively engage in this process.</p>
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<p>5.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>The Trust has fully complied with NISCC regulations in regard to the registration of social work and appropriate social care staff during 2016/2017. A programme of application/compulsory registration of all social care staff working in statutory regulated facilities has now been completed. The Trust has provided on-site support in partnership with NISCC to facilitate the registration of the workforce. Going forward registered managers will provide governance to ensure staff maintain their registrations with NISCC.</p> <p>The Trust has been notified of pre-judicial review action in the case of PF. This case was previously Judicially Reviewed a number of years ago without fully resolving all issues. A number of re-assessments and other processes, emanating from the original ruling, have almost concluded. At this stage it remains unclear as to whether or not further action will be taken.</p> <p>Trust designated officers continue to liaise with PSNI and Public Protection Unit (PPU) in joint protocol investigations under safeguarding vulnerable adults procedures.</p> <p>Adult disability services participated in the RQIA review of emergency mental health and learning disability services in Northern Ireland</p> <p>The Trust:</p> <ul style="list-style-type: none"> • Completed a RQIA questionnaire • Facilitated a focus group meeting with relevant practitioners and the RQIA review panel • Facilitated a focus group meeting with relevant managers and the RQIA review panel <p>The Trust awaits the outcome of the review.</p> <p>RQIA Inspections</p> <p>There have been a total of 20 RQIA inspections across adult disability regulated services in 2016-2017. This has been a variety of care, estates, finance and hand hygiene inspections and is an increase on inspection activity from the previous year. 3 of the 20 inspections</p>

resulted in no quality improvement plan, this is to be commended. For the other 17 inspections there have been a total of 10 requirements and 42 recommendations issued. These are all being appropriately actioned. There was no formal enforcement action taken against any of the services in the year.

Funding secured from the PHA was used to provide a level two training programme in partnership with the Family Planning Association (FPA) to train a number of staff working across learning disability services who will then cascade training in regard to the personal and sexual relationship needs of people with a learning disability.

The operations manager maintains a whistle blowing register and oversees compliance with the Trust whistleblowing policy. The policy ensures that the provisions of the Public Interest Disclosure (Northern Ireland) Order 1998 are complied with in terms of safeguards for those raising genuine concerns.

Adult disability services are contributing to the regional review of transport arrangements to meet statutory requirements. The operations manager along with representatives from the trust transport department are members of the Integrated passenger transport project board. This work will be ongoing into 2017/2018.

5.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	5.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	5.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Ageing learning disability population</p> <p>Increasing profile of older carers</p> <p>Delayed population in Muckamore Abbey Hospital</p>	<p>Adult disability services is working with an ageing learning disability population. This requires an age appropriate response in terms of service delivery: supported living; dementia services; day care & day opportunities particularly in regard to retirement options.</p> <p>Adult disability services is aware of the profile of older carers within each geographic sector. Work regarding futures planning is progressing with individual families and a number of support groups for older carers are being facilitated by disability staff.</p> <p>There are currently twelve people with a learning disability who are fit for discharge from Muckamore Abbey Hospital but have remained there due to the difficulty in meeting their complex needs within a community setting.</p>	<p>No. The Trust reviews needs of older people on an ongoing basis and is working strategically with key stakeholders to provide appropriate services to the ageing population.</p> <p>No. The Trust reviews the needs of older carers on an ongoing basis and is working strategically with key stakeholders to provide appropriate services to this ageing population.</p> <p>Yes, this risk has been identified on the Trust corporate risk register.</p>

5.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	5.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	5.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>There is a lack of dedicated community based options for people with a forensic history. Providers remain reticent about working with this client group.</p> <p>There is now a lack of additional funding through “Supporting People” to develop supported living options for people who are delayed in hospital or are in the community facing a breakdown in their current living arrangement.</p> <p>Lack of “Supporting People” funding into the future will significantly impact on Adult Disability’s ability to plan and develop living options to give people with a learning disability to live independently in the community through individual tenancies.</p>	<p>Issues are being addressed on a case by case basis. The issue of how to support people with a forensic history could potentially be best addressed on a regional basis in the form of a community based low secure facility.</p> <p>Adult disability services has been working in partnership with other Trusts and the Regional Board to review the situation and address issues of common concern. Meetings have also been held with Supporting People in relation to existing schemes and future joint working.</p> <p>Adult disability services have been working in partnership with other Trusts and the regional board to review the situation and address issues of common concern. Meetings have also been held with “Supporting People” in relation to existing schemes and future joint working.</p>	<p>Yes. This risk has been highlighted on the corporate risk register.</p> <p>No. Work is ongoing with relevant partners to review the situation.</p> <p>No. Work is ongoing with relevant partners to review the situation.</p>

5.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>In 2015/2016 a number of senior management positions were “acting”, including the Assistant Director, operations manager, one community service manager, and one team leader. During 2016/2017, the operations manager and community services manager posts were filled on a permanent basis. The acting team leader post is being recruited on a permanent basis. In July 2016 a community services manager retired, this post has been recruited on a permanent basis with the new community manager taking up post in September 2016. The acting Assistant Director retired on 31. March 2017. The newly appointed Assistant Director took up post on 1 April 2017. During 2016/2017 the roles and responsibilities of the adult services senior management team were further reviewed with the creation of an additional senior management post due to service expansion. The new post holder will carry a remit for service users with complex needs and also be a governance lead.</p> <p>There are currently 2 vacant community learning disability nurse posts in learning disability community teams which are in the process of being recruited. A number of social care staff for supported living and day care services are also being recruited.</p> <p>Due to stringent scrutiny processes and the transfer of the recruitment process to BSO, there has been a time lag in the recruitment of staff to fill vacant posts. Adult disability services have actively been developing a group of bank staff across a range of services to assist with the continuity of service delivery.</p>
5.9	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</p>
	<p>The programme applies DOH Charging for Residential Accommodation Guidelines ((2015) CRAG) for charging, in respect of residential and nursing home care and meals. There is no charge levied for transport costs.</p>

5.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>A dedicated band 6 social worker/care manager acts as liaison into Muckamore Abbey Hospital in order to progress PFA targets for hospital discharge and assist in discharge planning for people whose discharge from hospital has been delayed.</p> <p>A band 5 assistant care manager is dedicated to progressing person centred planning and to developing essential lifestyle plans for hospital patients. This role has proved to be very important in ensuring discharge arrangements are person centred therefore increasing the likelihood of the most positive outcomes for individuals.</p>

5.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>Staff who are working across disability services are encouraged to consider a human rights approach throughout their intervention with individuals and their carer/s. Human rights considerations have been embedded within everyday practice to ensure all individuals rights are considered alongside other factors such as risk, choice and capacity.</p> <p>The promotion and facilitation of self-directed support is seen by adult disability services as a fundamental shift in the nature of how the Trust responds to assessed need. All new referrals are being responded to using a self-directed support approach, and existing cases are being migrated to self-directed support when reviewed.</p> <p>Disability staff work with the Trusts' equality officers to ensure equality impact screens and assessments are undertaken where appropriate.</p> <p>ISO procedures within all services have been reviewed and updated with a rights based approach.</p> <p>As of 31st March 2017 there are 29 individuals on the Trust adult disability 'Promoting Quality Care Risk Register'. Communication assessments have been completed where appropriate by the complex needs speech & language therapist, and where necessary comprehensive risk assessments have been translated into an accessible format. An easy read review template has been developed and is in final draft stage. By providing individual assessments and review information in an accessible format adult disability is enabling service users to understand their assessment and management plan. This is providing them with real opportunity to actively engage in the assessment process, thereby promoting their human rights.</p>

The safeguarding vulnerable adult process is underpinned by the human rights framework. This is evidenced by the human rights checklist which is completed in every case.

Staff within the intensive support service (ISS) and a number of community based staff have undertaken accredited British Institute of Learning Disability (BILD) 'Positive Behaviour Support' mentoring programme (PBS). The ISS has adopted a PBS approach when working with service users with challenging behaviour. This approach is considered to be a human rights based approach and encourages a positive rewarding approach as opposed to punishing negative / unwanted behaviours. A training programme is currently being developed to roll out throughout learning disability facilities, this will encourage and promote a consistent approach with service users with challenging behaviours across teams and services. To date positive outcomes have been identified for individuals where the practice of this approach has been implemented.

In addition to the PBS approach described above the Trust use the 'Managing Aggression and Potential Aggression' (MAPA) model to manage individuals with challenging behaviour. Like PBS, MAPA is considered to be a human rights based approach compared to other techniques used to manage aggressive and violent behaviour. MAPA promotes the ethos of the use of the least restrictive intervention when managing difficult situations. This is considered to be better for the service user and staff involved in managing difficult situations. The Trust is in the process of recruiting a permanent MAPA Coordinator. A number of staff across the adult services have been trained to deliver MAPA. The Trust is also in the process of recruiting two full time trainers and a number of additional associate trainers.

Following the provision of training to staff on the facilitation of person centred reviews within a day care setting, adult disability continues again this year to have exceeded the target set. Against a target of 278 for year end, a total of 387 person centred reviews were completed.

In January 2016, following a period of consultation, Northern Ireland Institute for the Disabled (NIID) announced the closure of Stewart Memorial House (SMH) nursing home in Bangor. Under occupancy, difficulty in recruitment of nursing staff, and the need for significant estates works made the nursing home financially non-viable. The home closed on 29.4.16 with all residents having been successfully moved to appropriate alternative accommodation. 13 of those residents were Trust service users. A follow up resettlement questionnaire was undertaken with these service users to establish the impact of the move on their quality of life. Overall whilst people were very satisfied with their new environments, they regretted that they had needed to move. For some there were positive outcomes such as being in the company of other younger people, or being nearer to family. One service user's mother noted that she appreciated the increase in her son's level of community integration.

A service user stories initiative was undertaken with a statutory supported living service. This was completed as part of a review of the service. The initiative gathered feedback and input from service users, carers and other professionals about the service provided. The initiative sought to establish, following one to one interviews, that service users were receiving person centred support to meet their assessed needs. A co-production approach was taken with service users and staff to devise an action plan on how to implement the suggestions for improvement that were made. This work will be carried forward into 2017/2018.

Adult disability services continues to promote advocacy for service users and carers through 3 key contracts:

- Bryson House Advocacy Services
Association for Real Change, Tell It Like It Is (TILII) group, promoting self-advocacy
- Carers forum providing an advocacy service for carers

HUMAN RIGHTS

5.12	Identify any challenges encountered in the balancing of Rights.	5.13 What action have you taken to manage this challenge?	5.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>Capacity assessments which indicate the person with a learning disability can make choices to which the carers object.</p> <p>Absence of capacity legislation.</p> <p>There continues to be challenges for our staff with regards to them balancing the rights of the patient or service user to make their own life choices versus their professional advice and recommendations to manage risk.</p> <p>All decisions taken in regard to Deprivation of Liberty (DOL) are underpinned by a human rights approach. However, particular difficulties are likely to emerge when service users or their families object to placements or DOL measures; when the Multi-disciplinary team have professional differences on what DOL measures are required, and when the service users is already subject to Guardianship.</p>	<p>Multi-disciplinary best interests conferences. Legal advice. Communication with carers and service users.</p> <p>Whilst adult the disability service promotes self-directed support and individual choice, it can be necessary to seek legal advice on the discharge of statutory function in respect of individual life choices made by service users.</p> <p>Multi-disciplinary assessments are completed which inform and underpin the need for and proportionality of the measures to be taken to manage the identified risk. This is recorded on the regional DOL proforma.</p>	<p>Legal action if required and increasing recourse to Declaratory Judgements.</p> <p>There may be a need in future to a seek Declaratory Judgement.</p> <p>It is increasingly likely that Declaratory Judgements will be required into the future.</p>

HUMAN RIGHTS

5.12	Identify any challenges encountered in the balancing of Rights.	5.13 What action have you taken to manage this challenge?	5.14 What additional actions (if any) do you propose to manage any on-going challenges?
		<p>Social Workers undertake specific ASW training and practice placement to enable them to develop knowledge, skills and experience to fulfil their duties as an ASW. Refresher training is also required every 2 years. ASWs attend ASW forums throughout the year. Peer support is encouraged and utilised by ASWs.</p>	<p>Discussion with ASW leads regionally and within the Trust.</p> <p>Consultation with Mental Health Review Tribunal representatives within RQIA.</p>

5.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Throughout 2016/17 the major focus for the learning disability programme was the continued resettlement of patients from MAH. There now remain only 4 Trust patients in Muckamore who need to be resettled, one of whom is receiving active treatment. Placements have been identified. Adult Services have also been focusing on facilitating the discharge from hospital for those who are medically fit for discharge, but this has been delayed due to meeting the complexity of their needs within a community setting. In order to meet these challenging targets the Trust has extended its own schemes and developed a range of new ones in partnership with housing associations, private and voluntary providers and the Housing Executive and Supporting People.</p> <p>The intensive support service (ISS) continues to be developed to support individuals with behaviours that challenge their families and service providers. The service is now 12 months post implementation. Further posts are being recruited to develop an expertise in forensic provision. Initial feedback from community teams and service providers is that the ISS provide a valuable service to support service users, families, care providers and community teams in maintaining service users within the community, preventing inappropriate hospital admissions and placement breakdown and supporting services and families to manage risks associated with challenging behaviour.</p> <p>Adult disability services have committed to implementing an outcomes based accountability approach to the planning and delivery of services. The senior management team have attended a number of workshops</p>

facilitated by the National Children's Bureau. The programme was also represented at the two day international outcomes based accountability summit held in Belfast in October 2016. Adult disability outcomes based accountability work has initially focused on reducing the number of inappropriate admissions to Muckamore Abbey Hospital, and facilitating timely discharges. As a result a community/hospital pathway has been developed in partnership with hospital staff.

Disability services across the Trust have embarked upon a major review of day opportunity and day care services to broaden and modernise the range of options available to service users. North Down and Ards Sector completed the reform and modernisation of day care and day opportunity services. A new day opportunity service was opened with the Orchardville Society in Bangor providing 10 places per day in a social enterprise / training and employment service.

The Action Mental Health PROMOTE service at Conlig was successfully re-profiled to provide a-buildings based day opportunity with a wide range of social inclusion and recreational activities for up to 25 service users per week. Croft Community have developed a day opportunity for 5 people and provide day care to 17.

The Orchardville Society commenced a community inclusion project in the Lisburn Sector in 2016/2017 which has seen the establishment of a community inclusion service with a focus on alternatives to employment. The service has capacity for 20 places per day for service users with severe learning disability residing in the Lisburn area and attending SEHSCT day centres and outreach services.

Each sector operates a sector based panel for day opportunities with

<p>key stakeholders. The panels which are chaired by the sector community services manager, meet on a monthly basis to address identified need, manage resources effectively and plan strategically.</p> <p>The community learning disability nurses team along with the health facilitation team worked alongside Ards and North Down Council to move the keep fit group out of Bayview Resource Centre and into the Aurora Leisure Centre in Bangor providing a better model of genuine community integration.</p> <p>The 'Direct Enhanced Service' has continued to provide annual health checks for an increasing number of people with all of the 54 GP practices now signed up to delivering this service. A database is used for recording the outcomes of the health screens.</p> <p>Adult disability maintains a health development working group in partnership with the Trust health development department which is implementing an agreed action plan to meet the regional priority needs identified for people with a learning disability. This year there was an emphasis on ensuring that staff are aware of the issues for people with a learning disability in forming and maintaining personal relationships.</p> <ul style="list-style-type: none">• Funding was secured from the PHA and used to provide level two personal relationships and sexual health education (RSE) training for staff in partnership with the Family Planning Association (FPA) working specifically within learning disability services in regard to the personal and sexual relationship needs of people with a learning disability.
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- Level one RSE awareness training was completed by FPA with the senior management team from adult disability.
- Launch of the HSC/ PHA regional guidelines to support Trusts with the Development of a personal relationships operational protocol for adults with learning disabilities.

Adult disability services alongside the health development department offer a programme of walking group and cook it programmes.

Links have been maintained with breast screening and angiogram services to promote screening for people with a learning disability.

Adult disability services are working to implement the Trust smoke free action plan which involves encouraging, signposting, and supported people with a disability to quit smoking. In addition all service users attending disability facilities are required to adhere to the no smoking policy.

The GAIN guidelines for improving the quality experience for people with a learning disability using acute hospital services has been implemented in partnership between acute hospital and learning disability services. Throughout the past year the focus has been on raising the awareness of staff supporting people with a learning disability's access to general hospital settings, including the introduction of the Trust 'Hospital Passport' (All about Me). The GAIN implementation team developed an information poster called "Getting it right together" which was launched during learning disability awareness week in June 2016. This was shared on the home page of the Trusts

intranet and was displayed across acute hospital sites.

Disability Services successfully managed the closure of the Stewart Memorial Home with minimum disruption and person centred outcomes for the individuals concerned.

2 adult disability service users have been supported by speech and language therapists to participate in the “my journey my voice” exhibition road show which continues to travel around local libraries. Its aim is to raise awareness of communication issues and disability. It features nine photographic portraits and audio recordings of individuals with a communication disability telling their stories. It is an event not to be missed.

The drive to develop a movement for quality improvement in disability services has increased in 2016/17 with a move away from each team /facility having a quality champion, to the expectation that every team/facility will have engaged in a quality improvement initiative during the year. A disability quality celebration workshop was held in October 2016 to showcase the 8 Safety Quality Experience (SQE) projects which have undertaken by disability services to date. This was a very successful event which shared learning and inspired staff to consider other opportunities for service improvement. A follow up quality workshop will be held in 2017/18.

In addition a staff member from disability services was successful in becoming one of the first SQE fellows in the Trust. In this role she will provide expert facilitation and advice to staff.

Two administrative staff participated in a Safety Quality and Experience

course and completed a project for collating and reporting short breaks activity by utilising information technology. This was successfully piloted and has now been rolled out to all sectors. This project was also been successful in being selected for presentation at the International Forum on Quality and Safety in Health Care which was held in London in April 2017.

The operations manager successfully completed the 'Leading Social Work' programme for senior managers during in 2016/17. She has been supported by the programme to take forward work to develop a community of leaders within disability services and to support succession planning for the service into the future.

2 staff were part of a pilot project in North Down and Ards that undertook a level 3 QCF certificate in dementia care. 1 member of staff also completed a QCF certificate in learning disability.

Following a discussion about barriers to uptake of carer assessments at the HSCB statutory functions meeting in June 2016 the Department Of Health gave the Trust permission to develop and test an alternative to the NISAT carers assessment tool in disability and mental health services. This tool was developed in partnership with a carer representative with an increased focus on reducing bureaucracy and increasing support for carers. During 2016/17 the tool, named the 'Carers Conversation Wheel' was tested as an alternative to the NISAT documentation. To date at least 50 carer assessments have been undertaken using the new template. The carers development officer has conducted telephone interviews with all carers who have experienced the new tool and feedback has been 100% positive, comments include that the carers felt listened to and supported.

This tool will be spread to all disability community teams over the next months and an increased uptake of carer assessments in disability services is anticipated. By changing staff perceptions of carer assessment as bureaucratic it is expected that they will be more likely to offer assessments to carers in a meaningful way. Also by shifting the emphasis to *conversation* and away from *assessment* it is expected that carers may be more willing to engage in the process.

Through the Trust carers implementation group a link is maintained with the Trust lead for carers which ensures that information is communicated to carers and service users in a timely way.

A "patient stories" initiative has been undertaken with a statutory supported living service. The initiative gathered feedback and input from service users, carers and other professionals about the service provided. It was decided that it would be useful to produce a leaflet and short DVD which could be shared with a range of stakeholders. This DVD is currently being produced. It will highlight: what supported living is; how it has positively impacted on service users within the supported living scheme; how it has enabled them to live more meaningful lives and hopefully Inspire/ assist others to consider supported living.

The learning disability programme is actively promoting the uptake of direct payments within the context of self-directed support. All new cases are being managed through the self-directed support model and all existing cases are in the process of being migrated to self-directed support. All relevant staff have received training. The operations manager represents adult disability services on the Trust self-directed support implementation group. A senior disability manager has been

	<p>identified as self-directed support lead. Every community team across adult disability services has identified a self-directed support champion. The senior manager chairs a disability champions forum which meets on a monthly basis to drive forward this person centred approach. These champions also attend the corporate self-directed support champions forum. This facilitates shared learning across programmes of care.</p> <p>The Lisburn “Community of Interest” has continued to meet during 16/17 with the reorganisation of council areas. The partnership of the Trust adult disability and health development services working with Lisburn city council have been worked collectively to realise the Public Health strategy “Making Life Better “. The Community of Interest held a successful community workshop in Lisburn Civic Centre on 3 June 2016 called “Making Life Better – real change for real people”. The workshop focused on carers within the community with sessions on self-directed support, carers support, social security changes and trading standards.</p>
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5.16	SUMMARY
	<p>The learning disability programme has successfully discharged its statutory functions for the period 2015/2016. The workforce has remained largely stable. All staff have clear lines of professional accountability through the social work lead through to the EDSW. Staff have personal development plans and annual appraisals completed in 2015/2016 a number of senior management positions were “acting”, including the Assistant Director, operations manager, one community</p>

service manager, and one team leader. During 2016/2017, the operations manager and community services manager posts were filled on a permanent basis. The acting team leader post has been recruited on a permanent basis. The acting Assistant Director retired on 31. March 2017. The newly appointed Assistant Director took up post on 1 April 2017. In July 2016 a community services manager retired, this post has been recruited on a permanent basis with the new community manager taking up post in September 2016.

During 2015/16 the roles and responsibilities of the adult services senior management team were further reviewed with the creation of an additional senior management post due to service expansion. The new post holder will carry a remit for service users with complex needs and also be a governance lead.

The Trust continued to focus on the remodelling of Muckamore during 2015/16. There remain only 3 patients to be resettled, but there are twelve delayed discharges. However, these are generally of the most complex and challenging population with high cost bespoke service developments needed.

The Trust continues to develop and extend schemes in partnership with other providers and housing bodies to meet these challenges. However the financial constraints on the Supporting People budget have meant that a number and range of proposals/business Cases have not been progressed or approved by Supporting People.

6 social work forum meetings were held in 2015/2016, The social work forum is well attended, and it's format has changed to allow each service area to host a session to showcase good work and highlight

issues. Any relevant issues raised are reported through to the EDSW by the social work lead through the social work executive Meetings.

4 social care forum meetings were held in 2016/2017. These meetings are chaired by the regulated services manager. In addition the regulated services managers hold regular shared learning meetings for all managers of regulated services.

Disability services are working with a wide range of partners to achieve the implementation of the regional day care/day opportunities strategy. The North Down and Ards Sector completed the reform and modernisation of day care and day opportunity services and have significantly expanded the menu of day care/opportunities by working in partnership with service users, their carer/s, and a range of independent sector provider organisations.

The business case to replace 3 statutory day centres in the North Down & Ards sector with 2 centres to include a new build has not proceeded within 2016/17 as the business case has not yet been approved by the Department of Health Social Services & Public Safety. Failure to progress this business case will have an impact on the quality and safety of service delivery.

With regard to support for carers, there has been an increase in both the number of assessments offered and undertaken. Adult disability services intend to continue its focus on promoting the uptake of carers assessments by taking forward the new assessment proforma which was co-produced in 2016/2017 with carers, and has been successfully tested in the North Down & Ards Sector.

	<p>The Trust would anticipate that further retraction of SNMA funding will have a significant impact on service providers. The Trust would be particularly concerned in respect of Glencraig, if this service were to no longer be financially viable there would be ramifications on a regional basis. A working group led by the Trust has been established with all key stakeholders to review the situation and plan for future service.</p> <p>The closure of Stewart Memorial House, nursing home has provided a significant challenge to the service. However effective communication and planning with all parties involved has ensured that appropriate alternative placements have been identified and disruption to service users and their families be kept to a minimum.</p> <p>Adult disability continued to exceed the target set for the completion of person centred reviews. Against a target of 278 for year end, a total of 387 person centred reviews were completed.</p>
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Primary Care and Older People

6.

Primary Care and Older People

Programme of Care / Directorate:-

6.1	Named Officer responsible for professional Social Work
	<p>The Assistant Director for Older People's Services (OPS), Sarah Browne, retired at the end of December 2016. Linda Johnston took up the post of Assistant Director for Older People's Services on 1st January 2017 and is responsible for professional social work within the Primary Care and Older People's Directorate.</p> <p>The Assistant Director, (OPS) is the Trust wide lead for adult protection, carers support and self-directed support and chairs the Trust carers implementation group and the self-directed support (SDS) implementation group, which have cross directorate/multi-disciplinary representation.</p> <p>The Assistant Director (OPS) is chair of the Local Adult Safeguarding Partnership (LASP) which is multi-professional and multi-agency with representation from the independent, voluntary, community and faith sectors.</p> <p>The Assistant Director (OPS) is the nominated social work representative on the four Integrated Care Partnerships within the Trust's area.</p> <p>The Assistant Director (OPS) reports on professional issues to the</p>

	<p>Executive Director of Social Work.</p> <p>The lead social worker has fulfilled their responsibility in auditing and monitoring delegated statutory functions during this reporting period.</p>
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6.2	<p>Supervision arrangements for social workers</p> <p>The Trust supervision policy for adult services is used for supervision in all teams and has been implemented across hospital social work, intermediate care and community integrated teams. Compliance in hospital social work and intermediate care was audited across a three month period and shows an increase on last year from 83% to 87% compliance. Compliance across the community teams is 70% which is a reduction from last year due to primary care manager absence and increased workload pressures.</p> <p>There are currently five Assessed Year in Employment (AYE) social workers in the directorate. AYE issues are a standing item on the social work forum agenda. All previous AYE candidates within the older people's directorate have successfully completed their year or are in the process of completion.</p> <p>Professional supervision for social work staff is provided consistent with the Trust policy. All social work primary care managers receive supervision at three monthly intervals and achieved 100% compliance in this reporting period.</p>
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	<p>Care managers who are social work qualified and who are based in integrated teams receive operational supervision on a monthly basis and professional supervision from a social work primary care manager on a minimum of a three monthly basis.</p> <p>Locality managers who are social work qualified receive professional supervision from the operations manager, social work lead on a minimum of a three monthly basis.</p> <p>Professional social work fora are held six times per year for all social work staff in the directorate with mandatory attendance at a minimum of four of these forums.</p> <p>There are social care forums for care managers, assistant care managers and monitoring officers and each are held quarterly. The care managers and assistant care managers' forums are chaired by the locality managers (social work leads) for older people and primary care.</p> <p>The Trust supervision policy for adult services is being used for supervision in all social care teams.</p>
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6.3	Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).
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ISO Audit of Social Care Services

The external ISO audit was undertaken in September 2016 and the ISO accreditation was maintained. The assessor visited one residential facility, one day centre, domiciliary care services and social care for older people.

The external audit in September 2016 identified areas of good practice and no non-conformities.

There is a rolling programme of internal audit for social care and these are reviewed and reported on at the internal ISO management review. Any corrective actions or areas for improvement are actioned. Audit activity is reported on at the directorate governance meeting.

Monitoring visits in Residential Homes / Day Centres / Supported Living facilities and Domiciliary Care Services

Each regulated facility has an unannounced monthly monitoring visit by a peer manager in place of the responsible person. RQIA recorded a recommendation in one facility this year regarding the content of these reports. The manager of the domiciliary care service was required to forward the completed reports to RQIA for a period of time until they were satisfied that the standard had improved.

NISAT and Implementation of eNISAT

The implementation phase of the eNISAT regional project ended in November 2016. The Trust carried forward the implementation plan for

eNISAT until December 2016, when the system has been fully implemented across all teams.

Ongoing support is provided by the ICT training team for existing and new staff members. The ICT systems support team also support staff with any system related issues on eNISAT.

Version 4 of NISAT has been implemented and has been in use within the Trust since 10th May 2016, in conjunction with the transition of care forms to facilitate hospital discharges. eNISAT is used across primary care and older peoples programme in district nursing, care management, rehab and reablement services as well as disability services and the hospital social work teams across the Trust.

Over 150 iPads have been distributed to staff across the Trust to enable mobile working and the completion of eNISAT in client's / service user's home.

A summary of activity April 2016 to April 2017 (assessments completed)

Contact/ initial assessments	6278
Core and Complex assessments	2623
Specialist	3339

Compliance reports on usage of eNISAT across the Trust are carried out monthly and continue to form part of the Trust scorecard for KPIs. These detailed reports on eNISAT usage breakdown department, assessment type and staff members and are distributed to service and team managers each month. These reports also form part of the system feedback at Trust quarterly information sessions to senior managers and their teams. Results from these reports continue to show increasing

engagement with eNISAT in terms of numbers of assessments carried out by staff across all professions, and this is evidenced in the increase year on year activity above.

The Trust continues to play an active role in the eNISAT regional reference group and continues to contribute to the various strands of the eNISAT post project evaluation.

One of the remaining challenges for eNISAT is the compatibility of the liquid logic system used in the Trust and the PARIS system used by the Belfast Trust is not compatible. This has hindered the progress of the electronic management of patient information across Trust boundaries.

**Residential Homes /Day Centres/ Domiciliary Care Services
Audits carried out:**

1. ISO internal and external audits
2. HQS Standard 48
3. Safe contents – financial audit monthly
4. Hand hygiene - infection control weekly audit
5. Water flushing – twice weekly
6. Provider visits and reports audited monthly
7. Medication – audited monthly
8. Catheter care
9. Equipment audits
10. Accident / incident audit
11. Monitoring care worker practice and service user feedback

**Service User Engagement within Residential Homes, Day Centres
and Domiciliary Care**

1. Residents, relatives meetings and friends of meetings
2. Supported living tenants meetings
3. Annual reports
4. Care reviews
5. Menu review meetings
6. RQIA inspections
7. Advocacy service
8. Bayview day care – Service users committee
9. User forums at Towerview and Bayview day centres
10. Focus groups
11. Friends of meetings
12. Service users involved in continued development of new programs and the review of current programs
13. Newsletters
14. Annual reports
15. Satisfaction surveys rolling program in Domiciliary Care service - monitoring of the service by managers

Outcomes Based Accountability

Within the Directorate a number of workshops have been arranged to introduce the Outcomes Based Accountability (OBA) methodology to facilitate programme planning and the measurement of outcomes and performance. The model will include a high level strategic population based outcomes as well as individual performance outcomes for a range of services. There are nine performance accountability service projects identified across both acute and community services. It is hoped that the implementation of the OBA method will lead to a clearer measurement of the outcomes for service users and highlight areas for further improvement. There have been three workshops facilitated by the

National Children's Bureau and the HSC leadership centre, further dates are planned for 2017.

Carers - Carer Assessments

Quarterly returns are made to the HSCB and the Trust continues to examine closely the activity in relation to the number of carer assessments being offered, completed and declined. There had been a high increase in the number of carer assessments offered in the 2015/16 period but a dip in the number of carer assessments offered in the 2016/17 period. However, the number of carer assessments completed has remained about the same. The collation of statistics remains a challenge and may not completely reflect the actual level of activity as it is reported by staff in supervision. An electronic tool has been introduced to assist with the compilation of statistics and activity will continue to be monitored closely to track the number of carer assessments being offered.

Trust Community Pharmacy Initiative

South Eastern HSC Trust has partnered with pharmacy in an initiative to identify carers who are not currently known to services to promote carer health and wellbeing; carer short breaks; and other supports for carers available locally through the statutory, voluntary and community sectors. All pharmacies within the Trust area have been given a supply of business cards to promote short breaks and supports for carers. Over half of the pharmacies across the Trust are participating and will offer onward referral to the Trust carer support service. To date over 40 direct referrals have been received. The majority of the referrals have been for older male carers who were unaware of any support available to them.

Posters and fliers promoting the service have been designed and are being distributed to participating pharmacies. Two short videos promoting the service are currently being produced for information for carers and for those pharmacies who have not yet engaged with the Trust to deliver the service. A press launch is planned for early May.

Carer One Off Short Break Payments

The Trust one off carer payment scheme continues to be successful. It was particularly so during 2016/17 when 317 payments valued £49,320 were made to carers of older people. This represents a 50% increase from the previous year.

A total of 879 payments were made across all programmes of care valued £115,469.

Events for Carers

A wide range of events for Carers were organised across the Trust during June and October 2016, and in February and March 2017. These sessions included wellbeing sessions, coffee mornings, computer training and financial planning for the future. In total there were 14 different events attended by approximately 475 carers. In addition, local carer support groups were funded to do a range of wellbeing short break activities for carers.

Domiciliary Care Scoping Review/ Trust Audit

The Trust has implemented a range of audits following the BSO Counter Fraud and Probity service audit. Nine of the Trust's largest providers

	<p>have had a detailed audit report completed and a programme of audit for the remaining providers has been developed. This work has been shared regionally. The Department of Health has engaged Trusts in a regional scoping review/ audit of commissioning and quality issues within the independent domiciliary sector. The Trust has participated in this review and awaits the findings and recommendations from the Department of Health.</p>
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<p>6.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>NISCC All social work staff within hospital and community social work and intermediate care are registered with NISCC and copies of registration details are kept in supervision files.</p> <p>This year has seen the roll out of compulsory registration with NISCC to day centre staff, supported living staff and domiciliary care staff. Three NISCC open days were held with domiciliary care staff to facilitate staff registration. By end of March 2017 100% staff have submitted their applications for registration to NISCC.</p>

There is full compliance with NISCC registration in domiciliary, day care and supported living services.

Referrals to NISCC:

There were five referrals made by the Trust to NISCC. These were all domiciliary care workers who had been redeployed due to adult protection investigations. One member of staff was dismissed following a disciplinary hearing. The remaining four investigations are ongoing.

There were two referrals to NISCC made by members of the public. Following investigation the decision from NISCC was no further action.

One residential care assistant is currently suspended pending renewal of NISCC registration.

Whistleblowing

There were two reported concerns to RQIA through the whistleblowing process. These were in relation to two statutory residential facilities. One alleged theft of food by catering staff; the investigation is ongoing. The second allegation was in relation to the kitchen being locked and this has been resolved and closed.

RQIA

All facilities/services have had at least one unannounced care inspection during the year. Residential care facilities have had two (one care and one other – either estates or pharmacy).

The inspection reports have been largely very positive about the care

provided being safe, compassionate, effective and well led. There have been very few recommendations/requirements made and no major issues or themes arising.

SAI / SEA

During 2016/ 17 there have been a total of 12 SAI /SEA reports to the HSCB. Nine of these occurred in nursing homes, one in a day care facility and two in residential care.

2 medication incidents

6 falls

1 choking

1 pressure ulceration

1 respiratory arrest

1 client assault

In all cases the Trust has taken a lead role in the investigation of these incidents and worked with the facilities, staff and families involved in order to learn lessons and implement actions to address the recommendations. The learning from these reports is shared across the service and at governance forums.

In light of the increasing number of incidents and concerns around the risk of choking the social work /social care governance facilitator has facilitated an improvement project, as part of the Institute of Improvement (IHI) Advisor programme, to address the risk of choking. This has been in partnership with: allied health professionals, social care staff and a nursing home provider. The project has developed an action plan including a training programme and risk assessments to improve

	<p>the knowledge of staff and to implement preventative measures for residents. The learning and models emerging from this project are being shared across the service and will be shared at provider forums hosted by the Trust.</p>
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6.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	6.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	6.7 Indicate if the issue is included on your Trust Risk Register and at what level
1.	<p>Lack of capacity within Domiciliary Care has presented increasing challenges to the provision of social care support to people within own homes.</p> <p>Over the past year the Trust has experienced difficulties sourcing care packages from the independent sector.</p> <p>This has become an issue in both rural and urban areas. Independent providers have reported difficulties with recruitment and retention of staff due to competition from other sources of employment. They have also cited increasing costs due to national minimum wage, auto enrolment pensions, HMRC stipulations and NISCC registration. More recently some providers have been unable to sustain existing care packages due to staff shortages and have given short notice of withdrawing their service. The Trust has had no alternative but to offer interim care placements where they have been unable to source care packages. This has impacted on Service users' wishes and Human Rights to have care</p>	<p>In 2015 a Domiciliary Referral Hub was introduced which provides a single point of referral for all requests for domiciliary care.</p> <p>The Domiciliary Referral Hub has all of the e-rostering information in relation to in-house Domiciliary Care Services which ensures that all capacity is maximised.</p> <p>An audit of activity in 2016/ 17 there were 4,533 care packages sourced by the hub. Currently there are 185 packages sitting with the broker, where a care package cannot be sourced.</p> <p>Given the large element of social care outsourced to the independent sector, the Trust has decided to recruit to our in-house domiciliary care teams. In 2016/17 we had hoped to recruit 50 additional domiciliary care staff – however this has proven challenging and the recruitment drive continues. Provider forums for contracted independent partners are held on a quarterly basis. The issues in respect of capacity and contract compliance are raised and</p>	<p>Capacity within the Domiciliary Care sector is identified on the Corporate Risk Register.</p>

6.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	6.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	6.7 Indicate if the issue is included on your Trust Risk Register and at what level
2.	<p>provided at home. There is an impact on patient flow and unscheduled care as some patients are delayed in acute beds when care packages cannot be sourced.</p> <p>The Trust commissions significant volumes of Nursing, Residential and Domiciliary Care from Independent providers and the challenge is to ensure that robust governance arrangements are in place across all regulated services.</p>	<p>discussed. The discharge to assess service is being extended and models Trust wide are being reviewed to achieve consistency.</p> <p>Within Older People's Services we have been developing a framework for Adult Social Care Governance. There are 2 Senior Management governance posts in place (one social work, one AHP) and a third nursing post is in progress. This team in conjunction with the contracts team is making improvements on the quality monitoring, auditing and governance arrangements. The contracts department have employed two contract compliance officers to lead an independent sector audit to ensure compliance with contract terms and conditions and robust governance arrangements are in place. An adult social care governance forum has been established bringing together</p>	<p>Adult social care governance is on the Directorate Risk register.</p>

6.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	6.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	6.7 Indicate if the issue is included on your Trust Risk Register and at what level
		<p>operational managers across programmes of care to ensure that relevant information is analysed and shared.</p> <p>The Trust has implemented a range of audits following the BSO Counter Fraud and Probity service audit. Nine of the Trust's largest providers have had a detailed audit report completed and a programme of audit for the remaining providers has been developed.</p> <p>This work has been shared regionally. The Department has engaged Trusts in a regional scoping review/ audit of commissioning and quality issues within the independent domiciliary sector.</p> <p>The Trust has participated in this review and awaits the findings of the Department of Health's report.</p> <p>The Trust annual contract review meetings for all contracted domiciliary care and nursing / residential home providers are in place.</p>	

6.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	6.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	6.7 Indicate if the issue is included on your Trust Risk Register and at what level
3.	<p>The administration of medication in domiciliary settings remains an ongoing issue and concern. The Trust has progressed a model of raising the input of supporting a small number of band 3 social care staff in the administration of appropriate medications. This model has been developed with consideration of governance – training, competency, transcribing and on-going assurance of competence.</p>	<p>The Trust, along with other Trusts, continues to carry out support and monitoring audits in Dunmurry Manor. This is as a result of the investigation by the Commissioner for Older People NI into care provision in this home. The Trust has provided extensive information to the Commissioner as requested in terms of documentation and staff who have attended and been interviewed to inform the inquiry investigation.</p> <p>The Trust has commenced training with a small number of domiciliary care staff in the administration of appropriate medication. The intention would be, with the necessary governance in place, to roll this out to all domiciliary care staff, however banding is likely to be an issue.</p> <p>The Trust is engaging with BSO and the Ulster University and an allocated provider to test a telecare concept for the self-</p>	

		administration of medication. Phase 1 is	
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6.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	6.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	6.7 Indicate if the issue is included on your Trust Risk Register and at what level
4. 5.	<p>The forthcoming Mental Health Capacity (NI) Act 2016 and the requirement/opportunity for the social work workforce to engage with Deprivation of Liberty and Best Interest assessments and decision making processes.</p> <p>The implementation of the Adult Protection Policy from 1st April 2017.</p>	<p>now complete and BSO will shortly send a call for tender for this project.</p> <p>There is a need for a review of skill mix to support the forthcoming Capacity legislation. senior managers, social work have taken the lead roles in Deprivation of Liberty and Declaratory Order decision making meetings and legal processes.</p> <p>The Designated Adult Protection Officer (DAPO) role is a challenge within mental health services for older people and a review will be required within the directorate as there are not sufficient social work managers to fulfil these roles. In order to address this issue there is an ongoing internal workforce review to examine current roles and responsibilities.</p>	

6.8	<p>Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.</p>
	<p>Domiciliary Care Recruitment Recruitment to increase capacity in domiciliary care services is ongoing. The service was successful in recruiting 45 staff in 2016/17; however 36 staff left the service due to retirement/health issues. An advertisement is currently in progress to recruit additional 30 posts.</p> <p>Vacancies Recruitment processes have moved to shared services which has resulted in delays as managers become acquainted with new systems and processes. Within community integrated teams an additional social work care manager post has been created to facilitate social work/care supervision arrangements. The hospital social work and intermediate care workforce has seen a significant turnover in staff in the past year and the model of discharge to assess is being embedded and rolled out.</p> <p>The following vacancies are presently being actively recruited : 1 primary care manager (acting arrangements are in place) 1 wte care manager</p> <p>Within hospital social work and intermediate care 3.8 wte social work posts 2 wte senior social work posts</p> <p>Social Care Workforce Review The Primary Care and Older People’s Service have been reviewing their senior management structures and have now commenced a review of the care management structure and the social work and social care workforce – across both acute and community teams.</p> <p>Working Time Directive Two of the six statutory residential facilities have waking night duty staff (Band 2 care staff and Band 5 senior care assistant) to meet the working time directive. A cost has been provided by the finance department for the introduction of this working arrangement in all six facilities. This has been raised as a cost pressure in 2016/17. The Human Resources department is currently collating information regarding industrial tribunal cases currently being handled by the Trust as part of a regional approach to the working time directive.</p> <p>Development Programme for Regulated Managers A bespoke development programme for regulated services Managers within the Trust has been developed and introduced in January 2017. This programme has been targeted towards managers from primary care</p>

	<p>and older people and adult disability and the focus is on strengthening leadership capacity. The programme has involved one workshop as an introduction, aligning managers to coaches, setting personal and service goals and introducing a joint shared learning forum. The programme will conclude in September 2017 with managers presenting to Chief Executive, Directors and Assistant Directors about what they have achieved and how they have made improvements personally and for the service. Facilitators for this programme have been a partnership between the organisational workforce development department, the social services development team, the HSC Leadership Centre and the operational managers of the service.</p> <p>Staff Engagement</p> <p>Four staff engagement workshops took place in domiciliary care; one in each locality. Approximately 300 staff attended the workshops. The workshops were arranged to ensure all staff working in domiciliary services had an opportunity to engage with senior managers of the service and to feedback on what is working well and how we can improve. A wide range of staff are also now engaged in the Outcome Based Accountability programme of work.</p>
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<p>6.9</p>	<p>Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?</p>
	<p>CRAG Guidance</p> <p>The DOH Charging for Residential Accommodation Guidelines ((2015) CRAG) is used to guide financial assessment of clients going into residential or nursing home care, alongside the assessment for free nursing care.</p> <p>The Trust has a charging policy for the provision of community meals in line with the DHSSPS circular and is applied to day care clients in statutory, residential homes and day centres.</p> <p>Continuing Healthcare</p> <p>The Trust has received 37 referrals requesting assessment and eligibility for Continuing Health Care. All referrals have been in respect of self-funding clients in both residential and nursing Homes. Eligibility for Continuing Health Care is dependent on an individual's primary need being for health care and not social care and to date the Trust has applied the guidance on multi-disciplinary assessment contained in the 2010 ECCU guidance document on care management.</p> <p>The Trust continues to await further guidance on Continuing Health Care from the Department of Health and are advised that guidance has been developed and is awaiting a Ministerial decision. The Trust has halted its internally developed panel process pending receiving this further</p>

	<p>guidance. The Trust had a Continuing Health Care case reviewed by the Ombudsman's office. The Ombudsman requested an independent review of this case by two independent reviewers who have knowledge of Continuing Health care within the English context. Trust representatives met with the Ombudsman to discuss this case and were in agreement with the decision making regarding eligibility for Continuing Health care. The Ombudsman recognised the concerns expressed by the Trust about the scant guidance contained in the 2010 ECCU guidance provided by the Department of Health in relation to Continuing Health care and the requirement for a Northern Ireland wide more detailed guidance approach which all Trusts can consistently apply.</p> <p>In the interim this has been raised with the HSCB and all Trusts have agreed to meet to discuss an agreed regional approach in the absence of the release of Department of Health guidance.</p>
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6.10	<p>Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals</p>
	<p>The hospital social work service within the Trust provides a service across the three acute hospitals, Ulster, Downe and Lagan Valley as well as the Ards Community Hospital.</p> <p>The teams at the Ulster hospital deliver a service over 7 days, covering weekends and bank holidays. Since January 2016 the teams have been working extended hours into the evenings to facilitate patient flow and discharge planning with families.</p> <p>The range of social work covers all client groups from pre-birth (maternity outpatients) to older people, with specialities in renal, cancer, plastics (the regional unit) and palliative care. The nature of the work is within the legislative framework to carry out duties under the Children's Order, Mental Health Order, Health and Personal Social Services Order and Adult Safeguarding policy and procedures. This entails completing social work assessments using UNOCINI and eNISAT, identifying risk, identifying the need for Carers' assessments and planning safe and effective discharges.</p> <p>The social worker has a critical, co-ordinating role within the multidisciplinary team, ensuring a person centred approach the social worker assesses the personal and social context of the patient's medical situation. The social work team are ward aligned and contribute to early intervention, effective treatment planning and ensuring safe, effective and timely discharge to the most appropriate setting. This involves co-ordinating the discharge of patients in intermediate care settings, accessing rehabilitation and decision making.</p> <p>The establishment of the discharge to assess team created in October 2015, has brought a focus to early discharge for those patients who are</p>

safe to discharge from hospital with no or with minimal support and can then have a holistic assessment, tailored to their own circumstances either in their own, or in a more suitable environment. The multi-disciplinary team consists of social workers, physiotherapists and occupational therapists.

The outcomes show that the intervention of this team enables a holistic Social Work assessment and targeted multi-disciplinary assessment which focuses on the promotion of independence. The outcome of social work referrals audited between December 15 – December 16 showed

29% required permanent care,
27% packages of care were cancelled,
16% required a decrease to package of care,
14% were readmitted (medical / other reasons)
8% inappropriate referrals,
5% required an increase/placement and
1% deceased.

As part of a community turnaround project, the discharge hub was established in April 2015 and has become a central point to coordinate patient flow between hospital and community and to escalate discharge planning ensuring that patients with complex needs are directed to the most appropriate discharge pathway. The discharge hub consists of a multi-disciplinary team, social work, nursing, physiotherapist and occupational therapist and this team engage daily with the hospital social work team to discuss and plan for every patient with complex social care needs. This work is now underpinned by a live information system across the acute sector and social work teams input to this.

Supporting information regarding discharge planning has been developed in the form of a *Planning to Go Home* leaflet, which is shared and discussed with patients and their families to improve their understanding of the process and potential alternative pathways. Every effort is made to ensure the patient's preferred option for discharge is facilitated in a timely manner.

The Trust has contributed to regional work on the Discharge Dispute Resolution protocol and has engaged with a service user consultation in order to develop a protocol which is currently being piloted at the Ulster Hospital.

The discharge hub provides the central point for social work and Hub staff at weekends and bank holidays. The team works closely with the patient flow, emergency department and community teams to prevent unnecessary admissions and facilitate transfers and discharges home 7 days/week.

The number of complex discharges continues to increase

In March 2016 there were 204 complex discharges and in March 2017 there were 309 complex discharges.

In the context of the continued rise in numbers of complex discharges, performance in respect of the complex discharge targets has improved: In March 2017 the performance for the Trust patients is 76.8%.

In March 2016 there were 542 bed days lost in breach of 48hours and in March 2017 there were 343 bed days lost in breach of 48 hours.

The number of patients delayed more than 7 days in March 2016 was 15 and in 2017 were 8.

There are ongoing meetings at both Director and operational level to address the complex delay issues across the boundaries with Belfast Trust and to improve communication and systems. The main cause of delays has been the lack of domiciliary care capacity.

The regional documentation – the transition of care forms have been fully implemented across all hospital sites to inform discharge planning and processes and alongside eNISAT have enabled the Ulster Hospital and intermediate care team to move towards significant reduction in bureaucracy and a paperless discharge system.

This is only possible in Trust localities as the eNISAT system across the boundary with Belfast Trust, who use PARIS and this does not enable the electronic management of patient information across the Trust boundaries.

In order to respond to patient flow and unscheduled care pressures Older People's services purchased additional intermediate care beds to facilitate early discharge from acute beds for rehabilitation and assessment during 2016/17. The total number of intermediate placements was 1153 and each of these patients were assessed in intermediate care by social work and where appropriate by allied health professionals. In April 2016 there were 140 block purchase intermediate care beds and this has increased to 167 beds in March 2017.

6.11	<p>Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.</p>
	<p>All assessments are completed within the NISAT framework and consent to complete the assessment is sought, along with consent to share information following the completion of any assessment. The NISAT framework is a person centred assessment tool and seeks to fully involve the person and their family/ carer as appropriate in the assessment and decision making process.</p> <p>There is a presumption of capacity to participate unless there are any indicators to suggest that medical advice and where indicated expert assessment is required to guide the assessment / risk assessment and further decisions making.</p> <p>Where there is a need for risk assessment and risk management this is completed with consent and involvement of the person/family and carers. In respect of adults at risk of harm and adults in need of protection and joint protocol investigations and the implementation of adult protection plans the documentation includes a human rights recording framework.</p> <p>Guidance on the Deprivation of Liberty has been issued and where indicated, a specialist assessment in respect of diagnosis of dementia/capacity and consent is sought in order to inform the risk assessment and care planning decisions.</p> <p>There is one ongoing guardianship case in older people's services and the guardian role is independent of the approved social worker making the assessment.</p> <p>The Trust is still awaiting the outcome of a preliminary hearing from the High Court in respect to a Declaratory Order for a resident who is currently under guardianship within a nursing home. The decision will be made about his most appropriate placement which may result in hospital detention and could infringe on this man's Human Rights. The Trust has been supporting the decision for him to remain in the Nursing Home. The Trust was granted an interim Guardianship Order and has been directed to provide care within the nursing home.</p> <p>The Trust has seen increased activity in the area of 'Best Interests' meetings. This are multi-disciplinary meetings and processes involving family and independent advocates, and are based on a person centred human rights approach, at all times consideration is given to the 'least restrictive' option to best meet the service user's needs.</p>

HUMAN RIGHTS

6.12	Identify any challenges encountered in the balancing of Rights.	6.13 What action have you taken to manage this challenge?	6.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>The Trust has encountered a number of cases over the past year, where there have been conflicting views by family members regarding the care arrangements for service users who lack capacity. There has been a significant increase in interventions under 'Best Interests' and consideration to Declaratory Orders.</p> <p>There are 3 court appearances and 1 Declaratory Order was made during 2016/17.</p>	<p>Consideration has been given to the Human Rights Act 1998, the Mental Health (NI) Order 1986, Deprivation of Liberty Guidance, Multi-disciplinary case review, Family Group Conferencing, the appointment of independent advocates for the service user.</p> <p>Staff have attended Deprivation of Liberty training at the law centre and the learning has been disseminated at SW and other fora.</p> <p>Legal advice is sought in order to guide processes and decision making. DLS have been engaged by the Trust litigation Department to guide processes.</p> <p>Guidance on Deprivation of Liberty has been issued and where indicated a specialist assessment in respect of diagnosis of dementia / capacity and consent is sought in order to inform the risk assessment and care planning decisions.</p>	<p>As for point 6.13 and also consider judicial review on a case by case basis. Continued use of 'Best Interests' meetings. Continuous evaluation of their effectiveness in balancing the human rights of the individual.</p>

6.12	Identify any challenges encountered in the balancing of Rights.	6.13 What action have you taken to manage this challenge?	6.14 What additional actions (if any) do you propose to manage any on-going challenges?
		<p>The Trust has seen increased activity in the area of Best Interests meetings and have been required to attend High Court in respect of Declaratory Orders where the decision is made on the most appropriate placement considering a human rights approach and the least restrictive option to meet the service user's needs.</p>	

6.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Achievements/Successes</p> <p>Four senior care assistants from care provision received the Dementia Champion Award on 1st February 2017. The Dementia Champions Training programme was developed and provided in partnership by the Health and Social Care Board, Public Health Agency, Connected Health, NW Regional College, DOH and Atlantic Philanthropies.</p> <p>Four staff completed the Trust Succession Planning programme.</p> <p>One member of staff completed the Social Work Leadership programme delivered HSC Leadership Centre.</p> <p>Sarah Browne, our former Assistant Director, Older People’s Services was awarded the OBE in the Queen’s New Year’s Honours list in January 2017.</p> <p>Self-Directed Support</p> <p>Self-Directed Support (SDS) is a flexible way of providing social care support, which gives individuals more choice over the way their care and support needs are arranged, managed, provided and met through a range of options. Older People’s services continue to roll out and embed this new model of social care across all programmes of care.</p> <p>SDS is available to both service users and carers who have been assessed as need of social care support. SDS has the potential to</p>

transform social care services from a service-led system to one that promotes autonomy and independence by giving people more choice and control over their support arrangements. We have a number of individuals who have shared their experiences and stories with us, these videos are shared for learning and are available on the Trust internet site.

Throughout this year we have continued to deliver training programs to our staff, our partner organisations and other stakeholders. Activity records show that 800 staff have attended awareness training, which was also provided to 321 external stakeholders.

Key Performance Indicators (KPI's) have been agreed to determine the number of front line staff who required full SDS training. 245 staff were identified as requiring this and currently 242 have attended level 2 and 239 have attended level 3. We have also facilitated representatives from 15 provider organisations to join our staff at this full SDS training.

Activity

Within the Trust we record only those people who have been given a personal budget, options how to use this budget and on completion and approval of a full support plan that includes the 7 criteria.

Below are the activity records for SDS at end March 2017 -

	Service Users	Carers	Total
Direct Payments	208	106	314
Managed Budgets	51	12	63
Traditional Services	558	10	568
	817	128	945

Direct Payments

In addition to the work we completed with providers we also recognised that we needed to support direct payment recipients in their employers role. Our staff told us that service users needed support with accessing manual handling training for personal assistants. We are currently developing an elearning site that personal assistants employed through the direct payment scheme in the Trust can access. In addition to theory based manual handling training we will be uploading a number of other elearning modules to support direct payment recipients and personal assistants in their role. Work continues in developing access to different levels of manual handling training.

Carers

To support carers in their role we introduced support plans for carers in receipt of self direct support. We further developed this, following a pilot with a number of practitioners across the programmes of care and across various localities and introduced carers support plans for those in receipt of one off direct payment support.

ASCOT

An outcomes measurement tool identified for use within self-directed support is the adult social care outcomes toolkit, otherwise known as ASCOT. Throughout the year we have developed pathways and processes to introduce ASCOT across our adult services for individuals new to social care services. With the assistance from the Safe and Effective Care Department we will in the incoming year review a random selection of individuals across our services to evaluate the impact of SDS in improving or maintain their social care quality of life score.

6.16	SUMMARY
	<p>Older people's services has fulfilled its statutory duties during the reporting period 2016 – 2017. Once again it has been a challenging year due to the increasing demographic pressures and concerns about market instability within the independent sector to meet demand.</p> <p>The continuing pressure in relation to unscheduled care and patient flow has once again placed significant demand on hospital social work staff. The age profile and increasing frailty of complex patients, many of whom have co-morbidities, has challenged staff to put in place safe and effective discharge plans.</p> <p>The embedding and integration of the discharge hub and the discharge to assess model has contributed to improved performance and patient flow. The introduction of the discharge to assess model in October 2015 has proven to be very effective in facilitating discharge from hospital with rapid follow-up in the community by members of the discharge to assess team to assess the older person in their own home.</p> <p>Capacity issues in the independent sector will require the Trust to work towards the procurement of social care and to continue to engage with providers to assure quality, maximise capacity and sustain provision.</p> <p>The Trust has gone live with SDS since 1st April 2016 and it is hoped that staff, older people and their carers will fully embrace the opportunities which this new approach will offer.</p> <p>The challenges of the management of capacity and decision making in</p>

	<p>situations where there are conflicting views has led to the increase in activity in 'Best Interests' meetings and seeking Declaratory Orders. This work has demanded significant resource across our community teams. There were 3 court appearances and 1 Declaratory Order was made during 2016/17.</p> <p>As can be seen from the report, the breadth, depth and complexity of the work within older people's services continues to expand and with it the opportunity to explore new service models and new ways of working.</p>
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**Children's Services – Cared for
Children**

7. Children's Services – Cared for Children

Programme of Care / Directorate:-

7.1	Named Officer responsible for professional Social Work
	<p>Within children's services division, there is a defined line of professional accountability with 3 designated social work leads as follows:</p> <p>Fiona Gunn – Specialist Residential Services Lisa Hine (A) – Fostering, Adoption Services and Family Centres Maurice Largey – Residential & Childrens Disability Homes</p> <p>These staff report directly to Dr Michael Hoy, the Assistant Director responsible for Cared For Children Services, Dr Michael Hoy. Dr Hoy took up post as the Assistant Director of For Cared for Services on 1st November 2017. Dr Hoy reports to Brendan Whittle EDSW.</p> <p>The senior management responsibilities in the Childrens Directorate, changed in 2016. This followed the retirement of 3 Assistant Directors (Roslyn Dougherty, Jacqui McGarvey and Marion Robertson). Subsequently there were a number of changes to management arrangements, These include childrens services division being responsible for fostering, residential care, adoption and family centres. Fieldwork teams for looked after children and 16+ being, moved to the families support and safeguarding division under Dr Michael Murray.</p>
7.2	Supervision arrangements for social workers
	<p>Supervision</p> <p>Supervision is a key method of ensuring staff deliver a high standard of service and carries out their duties in line with policy and procedures. There is also recognition that supervision is a valuable support mechanism for staff. The Cared For programme has placed an emphasis on supervision and has achieved high compliance rates as evidenced in the 2017 supervision audit. 71% of social work staff received supervision on a monthly basis in cared for social work teams.</p> <p>To support the supervision and reflective practice process, Cared for Children social work teams continue to avail of reflective practice sessions alongside colleagues from the SET Connects therapeutic service.</p> <p>Residential Childcare Supervision</p> <p>The residential supervision audit conducted in March 2017 has highlighted that 55% of staff received regular monthly supervision which is a significant decrease on last year's audit findings which achieved</p>

76%. 20% (4) staff received regular supervision but not necessarily provided at monthly intervals. 25% (5) staff did not receive supervision at regular intervals.

The reasons recorded for reduced supervision within this audit period were:

1. Staff sickness and priority to provide adequate staffing levels to cover shifts within the homes.
2. Significant staffing pressures were evident during this audit period which required team leaders to cover shifts.
3. Increased incidents within homes that require staff to be on the floor and supervision having to be rescheduled
4. Changes in team leader and gaps in posts being covered.
5. Time pressures on team leaders to record supervision sessions, often called away to assist staff with managing a volatile situation.

It was evident that the residential homes who had a more stable staff team were able to provide excellent levels of supervision. It was also evident that some team leaders had prioritised supervision and had improved the frequency of monthly supervision for staff.

A number of areas achieved 85% compliance and above and three areas achieved 95% compliance. 95% of supervision records evidenced that staff were supported within their role by their supervisor irrespective of the regularity of supervision.

Appraisals

Staff having an annual appraisal achieved 45% which is a decrease on last year's findings having achieved 67%.

These findings are possibly reflective of the pressured environment staff are working in and the staffing challenges experienced during 2016. An action plan has been developed to ensure appraisal and professional development requirements are met consistently across all facilities.

The actions to be progressed in 2017 - 18 are:-

1. Senior managers should continue to prioritise supervision, monitor frequency and carry out regular audits of supervision records to ensure compliance with supervision standards.
2. Areas of non-compliance to be addressed through the leadership of the residential governance forum.
3. Appraisals should continue to be a priority for all staff in residential services.
4. New Team leaders should undertake supervision and appraisal training as a matter of priority. This must be monitored by the principal social workers.
5. The Supervision improvement group should take forward the

	<p>recommendations from the QUB research study and implement a model for supervision specific to residential services, as a matter of priority for 2017.</p> <p>6. The findings of this audit to be shared with all staff in residential child care services.</p> <p>7. A re- audit will be undertaken in October 2017.</p>
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7.3	Audit Review & Research
	<p>Gain Audit</p> <p>Children's Homes A GAIN audit of files pertaining to 16 young people across the four children's homes, Marmion, William Street, Flaxfield and Cuan Court was completed on the 2nd September 2016. The objective of the audit was to review residential social work case records for compliance with the Regional Child Protection Policies and Procedures in order to ensure appropriateness and effectiveness of safeguarding children in the three sectors of the Trust. Significant compliance with the above standards was noted.</p> <p>Lakewood Secure Care Homes An internal audit of fourteen residential young people's files within the secure homes was completed on 31st August 2016 and individual action plans devised. Progress continues to be evident in relation to the planning and recording of individual work sessions with the young people.</p> <p>Fostering Service The Trust Fostering service continues to update the Trust ISO standards in response to the fostering GAIN audit which was conducted in March 2016. The audit made a number of recommendations having reviewed social work processes for:</p> <ul style="list-style-type: none"> • The assessment of kinship carers; and • The support and develop of all foster carers. <p>The updating of ISO procedures to develop standardisation in practice for support to respite carers; managing complaints and allegations; file structure and development of action plans following annual reviews remains ongoing at this time and a further audit will be conducted against these standards in January 2018. The senior social workers within the fostering service have taken forward an SQE project to ensure</p>

annual reviews are completed to meet the required standard.

An external review of the ISO standards is due to take place in May 2017.

Child Sexual Exploitation and Missing children

The Trust have a senior social work practitioner in a full time role to cover the area of Child Sexual Exploitation (CSE). The social worker is co-located within the Trust and the PSNI. The Trust has been involved in the revision of the child sexual exploitation risk assessment which has been adopted across the region. Joint training has been carried out with the PSNI surrounding missing guidance / CSE / interface between police and social services. This training was coordinated to allow neighbourhood police and front line social workers to be trained together in their respective geographical bases throughout November 2016 – February 2017.

Missing Children Audit Thematic review

An audit, organised by HSCB was completed by all Trusts as part of the thematic review. The audit was completed in November 2016 for presentation to the minister in March 2017. Given the current political situation, the report is awaiting publication.

Marshall Inquiry

The Trust engaged with the Marshall implementation group and all objectives have been progressed within required timescales. The work of the Trust CSE senior practitioner further strengthens liaison and cooperation with partner agencies in relation to safeguarding young people against the risks of CSE, disruption of CSE and prosecution of offenders. CSE meetings within the Trust continue to take place at an individual, operational and strategic level. Furthermore, ongoing training is offered to social workers surrounding CSE and online exploitation.

Serious Adverse Incidents

Serious Adverse Incident Review (SIA) Level 2 Root Cause Analysis (RCA) – Cuan Court Children's Home

During this reporting period a RCA was complete in relation to the management of circumstances within Cuan Court which led to the police being called and their subsequent use of CS irritant spray. There was no adverse finding in relation to how the situation was internally managed. These findings were also echoed within the formal investigation completed by the police ombudsman who concluded that staff actions were proportionate, reasonable and consistent with the welfare of the young people.

Serious Event Audit (SEA)

During this reporting period a SEA was carried out reviewing the

circumstances of police involvement within a children's home led to a young person sustaining an injury. A number of recommendations were made to enhance future practice within the home.

Serious Adverse Incident Review Level 2 Root Cause Analysis (RCA) – Arc Secure Care Home, Lakewood.

A root cause analysis was completed following an incident where a young person managed to access the roof of the secure care home. This was partially due to having access to scaffolding erected for the extension work being carried out. The conclusions relate to a combination of environmental and staffing factors. The four recommendations made relate to the sharing of information across the team including night duty staff and senior on call. The training of all staff including bank and casual workers in relation to physical interventions and discussion of the Young people's individual crisis management plans (ICMP) being discussed at handovers.

Children's Homes

European Working Time Directive (EWTD) / Residential Staffing Models - Leadership Centre & Children's Services Improvement Board (CSIB)

The Trust, working through the regional Children's Services Improvement Board (CSIB), has developed the initial phase of an options appraisal to inform the future staffing model for residential care. On the 12th August 2015 the Trust presented an options appraisal to the HSCB and the 5 Trust Directors and a regional consensus was reached into the future design of the residential model which will comply to the European Working Time Regulations. The Trust has finalised the completion of the regional investment proposal template in conjunction with the other Trusts and the HSCB, which will be presented to the DOH with regard to the additional revenue to resource the new staffing model.

**Emerging Trends
Fostering**

The Trust fostering service continues to experience difficulty meeting the request for placements. A number of challenges were identified including the reduction in the number of foster carers over the preceding 3 years of 40 foster carers; the significant growth of kinship or family placements and the introduction of the Kinship Minimum standards in December 2013; in addition an analysis of foster care recruitment identifying that less people are enquiring and proceeding to foster both within the Trust and also regionally. These trends have impacted on foster placement availability and choice, in addition to increase use of private agency foster placements. There has also been an increase in demand for foster placement with an increase in the care population over the last year rising by 44 looked after children

Following analysis of these trends the fostering service have since July 2016 progressed an action plan to promote the recruitment and support of foster carers within the Trust. An update on this action plan is outlined

below:

1. Participation in the regional foster care recruitment strategy and implement ideas generated from this group within the Trust. Across the regional a regional TV campaign for recruitment commenced in September 2016. Running concurrently with this campaign, the Trust have engaged in a range of recruitment activities within the Trust at local events and via the Trust social media. This campaign did not yield an increase in the number of enquiries from members of the public seeking to be foster carers. Benchmarking of this campaign was supported by the regional Adoption and Fostering service and was undertaken by an independent marketing company. Learning from the benchmarking is currently being progressed across the region.
2. The Trust progressed with a 'Till I grow up' event in February 2017, in conjunction with the Belfast Trust aimed at recruiting foster carers for children requiring long term placements. Stands/profiles were organised for 10 children/young people requiring placements. Adoption, therapeutic and disability services were also featured and there was representation from the Intensive Support Fostering Team. This event was attended by 151 people and generated 31 enquiries for the Trust. To date a number of potential carers have progressed their enquiry through to adoptions. 10 sets of carers have progressed to attending the next skills to foster course, whilst other require further time to consider this matter further and will be reviewed ongoing by the fostering service.
3. Analysis of enquiries through to approval and identify the reasons carers do not proceed. To date this review has identified that the reason some kinship carers have not proceeded is due to the expectation of the assessment process. Non kinship carers do not proceed if they do not have the appropriate accommodation or if they do not consider the time to be appropriate for them to undertake this role.
4. Development of a fostering forum. Currently the Trust are progressing the development of a Fostering forum to engage with carers, alongside a range of professionals, to assist the fostering service in developing their recruitment strategy and appropriate supports to carers. To date this forum has not been progressed as we have not achieved an appropriate representation of our foster carers. The fostering service will be take forward an engagement event to progress the representation of all carers on this forum. Support groups for both kinship and non-kinship carer continue however to be achieved and successful within Trust.
5. Engagement with Trust fosters carer. The Trust have also utilised the support of our current carers to disseminate good news stories on a month basis to be shared with family and friends. The Trust is also progressing a survey monkey with carers in May 2017 to identify the support needs of our carers.

Whilst over this reporting period the Trust fostering service has been able to recruit 27 non-kinship carers over the past year and (20 within

the last 6 months), 22 non-kinship carers have de-registered (4 within the last 6 months). The demand for placements continues to place pressure on fostering capacity to meet the needs of the children and young people within the Trust area who require foster placements. This has resulted in the continued rise in the number of private agency placements being utilised by the Trust to meet the foster placement needs of children and young people.

The Trust continues to pursue an Investment Template Proposal (IPT) in respect of funding for provision of foster placements for children with complex needs and recruitment will commence following the reorganisation of children's services.

Care Proceedings Pilot

The Trust has within this reporting period implemented amended kinship standards as part of the care proceedings pilot. These amended standards aim to identify appropriate alternative kinship carers for children, young people who can be assessed in a planned and efficient manner to promote stability and reduce moves for young people. The Trust in conjunction with the Western Trust have compiled an overview of the findings from this pilot of amended kinship standards, which will inform the regional review of kinship fostering being taken forward by the HSCB.

Fostering Positive Family Relationships (FPFR)

FPFR continues to provide a service for adolescents 13-16 on the edge of care living at home. At present, there are 4 foster carers registered within the scheme. The foster carers continue to support the parents through mentoring visits and respite with the young people. Two fostering support workers also work alongside the young people supporting their placements at home.

From October 2016 to March 2017, 13 young people have availed of the service as a whole, with 3 of these young people coming into care and were placed in residential placements within the Trust. The remaining 10 children remain at home with supports.

It is continuing to be evaluated with feedback positive from families and young people and social work staff. There is a current waiting list of 3 young people for the scheme.

Step Up Step Down (SUSD)

The Trust in conjunction with Fostering Network implemented, a big Lottery funded project, which parallels the service offered by the FPFR for the younger age range of children aged 8yrs - 12yrs on the edge of care. The first family support foster carer was approved for SUSD in October 2016. There was a second Family support foster carer approved in November 2016. A third foster carer has been assessed and her panel date has been postponed due to personal reasons and it is anticipated that she will be approved in August 2017. A fourth foster carer has been identified and will be commencing assessment this month with a view to being approved in 4-6 months.

To date, there have been 8 families who have availed of the scheme in this time period. Two families disengaged as they did not feel the service was appropriate for them. At present, there are six families using the scheme. Feedback from the families and social work staff currently involved has been positive.

The scheme is still developing and work has been centred on raising its profile to increase referrals amongst the Trust. There have been some issues with families expressing resistance to the scheme given that children are becoming looked after due to the short break support element to the scheme which families have been concerned about. Some of the young children on SUSD have expressed their wish to have a day short break as opposed to overnight. These are issues and themes that are developing and being managed through the Steering Group committee.

The service has implemented the Outcomes star evaluation tool which is currently being implemented with the families. Staff have also been creating a database to collate data on the scheme facilitate the evaluation of this service.

Carers on both schemes have engaged in training on working with birth parents. In conjunction with Fostering Network, a specific Open Course Network (OCN) level 2 in mentoring and practical issues in professional fostering has been developed and all carers are completing this 6 week course which began on 6th April 2017.

Adoption

As part of the Trust's 3 year outcome based accountability plan the Trust adoption service has been reconfigured under one principal social worker to include both the permanence and adoption teams. The service has over the past 6 months a reviewed the team's structure, role and responsibilities and interfaces to support the therapeutic needs of children, birth parents and adoptive families as they transition through the adoption processes and avail of post adoption supports.

This review has led to the development of adoption services within the Trust to include increase staffing within the permanence team, offering continuity of service delivery to adopted children, their birth parents and adoptive families through the adoption process and will now also offer post adoption support. This realignment of post adoption support away from the adoption team, will also address the need for the Trust to increase the number of adoption assessments being completed to promote availability of adoptive carers to meet the demand for adoptive placements within Trust.

The Trust currently has 11 children who have received a best interest recommendation for whom a placement is actively being pursued at present. 5 of these children are in the process of being matched with the Trust adopters, kinship assessment is currently being conducted for 2

children, the placement needs of 2 siblings are currently being assessed regarding placing together or apart and we are actively seeking placement across the Trust for 2 other children. The remaining 4 approved adopters are currently being reviewed via the Trust pre linking panel for children whom a best interest recommendation is pending.

Over the past year the Trust has referred 10 children to Adoption regional Information System (ARIS) for a cross Trust placement. For 3 children however placements were not achieved and their best interest recommendation has been rescinded. The main reason for an ARIS referral is due to difficulties identifying an appropriate placement within the Trust which meets religious/cultural needs, or issues relating to the complexity of needs of the young person. In some cases it has been considered appropriate to place outside of the Trust area due to safeguarding issues.

The Trust acknowledges the need to focus on the recruitment and assessment of adoptive families. The current development of within adoption services across the three teams will enable the Trust to respond to this need and the needs for post adoption support.

Outcomes Base Accountability

The Trust continues to develop and deliver an outcomes based accountability (OBA) methodology with a three year plan to enhance stability for children in care as well as children assessed in need. Referred to locally as “The Plan on a Page”, there are 7 work streams arising with yearly targets. The overall aim is to prevent unplanned admissions to care by maintaining young people within their family settings and to ensure that those young people in care do not experience placement breakdowns.

Further Development for Short Break Service

The Trust was successful in securing funding to begin improvement work looking at the LAC process for children who use short breaks. This project is well underway and is overseen by the regional disability group, the reference group and the CSIB. Carer’s views have been sought with regard to the model of short breaks for their children and best practice has been scoped across England and Scotland. A paper will be prepared for the Department of Health who will consider any proposals under the current LAC strategy. Amendment to legislation regarding short breaks the Trust notes have been considered as part of the Adoption and Children Bill consultation process.

Supported Accommodation 16+

Further success was realised with the development and opening of the supported accommodation project located in Lisburn on 1st July 2016. The service provides placements for young care leavers making the transition to greater independence; placements for young homeless as well as the addition of two dedicated assessment placements for 16 & 17 year old homeless presenters. Work continues to be progressed on a further supported accommodation facility in Bangor, which is hoped to open in February 2018.

	<p>William Street The Belfast Central Mission intends to sell the property at William Street and the Trust is in discussion with a view to a business case to purchase the site.</p>
7.4	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
	<p>RQIA Inspection: During the reporting period the RQIA carried their statutory unannounced inspections across the residential estate. The inspections were conducted within four thematic areas focusing upon whether the care afforded to young people was safe, effective, compassionate and well led. A summary of the inspections follows :</p> <p>William Street Home The two inspections reported positive findings regarding the quality of care being afforded to the young people. The inspections noted the need for estates improvements which have now been complete with the modernisation programme.</p> <p>Marmion Children’s Home On 5th July 2016 RQIA completed their first unannounced inspection in Marmion children’s home. The inspector rated the home as good across the domains of safe, compassionate and a well-led service. The report cited evidence of an effective service through the overall quality of the recordings and risk assessments. The inspector highlighted the compassionate care as evidenced through the knowledgeable staff who engaged in a warm and caring manor with the young people. In relation to safe practice the inspector highlighted comprehensive risk assessments, safety plans which were framed within the sanctuary model of safety, emotions, loss and future (SELF). Internal audit and monitoring arrangements enabled the report to conclude the service was well-led.</p> <p>Flaxfield Children’s Home On the 25th July an unannounced inspection was completed within Flaxfield children’s home by RQIA the inspector concluded that the home was safe, effective, compassionate and well-led. The inspection reflected in the positive morale within the team which was confirmed through observations and interviews with the majority of the staff on the day of the inspection. It was notable that an ex-resident had visited the home for lunch which was deemed to represent the on-going positive investment staff maintained with this young person. A follow up inspection was carried out in December, it highlighted positive findings in</p>

the manner in which staff had responded to incidents of bullying within the home

Cuan Court

On the 25th July an unannounced inspection was completed within Cuan Court Children's home by RQIA and the inspector concluded that the home was delivering safe, effective and compassionate care. The report recommended a number of minor estates issues. The inspection report noted strong and robust child protection processes in place evidenced by the compliance with relevant procedures as well as through the existence of comprehensive ICMP's (individualised crisis management plans), CSE screening tools and the application of the group impact risk assessment to inform the approach and supports for new admissions. During November 2016 a subsequent inspection led to the RQIA issuing the home with failure to comply notices in the areas of the application of Safeguarding processes, complaints and representations and estates issues. The Trust contested the validity of these failures however during a follow up inspection the RQIA removed the failure to comply notices and noted that they were content with the service improvements made, thus bringing the home back to compliance with the minimum standards.

Lakewood

Failure to comply notifications had been issued in February 2016 in respect of the two Secure Care Homes. These were lifted following a further RQIA inspection of Arc & Pi Secure Care Homes, Lakewood on 17th May 2016. The improvement plan had been fully completed and positive progress was noted.

However during October of 2016 the RQIA completed additional inspections within Lakewood, the inspection relating to the Pi home was characterised by negative censor across a diverse range of areas. Arising from this the regulators served the home with five failure to comply notices and stipulated ten recommendations and four requirements to bring the home in line with compliance with the relevant regulations. The Trust held a different perspective about the proportionality and accuracy of the inspection findings, despite this the service worked in drawing up a quality improvement plan to demonstrate compliance with the regulators requirements. During the subsequent inspection all of the failure to comply notices were lifted as the majority of requirements were deemed to be met.

The specialist residential homes, Ashgrove and Oaklands have also been inspected by RQIA in this reporting period and have received positive inspection reports.

Children's Disability:

Glenmore Cottage Children's Home

On 9th July 2016, the RQIA completed an unannounced care Inspection with particular focus on safe, effective and compassionate care.

In relation to safe care, the inspector noted that decoration to a young

person's bedroom ceiling was required and the walls required to be painted. In line with these recommendations, a referral has been made to the Trust Estates Department for follow up.

With regard to effective care, the LAC minutes for a young person were not available for a LAC review held in May. As per the recommendation, these were requested from the social worker community team and have been placed on the file.

With regard to compassionate care, the inspector noted this was delivered to a high standard and no recommendations were made.

Lindsay House – short breaks

A care inspection was undertaken in Lindsay House on 28th July 2016. This was a positive report with recommendations made with regard to training, transportation for children and a review of significant events to ensure that notifications are forwarded. All recommendations have been acted upon and followed up accordingly. The inspection during December of 2016 highlighted that the home was operating outside its statement of purpose as a young person has an extended stay to enable an alternative placement to be identified. The young person was subsequently returned to the care of the parents thus bring the home back to compliance.

7.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	7.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	7.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Placement Choice</p> <p>The Trust has experienced increasing demand over the past year on the fostering service. These demands had limited placement choice and availability. There is an increased reliance on private agency placements.</p> <p>Placement requests for children with a learning disability who present with complex challenging behaviours</p>	<p>Placement Choice</p> <p>The Trust has progressed an action plan to promote the recruitment and support of foster carers at both a regional and local level. The Trust has successfully recruited 27 non kinship foster carers over the past year. A recent recruitment event which took place in February 2017 also proved to be successful and the Trust is progressing enquires, training and assessments of a number of carers arising from this event. In 2017/18 the Trust will be working alongside the regional recruitment team and the 4 Trusts to develop a revised regional recruitment strategy. This strategy will be based ongoing regional audits and reviews of our system, processes and recruitment activity.</p> <p>The regional disability group have brought this issue to the attention of the commissioner. A review of current provision</p>	<p>Placement Choice is on the Directorate Risk register</p>

	<p>The Trust is experiencing requests for children with disability who have extremely challenging behaviour, who needs cannot be met within group living and require bespoke placements.</p> <p>During the third quarter of the reporting period the regional secure facility, Lakewood, experienced a significant depletion in staff through high levels of long term sickness. The core teams across the two Secure homes were reduced to having 6 core staff to deliver the service. During December 2016 and again in February 2017 the Trust restricted admissions to stabilise the service to enable a recovery plan to be put in place.</p>	<p>across the region is underway. The HSCB are reviewing the current emergency care record (ECR) across the region. Delays occur in trying to find appropriate accommodation for children and this can cause delayed planning of appropriate placements for some young people. A discussion paper on the remodelling of William Street has been presented to the HSCB.</p> <p>The Trust has implemented a Service continuity plan and has worked closely with the Department, HSCB and the other Trusts in a bid to enhance the stability of the service. A significant number of measures have been implemented to enhance the staffing quota as well as exploring alternative career pathways for those staff who feel that redeployment would meet the needs of the service and themselves. Additional senior managerial support has been deployed to enhance support to and decision making by the core staff and additional training has been provided to all of the care staff being deployed. The Trust is running a dedicated recruitment drive specifically for residential services</p>	<p>Lakewood has been placed on the Corporate Risk register</p>
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7.8	Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.
	The primary challenge for children's services relate to the retention and timely recruitment of staff to fulfil core posts within the Trust. The issue of work force continuity has been most conspicuous within the regional secure care homes, which have experienced significant reduction in core staff due to long term sickness. The Trust has noted a lack of available staff electing to work within the residential sector as a positive career choice. Consequently the Trust is implementing a specific recruitment campaign to the residential children's homes.

7.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	Not applicable

7.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	Not applicable

7.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	<p>Children's Care Services manages the following panels within South Eastern Trust.</p> <p>Permanence Panels</p> <p>The Trust has two permanence panels per month chaired by Head of Service for Fostering and Adoption, which reviews the care plans of all children and young people in care, ensuring that the plans are being progressed in a timely child centered manner in line with the regional Permanence Policy, respecting the rights of the children and their parents.</p>

Adoption

The Trust adoption panel is independently chaired and provides the oversight over the Trust care planning processes and ensures these are compliance with the Human rights of children and their parents. The Trust Adoption Services also convenes a pre-linking panel which matches children with perspective adoptive parents in an open and transparent process. This pre-linking panel ensures the rights of both the adopters and children are upheld. The Trust has also consulted widely with staff in contributing to the draft Adoption and Children's Bill.

Residential Care

Across the Trust the residential homes young people and staff having been working on the creating a more homely environment to enhance young peoples lived experience. This is to include young people participation on the decor of the home and how they experienced being cared for. Part of this work has included the production into a film 'no place like home' in conjunction with the Education Shakespeare Company, which is a therapeutic filming making company, were young people and staff views have been sought around all aspects of their care experience.

HUMAN RIGHTS

7.12	Identify any challenges encountered in the balancing of Rights.	7.13 What action have you taken to manage this challenge?	7.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>Missing v Risk of CSE / Challenging Behaviours</p> <p>Within the children's homes which are open environments the issue of children leaving without permission continues to be looked at regional by Trust assistant directors and PSNI. There is the balance of risk to be determined by staff in preventing the young person leaving. There has been some debate about whether young people should be restrained from leaving. This is not appropriate on a regular basis when children go missing/were no immediate risk of harm has been determined.</p> <p>Smoking Free policy implementation</p> <p>Young People smoking in children's homes continues to remain a challenge for residential social work staff to promote young people compliance with.</p>	<p>There Regional group is being chaired by Dr Michael Hoy looking at all the pertinent issues to consider if the existing HSCB guidance for staff can be enhanced.</p> <p>The Trust and PSNI have completed joint training regarding the missing children's procedure throughout November 2016 to February 2017.</p> <p>A young advocate has engaged with the Trust assistant director regarding the young people views about their right to smoke.</p>	<p>Regional review of current guidance.</p> <p>The Trust and PSNI strategic liaison meeting to be maintained</p> <p>The out workings of this policy will be kept under review.</p>

7.12	Identify any challenges encountered in the balancing of Rights.	7.13 What action have you taken to manage this challenge?	7.14 What additional actions (if any) do you propose to manage any on-going challenges?
	<p>Secure accommodation</p> <p>Given the current staffing challenges within secure care the facility is currently subject to business continuity planning measures which is balancing the risks, needs and human rights of both young people and staff.</p>	<p>Staff continues to promote the health and wellbeing of young people in residential care in line with the regional policy.</p> <p>Secure care continues to be subject to business continuity arrangements which includes weekly reporting to HSCB and regional action plan.</p>	<p>The Trust has progressed regional specific recruitment to permanent vacancies.</p> <p>The Trust is part the independent review of regional services which is due to report in July 2017.</p>

7.15	<p>Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.</p>
	<p>Supported accommodation The Trust had submitted two business cases with the objective of developing two supported accommodation facilities to be located in Lisburn and Bangor. The Lisburn facility has been successfully completed and operational from 1st July 2016. The Bangor project is currently under construction and is anticipated that this will be opened by March 2017 providing 12 placements.</p> <p>Fostering App The Trust fostering service has developed a 'Fostering in a Digital World App' with the Ineqe Group. It's a resource and training tool for foster carers to equip them to deal with the risks young people face in the online world. The App enables our foster carers to become familiar with the social media apps young people use on a daily basis and helps them develop a better understanding of how to keep young people in their care safer in the digital world. This app will be launched to all carers across NI in April 2017.</p> <p>Lakewood Secure Care Centre Regional Social Work Awards - One member of staff was shortlisted for a Lifetime Achievement Award in recognition of her long service (50 years) in residential child care which includes the support and continuous development of the service including the training of staff.</p> <p>Children's Residential Services In September 2016 the Trust were re-certified by the Sanctuary Institute</p>

	<p>in the delivery of the Sanctuary trauma informed model of practice across the eight residential homes. The re-certification process involved direct observations of staff performing the key elements of the model, managerial staff and young people's focus groups/interviews and a review of files and records. The certification is awarded for a three year period.</p>
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7.16	SUMMARY
	<p>The report has highlighted that the children and young people care services sub-directorate has been engaged in a process of change and development over the 6 -12 months period. However during this time the service have continued to strive to improve safety, quality and experience to meet statutory functions. Staff and managers have demonstrated high levels of dedication, innovation and resilience to continuously improve team working to achieve positive outcomes for children and young people in our care.</p> <p>The workforce stability continues to be a key priority, particularly within residential and secure care, with service delivery in secure care being impacted by staff shortages and necessitating continuity planning at this time. Despite these challenges staff have recently commenced a positive engage with our children and young people, to improve their lived experience within residential care through our good outcomes groups.</p> <p>The service has also been challenged by the issue of placement availability within fostering services, despite have progressed action</p>

	<p>plan over the past year on finding and supporting foster families. It is acknowledged that this challenge is faced by the fostering services across the region. The Trust fostering services are working collectively with the other Trusts to develop a regional recruitment strategy and will continue to learn from and develop positive outcomes of recruitment activities which we have achieved in 2016/17.</p>
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**Children's Services – Family
Support & Safeguarding**

8. Family Support and Safeguarding Children

Programme of Care / Directorate:-

8.1 Named Officer responsible for professional Social Work

There remains an unbroken line of professional accountability for social work. Mr Michael Murray is the lead social worker for family support and safeguarding and reports directly to Brendan Whittle EDSW.

Mr Michael Murray, Assistant Director and three senior operational managers, attend the social work executive forum chaired by the Executive Director of Social Work. The lead social worker has fulfilled his responsibility, in auditing and monitoring delegated statutory functions during this period.

8.2 Supervision arrangements for social workers

A supervision audit was undertaken in February 2017 across all social work teams in safeguarding.

The overall findings of this supervision file audit identify that 72% (54) of the supervision files examined presented evidence that staff were receiving formal and regular supervision at monthly intervals across children's services. This is a 6% increase, having achieved 66% in the 2016 audit and indicates continued efforts to ensure social work supervision is a priority.

In safeguarding teams adherence has increased significantly to 72% this year having achieved 49% in 2016. This is an excellent result for safeguarding given the continued staff turnover experienced in 2016. The regularity of social work supervision within Cared For teams has achieved 71% having achieved 89% previously.

There were a number of supervision files within this audit which evidenced that staff had received 11 and 12 supervision sessions in a 12 month period, this is an excellent achievement by team leaders.

A further 27% (20) files evidenced that staff were receiving less regular supervision and there was only one file recorded as not having formal and regular supervision. It was noted that of the 20 files recorded as evidencing less regular supervision, 11 had evidence of 8 and 9 supervision sessions in a 12 month period.

The reasons recorded for having less regular supervision across all teams were due to team leader sickness, in some cases for long periods, staff sickness and staff shortages. Delays in recruitment processes further impact on staff receiving regular monthly supervision.

Overall the audit findings identify a number of areas that have achieved a high level of compliance. 91% of supervision records evidenced that staff were being supported and that the management function was being met. 95 % of records were legible and 88% of records had an up to date supervision agreement. 87% of supervision records had an agenda at the commencement of each supervision meeting.

77% (58) supervision records demonstrated evidence that the supervisor ensured the continuing professional development function was met; this is a slight decrease having achieved 79% previously. The non-compliances were due to training and development activities not being fully recorded for the audit period.

61% of staff had a KSF appraisal completed; this is an increase on last year's findings having achieved 54% in the 2016 audit. The audit highlights that the current appraisal process is not well embedded within supervision; the appraisal documentation is currently under review within the Trust.

Recording of discussions and reflection in supervision records achieved 46% which is a slight improvement on the previous year having achieved 45%. It is recognised that not all of the discussions within supervision are recorded fully to evidence this standard in a file audit. However, supervision records indicated a focus on the management of case work and using the RIT case load weighting system in each supervision session.

The findings of this file audit have demonstrated that team leaders and their managers in children's services have continued to prioritise improvements to be made in meeting the supervision standards. There were some supervision files that were exemplary achieving almost 100% compliance in each standard and it was evident that feedback from the previous audit had been improved upon.

Childrens services: supervision audit of Managers 2017

In March 2017, 57 supervision files of APSW, senior managers and assistant directors were examined. 68% (39) managers received formal and regular supervision; this is a slight reduction on last year having achieved 80%. 26% (15) managers received supervision but on a less regular basis. The standard agreed for regular supervision in this audit was monthly levels for APSW and 10 supervision sessions in a 12 month period were required to be compliant. Senior managers and Assistant Directors were required to provide supervision on no more than at 6 weekly intervals, a minimum of 8 supervision sessions in a 12 month period were required to be compliant.

A number of areas have demonstrated sustained improvement in the recording of supervision practice. In 96% of supervision files there was evidence that the supervisor ensured that the management (competence, accountable performance) function is met. 86% of

	<p>supervision records had a supervision agreement in place and 91% of supervision records had an agreed agenda. 64% of records were recorded competently and evidenced discussion and reflection, which is an improvement on last year's findings having achieved 36%.</p> <p>There was 61% compliance with the standard that the supervisor ensures the professional development function is met, this is a reduction on last year's findings having achieved 83%. 54% of staff received a KSF appraisal which achieved 73% previously.</p> <p>In 77% of supervision records there was evidence that the support function to the manager was evident in practice achieving 76% previously.</p> <p>The Trust has put in place an action plan which will continue to focus on how best to support managers to enable them to undertake and lead best practice in social work supervision.</p>
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<p>8.3</p>	<p>Report on processes, audits, reviews, research and evaluations undertaken during the year, that measure performance against delegated statutory functions, identifying emerging trends and issues (may include cross references to other sections to this report).</p>
	<p>Monitoring of Performance</p> <p>The Trust continues to progress the development of the OBA. Staff within the family and safeguarding sub-directorate has undergone training on the outcome STAR as a measure of measuring effectiveness with individual families and within the entire system. The sub-directorate plan to test this as part of transition to OBA performance framework</p> <p>This builds on the work and approach undertaken by the family support and safeguarding sub-directorate that commenced with partner agencies (voluntary and community sector). The Trust has also provided training to partner organisations on this approach and the work with the Trusts children Outcomes Group is also ongoing using this methodology to ensure consistency across the area.</p> <p>Across the children's directorate there are two priorities being pursued within the OBA framework:</p> <ol style="list-style-type: none"> 1. Improving stability for children in need 2. Improving stability for children who are looked after <p>A series of outcome measures for these two themes have been agreed and a programme of measurement is being tested. This is a new development within the directorate and it is anticipated this approach will add to the development of services to those children who are in Tier 3 and 4 services.</p>

Family Support and Safeguarding continues to work with colleagues from Planning, Performance and IT, and Human Resources to implement a schedule of monitoring arrangements (weekly, monthly, quarterly and six monthly) in order to measure practice against compliance and performance targets. Monthly performance meetings within the Trust take place with the all the Directors and on a 6 monthly basis with the Chief Executive through the accountability review. Trends in relation to activity, finance, governance, and service improvement are monitored, by the Assistant Director (Family Support and Safeguarding) and the senior management team. The safeguarding programme has reviewed how it reports on activity and performance and a new reporting tool has been developed to capture more accurate information including demand and capacity. A monthly report is prepared for these meetings and includes information associated with statutory functions, corporate parenting and commissioning statements. The sub-directorate explored the possibility of using Alamac as a monitoring and reporting tool but decided against this on the basis of cost. Qlikview is now being implemented to give live data in relation to demand and capacity.

During this period, the directorate has now employed two former service users as Interns to help co-design services for children. This is part of the directorate's commitment to work in partnership with service users and to co-design services.

Safeguarding – Entire Systems Review

The Children's directorate has agreed a new structure that is intended to create more stability within the workforce and more importantly, will enable social workers to develop and maintain stronger relationships with service users.

Five 5 workstreams completed a series of exercises that informed the new structures.

An implementation plan has been agreed and the gradual process of realigning staff and caseloads is underway.

Strategy – South Eastern Trust Safeguarding Strategy

The Trust's Children's Safeguarding Committee whose membership includes all Trust Directors, continues to monitor the implementation of the Trust Safeguarding Strategy that was launched in February 2015. The Strategy has a number of key priorities including:

- Leadership and Culture
- Partnership Working
- Maintaining a Safe System
- Communication
- Quality of Services
- Staff

The Strategy and the subsequent action plan is part of the governance systems within the Trust and is formally reviewed on a bi-monthly basis. The Action Plan for 2016/17 has been formally signed off with all of the actions complete.

Safeguarding - Risk Register

Over the past six months the following are recorded on the directorate risk register:

1. Risk in relation to stabilisation of the work force this continues to be a risk as the programme has a number of staff on maternity leave and sick leave. Given the financial pressures within the system - the Vacancy Control measures implemented within the Trust have had an impact on the programmes ability to quickly recruit staff into vacant posts. A recruitment initiative in July 2015 resulted in the Trust having a substantial number of Bank staff to take up temporary contracts. This proved effective for a period but as the year progressed the number of social workers available for temporary employment has decreased. To recruit into permanent posts the Trust uses Value Based Interviews. These have been successful and have proved favourable with candidates. The Trust like other employers, have found it more difficult to recruit social workers within recent months.

2. Caseload Pressures
There has been an increase in the number of cases being transferred from Gateway to FIT particularly in the Lisburn sector. This not only includes the number of cases but also the complexity of cases. As a result the FIT are under considerable pressure to meet the demand and it is evident from the returns that the number of unallocated cases has increased.

3. Unallocated Cases
The Trust continues to experience variation in relation to the unallocated cases. From January 2017 until March 2017 (3 months) the Trust established a Family Support Waiting List Team which addressed all of those unallocated cases (208) that were on the waiting list at the 2nd January 2017.
The regional policy on the Management of Unallocated Cases is being fully implemented, to ensure robust monitoring and governance arrangements are in place. Awaiting list initiative was funded by the HSCB in January 2017 and a small team of social workers was employed to tackle the waiting list. This initiative was successful with 208 cases being allocated of which 142 were subsequently was closed. The balance remaining opened for at the time of writing.

Audits

The family support and safeguarding programme has been involved in a number of audits over the past six months.

The audits include:

1. Supervision Audit
This is reported in 8.2 section
2. AYE Audit
3. Reform Audits
These have been listed in the previous section

A plan had been put in place to carry out a GAIN Audit but this was suspended given the amount of work that was been undertaken as part of the reform.

Safety, Quality and Experience (SQE)

The Family support and safeguarding sub-directorate has eight improvement initiatives ongoing which include,

- Adversity Matrix
- Gateway Feedback
- E-filing
- Care Proceedings within the Newtownards court
- Home on Time
- Building Better Futures
- Compliments
- QI fellowship

Adversity Matrix:

This project builds on research that was carried out by Queen's University that highlighted the effects that multiple childhood adversities had on the life changes of service users. As part of the Social Work Innovation Scheme the Trust undertook a pilot. The main aim of the project was to identify at an early stage those children and families who have experienced multiple adversities and to provide early intervention services to address their traumas.

The project was successfully evaluated and the report submitted to Children's Services (CSIB). The decision has now been made to 'roll out' the project across the region and the Trust is taking a lead on this regional implementation.

Effectiveness of the Gateway Service:

Along with colleagues from the governance department, the family support and safeguarding sub-directorate are exploring how effective the gateway service is for service users.

The project concentrates on getting feedback from service users and to examine how this interface can be improved.

E-filing:

The directorate, with assistance from staff in IT, have implemented e-filing across the directorate and completed training and guidance. This is based on an electronic version of the regionally agreed recording and administration policy. The system will reduce administrative time and improve recording in social work. It will also reduce costs significantly as files will be stored electronically. Feedback from managers and staff has been extremely positive.

As stated in the audit section there is a growing need to ensure that files in residential care are electronic as the directorate moves to a system on 'one child – one file'.

There is a commitment that children's residential services will incorporate e-filing into their units.

Care Proceedings

The aim of this project is to improve the time it takes to make permanence arrangements for children. It is part of the Early Authoritative Intervention initiative that was set up by the DOH, PSNI and DOJ. The Trust took part in the pilot that finished at the end of March 2017. Although a formal evaluation has to be submitted to the DOH\DOJ early indications and information suggest that the pilot has been successful and will be implemented within core services across the region.

Home On Time

The Home on Time project is designed to secure children's (typically babies) permanence arrangements as soon as possible. The improvement focus is to complete assessments in a timely manner (without undue delay) and to place them with carers who are approved as foster\adopters.

Over this reporting period there has been a number of successful placements and it is now understood that the scheme is effective in the decision making process in relation to making permanence decisions for children. The pilot concludes in August 2017.

Building Better Futures

This is an early intervention transformational project that focuses on

assessing and planning for complex cases. The project is examining improving the outcomes for children. The project is part of a regional initiative and is being evaluated by QUB.

Impact of Compliments on Social Workers

A manager from safeguarding has completed a quality improvement project with the Quality Improvement Social Work (QISW) programme, focusing on how compliments are received within children's social work and the impact this has on staff morale. Positive outcomes have been reported.

QI Fellowship

The Division has seconded a principal social worker to train as a QI fellow for 2 days per week as part of Trust wide initiative. As part of the Programme she is undertaking a project that is looking at how we can measure the effectiveness of social work interventions for families.

Internal Case Reviews

The Division is in the process of leading on and completing a Trust report in relation to a family of 5 children who suffered chronic neglect. This is part of the SBNI CMR process.

The terms of reference for the review are extensive involving a number of Division.

Case Management Reviews

Jamie

Jamie is a three year old boy who was tragically murdered by his mother - The Trust was offering family support services to the family at the time of his death. The SBNI are carrying out a CMR. The Trust has submitted an IAR and is currently working through the actions emanating from the review. A number of workshops throughout the Trust have been held which have focused on the learning from the review.

The Trust is still waiting publication of the CMR.

Darcy

The SBNI are undertaking a CMR on a baby that was deliberately suffocated by her mother. Although this is primarily a Belfast Trust case the family received maternity services from the Ulster Hospital in relation to older siblings. Trust staff have been interviewed by the CMR team. A number of recommendations relating to the Hospital Social Work service will follow.

	<p>Codie</p> <p>The Trust referred a case to the SBNI where a mother attempted to murder her child. The PSNI have brought a charge of attempted murder.</p> <p>The Trust submitted an IAR to the SBNI and a CMR has been completed but not yet approved by the SBNI Board.</p>
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<p>8.4</p>	<p>Report on the Programme of Care’s interfaces with other statutory agencies including for example: NISCC; RQIA; PHA (in relation to social care)</p> <p>Trusts should include references to Judicial Reviews or other significant Court Judgements that directly impact on the discharge of statutory functions.</p>
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	<p>The safeguarding programme continues to liaise with extensively with external statutory agencies. The safeguarding programme is represented on the SBNI Board, SE Panel and all the sub-committees. Over the past year the Trust has seconded a full time senior social work practitioner and a senior manager (0.2 wte) to work alongside the PSNI in relation to child sexual exploitation.</p> <p>Along with colleagues in the PHA, the safeguarding programme has secured joint funding for the delivery of a number of family support services. This year has seen much more co-operation between the two organisations as early intervention projects and work with community groups have expanded in the Trust’s area.</p> <p>The safeguarding Programme has maintained its strong links with the PSNI and has undertaken a number of joint initiatives particularly in relation to CSE and domestic violence.</p> <p>In relation to the family support aspect of the work, the Trust has worked extensively with the voluntary and community sector not only through core business but also through the outcomes group.</p> <p>RQIA Child Protection Inspection During the reporting period the Trust was subject to a child protection inspection. There were 4 main aspects to the inspection.</p> <ol style="list-style-type: none"> 1. A file audit of child protection cases. 2. Interviews with staff in children’s safeguarding services. 3. Focus groups with staff in the Acute Sector. 4. Interviews with Trust directors.
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	<p>The Trust is awaiting the formal Inspection report from RQIA. There was a level of criticism at the feedback that there was a 'disconnect' between Trust senior managers and frontline staff, with regards to Directorate plans. Steps have been taken to address this by ensuring that communication is strengthened at all levels.</p>
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8.5	Summary of difficulties or issues in regard to the ability to discharge Delegated Statutory Functions	8.6 Provide a progress report and emerging learning in relation to remedial action to improve performance including financial implications	8.7 Indicate if the issue is included on your Trust Risk Register and at what level
	<p>Unallocated Cases The number of unallocated cases within the Trust is currently sitting at 106.</p> <p>Recruitment of Staff Staff absence and filling vacancies continues to prove problematic. The recruitment of staff is the biggest challenge and does present difficulties in meeting Statutory Functions.</p>	<p>Unallocated Cases Although the number has significantly reduced from the last reporting period there is still a concern that the number remains high. The Director continues to chair a Waiting List Project Board.</p> <p>New recruitment processes are being followed and the Trust is fully engaging in the regional group that is looking at social work recruitment.</p>	<p>This issue has been include in the Directorate Risk Register</p> <p>Stabilising the workforce is on the Directorate Risk Register</p>

8.8	Key Social Work Workforce issues, including recruitment, retention, flexible working arrangements, workforce continuity etc. Information provided should include level and type of vacancies and any vacancy control systems in place.
	Within family support and safeguarding there are a significant number of temporary vacancies due to maternity and sick leave. While the sub-directorate has a 5% turnover rate - it is the temporary vacancies that are causing difficulties in terms of providing consistency and experience in the teams. The list for permanent posts has been fully utilised. A series of interviews for permanent positions took place in April 2017 and the process of filling these vacancies is currently underway.

8.9	Trusts should provide a copy of their charging policies and provide explanation of what aspects of service provision you apply this to?
	N/A

8.10	Social Workers that work within designated hospitals? Give an account of how these duties are fulfilled by Social Workers working in these designated hospitals
	<p>The Trust has children's social work services in 3 acute hospitals, the Ulster Hospital, Lagan Valley, and the Downe. Over the past six months a review of the service has taken place and a number of actions taken. The children's social worker service within the Ulster Hospital remains as it is. That is, the children's social workers will continue to be part of the hospital social work team. The social workers will cover all departments within the Ulster, including A&E.</p> <p>In the Lagan Valley, the part-time children's social worker transferred from the Gateway Team, Stewartstown Road to the hospital social work team. The social worker will be responsible for covering the maternity service with the hospital. All other referrals will be directed to the gateway team in Stewartstown road.</p> <p>In the Down Hospital, the part-time social worker will transfer to the Hospital social work team based in the Ulster hospital.</p>

8.11	Provide a summary of actions undertaken to adopt a Human Rights based approach in your work with service users and carers.
	Nil Return.

8.15	Identify key achievements or awards within the Trust that specifically support the delivery and quality of your delegated statutory functions.
	Nil Return.

8.16	SUMMARY
	<p>From a strategic and innovation perspective the Division is performing well. The children and young people's plan is being implemented and developed in terms of the strategy and for the Family Support and Safeguarding Division the main aspect is the reform that is currently taking place. This is significant on how we deliver the directorate services, focuses on the outcomes for the service user, and how our staff are managed.</p> <p>In terms of innovation, the Division is involved in a number of pilot projects and schemes such as:</p> <ul style="list-style-type: none"> • Care Proceedings Pilot • Building Better Futures • ACE • HOT • Quality Improvement • Co-production with care experienced interns • Outcomes Base Accountability <p>From an operational perspective there are current challenges. Central to these challenges in the recruitment of staff. There are concerns about the number of unallocated cases, performance in relation to assessments, statutory visits and reviews. It is anticipated that the current reform process and the recruitment of new staff will see an improvement in these areas within the next 6 months.</p>

Corporate Parenting Report (CC302)

DATA RETURN 10

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

10.1 CHILDREN IN NEED

10.1.1 How many Children in Need are there in your area as at 31st March? (exclude child caseloads of statutory mental health services)

Since the last reporting period in September 2016 there has been an increase in The number has increased slightly from 3721 to 3837 however, this is a decrease appear from an analysis over the past number of years that the number of child 10%. The average number of children in need is approximately 3800.

10.1.1 Children in Need at Period end Date by Age

	<1		1-4		5-11		12-15		16+	
	M	F	M	F	M	F	M	F	M	F
Children	79	82	441	419	887	716	449	387	195	182
TOTAL	79	82	441	419	887	716	449	387	195	182

10.1.2 Ethnic Origin of Children in Need

Children in Need at 31 March 2017 by Ethnicity

Ethnicity	<1		1-4		5 - 11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
White	47	61	265	257	601	510	333	277	155	141	1401	1246	2647
Chinese	0	0	0	0	2	1	0	0	1	1	3	2	5
Irish Traveller	1	0	1	3	2	6	3	1	0	1	7	11	18
Roma Traveller	0	0	0	0	0	1	0	1	0	0	0	2	2
Indian	1	0	0	1	2	0	1	0	1	0	5	1	6

10.1 CHILDREN IN NEED

Pakistani	0	0	0	0	0	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	1	0	1	1	0	0	2	1	3
Black Caribbean	0	0	0	0	0	0	0	0	0	0	0	0	0
Black African	0	0	0	1	3	1	0	0	0	0	3	2	5
Black Other	0	0	0	0	0	0	2	1	1	1	3	2	5
Mixed Ethnic Group	0	1	4	6	5	6	3	0	0	0	12	13	25
Any Other Ethnic Group	0	0	2	5	16	7	5	4	2	1	25	17	42
Not Stated	30	20	169	146	255	184	101	102	35	37	590	489	1079
TOTAL	79	82	441	419	887	716	449	387	195	182	2051	1786	3837

10.1.3 Religion of Children in Need

Children in Need at 31 March 2017 by Religion

Religion	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Roman Catholic	18	18	106	118	237	205	133	116	63	54	557	511	1068
Presbyterian	5	8	33	38	89	76	39	33	16	20	182	175	357
Church of Ireland	3	5	26	20	59	46	33	29	15	13	136	113	249
Church of England	0	0	1	2	6	3	1	2	0	1	8	8	16
Methodist	0	2	2	5	5	2	3	3	2	0	12	12	24
Other Christian	10	11	34	36	99	73	66	33	30	20	239	173	412
Jewish	0	0	0	0	0	0	0	0	0	0	0	0	0
Muslim	0	0	2	1	8	2	3	4	0	0	13	7	20
Other	1	2	5	3	7	8	5	4	5	2	23	19	42
Not Known	34	31	203	169	324	259	139	137	54	50	754	646	1400
Not Completed	0	0	0	0	0	0	0	0	0	0	0	0	0
None	8	5	28	27	51	41	27	26	10	21	124	120	244
Refused	0	0	1	0	2	1	0	0	0	1	3	2	5
TOTAL	79	82	441	419	887	716	449	387	195	182	2051	1786	3837

10.1.4 (a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st October - 31st March

10.1.4 (a) Number of Children referred for an assessment of Need during the reporting period (01.10.16-31.03.17)

	<1	1-4	5-11	12-15	16+
Number of Children Referred	20	621	1101	79	114

(b) What was the source of referral for children referred for assessment of need during reporting period i.e. 1st October - 31st March

10.1 CHILDREN IN NEED**10.1.4(b) Source of Referral for Children Referred for Assessment of Need during the reporting period.**

Referral Source/Agent	No of Children
Police	861
Social Worker	331
Out of Hrs Co-ord	10
Relative	243
Teacher	264
Anonymous	99
Hospital Social Worker	18
GP	75
Hospital Nurse	269
Health Visitor	46
Court	20
Probation Officer	61
Vol. Organisation	29
Self	26
Community Psych. Nurse	39
N.S.P.C.C	0
NIHE	14
Comm. Mental H/C Nurse	4
Educat Welfare Officer	15
Others	417
Total	2841

10.1.5

How many children are currently awaiting an Assessment of Need at period end by wait (unallocated cases including disability as at 31st March)

**Number of children awaiting Assessment of Need status at Period End by length of wait
Unallocated Cases**

Trust : Month End: 31.03.17

TOTAL UNALLOCATED CASES

Days = working days (COUNT FROM DATE OF REFERRAL/ASSESSMENT TO MONTH END)

10.1 CHILDREN IN NEED

Category	Type of Referral	1/2 weeks over (>20 working days <=30 working days) (WEEKS 5 and 6)	3/4 weeks over (>30 working days <=40 working days) (WEEKS 7 and 8)	5 weeks + over (40 + working days) (WEEK 9+)	Total Unallocated > 20 working days
Gateway	Child Protection	0	0	0	0
	Family Support	22	14	23	59
	Disability	0	0	0	0
Family Support/Family Intervention Team	Child Protection	0	0	0	0
	Family Support	5	8	24	37
	Disability	0	0	0	0
Disability	Child Protection	0	0	0	0
	Family Support	4	0	5	9
	Disability	0	0	0	0
Total	Child Protection	0	0	0	0
	Family Support	31	22	52	105
	Disability	0	0	0	0
		31	22	52	105

10.1.6

How many of these Children in Need are Disabled and known to Trust Social Work (major category) at 31st March?

Guidance – grand total will match the total row at 10.1.1

There is a consistent trend in children's disability over this reporting period with no fluctuation in any particular area. There are 765 children with a disability receiving services. This is a reduction of 47 from March 2016. The number of male children in the age 0-4 group tends to be significantly higher than females but this is consistent with previous years. The Trust will target services to particular areas of need as of previous years.

Major Disability	<1		0-4		5 - 11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Physical (Ex. Sensory)	0	3	9	5	33	12	10	3	3	3	55	26	81
Sensory	0	0	14	14	26	15	15	5	4	3	59	37	96
Learning	2	1	41	16	156	85	56	39	44	10	299	151	450

10.1 CHILDREN IN NEED

Chronic illness	0	0	0	0	0	0	0	0	0	0	0	0	0
Autism(ASD)/ADHD/Aspergers	0	0	15	6	61	18	20	13	4	1	100	38	138
Other	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL (With Disability)	0	3	69	37	220	111	95	50	44	16	428	217	765
No Disability	79	79	372	382	667	605	354	337	151	166	1623	1569	3192
Grand Total	79	82	441	419	887	716	449	387	195	182			3957

10.1.7

Disabled children known to the Trust who left school during the reporting period and transition plans that are in place.

Age at leaving school	>16 <17		>17 <18		18+		Total		Number with Transitions in place	
	M	F	M	F	M	F	M	F	M	F
Disability Type	M	F	M	F	M	F	M	F	M	F
Physical disability	0	0	0	0	0	0	0	0	0	0
Sensory Impairment	0	0	0	0	0	0	0	0	0	0
Learning disability	0	0	0	0	0	0	0	0	0	0
Chronic illness	0	0	0	0	0	0	0	0	0	0

10.1 CHILDREN IN NEED										
Autism (ASD)/ADHD/Aspergers	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0
10.1.9	<p>What preventative action is being taken by the Trust to ensure that children in need do not engage in offending behaviour (offending behaviour is defined as: formally cautioned or convicted).</p> <p>The Trust has partnership arrangements with a number of key agencies including Extern and Barnardo's to operate and develop a number of schemes to prevent children from engaging in criminal activity. There has been significant developments through the Outcomes Groups to develop preventative services. This includes preventing young people from engaging in criminal behaviour. It would appear from statistical data from the Outcomes Group that the number of children involved in criminal behaviour has decreased.</p> <p>The Family Support Hubs work with the Youth Justice Agency (YJA) to develop services that can be offered to those young people on the edge of crime and the Trust acts to support these groups to put in place and co-ordinate schemes to help engage with disassociated young people on the edge of crime or who have been in the criminal justice system.</p> <p>Partnership working with Extern continues with LINX, including residential programmes.</p> <p>The Trust has formal regular strategic meetings with senior police officers and the Trust review any criminal activity involving young people. The strategic group has the role of the Trust plans to reduce criminal and anti-social behaviour.</p> <p>The Trust continues to engage with other agencies to understand, identify and support people vulnerable to or involved in Child Sexual Exploitation. With the public inquiry Marshall Inquiry into CSE in NI a Regional Implementation Group was established chaired by Bernie McNally to lead on developing an action plan to ensure the issues raised in the Health and Social Care Trusts are addressed. A senior manager from the Trust continues to manage the senior practitioners for CSE from the respective Trusts.</p> <p>The thematic review with regard to Operation Owl was published in December 2018. The based at Strandtown was stood down. The senior practitioners for CSE returned to their local police are collocated 2 days per week within their local police protection branches with a view to prosecuting persons of concern. Funding has been provided to substantiate the work on a permanent basis within each Trust.</p> <p>A significant amount of progress has been achieved in improving the Trust's disciplinary and interagency training has been facilitated to raise awareness, police the risk assessment tool revised in consultation with our CSE police colleagues and the place at both operational and strategic management levels involving the Police. The senior practitioner group are currently developing a practice which should further ensure a consistent response both within and across the H&SC Trusts.</p>									
10.1.10	How many of the Children in Need are Young Carers									

10.1 CHILDREN IN NEED

	Period 1 October – 31 March 2017
Total Number of Service Users	48
Level 1	0
Level 2	1
Level 3	37
Level 4	3
Assessment Stage	7

There are 4 additional children receiving a service from 44 at March 2016

10.1.12

(a) How many Trust sponsored Day Care Places provided through any means in Article 18, Fostering or others are there for Children in Need at period end

Daycare	Number of Purchased Places by Age	
	0 – 4	5-12
Day Nursery	9	2
Playgroup	0	0
Childminder	11	4
Out of School hours club	1	5
Home Based Carer	1	0
Total	22	11

(b) How many of these children have a disability

How many of these children have a disability?	6
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10.1.13

Trust usage of Family Centre Places for interventions

Report Title: Family Centre Usage for the Period

10.1.13

Period

Ended: 31.03.17

/s:

South Eastern

10.1 CHILDREN IN NEED

FAMILIES						
Name of Centre	Stat/Vol	Number of Referrals by Primary Reason for Intervention		Completed During Period		On Waiting List at Period End
		Primary Reason	Number of Referrals	Average Wait from Referral to Start of Intervention (Weeks)	Average Length of Intervention (Weeks)	
Colin Family Centre		Family Support	3	0	non-starter	0
		Child Protection	22	4	16-24	2
		Looked After	17	4-6weeks	12-16 weeks	1
Knocknashinna Family Centre		Family Support	1	3	10	0
		Child Protection	20	4	16-24 weeks	2
		Looked After	15	4-8 weeks	24 weeks	2
Simpson Family Resource Centre		Family Support	N/A	N/A	N/A	
		Child Protection	30	4-6 weeks	12-14 weeks	At the end of March 2017 - 4 on Wait List, 4 Deferred & 2 Pending Panel Meeting April
		Looked After	6	4-6 weeks	12-14 weeks	
THE TRUST Connects		Family Support	0	n/a	n/a	n/a
		Child Protection	0	n/a	n/a	n/a
		Looked After	59	2-6 weeks	52-56 weeks	12

10.1.14 This is intentionally blank

10.1.15 Please provide the number of children (if any) subject to a Supervision / Interim Supervision Order at period end (moved from Child Protection)

10.2.15 At period end give number of children (if any) subject to a Supervision/Interim Supervision Order

10.1 CHILDREN IN NEED

Supervision Orders	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Art. 50 (1) (b) Supervision Order	0	0	1	0	0	3	0	0	1	0	2	3	5
Art. 57 (1) Interim Supervision Order	0	0	0	0	0	0	0	1	1	0	1	1	2
Total	0	0	1	0	0	3	0	1	2	0	3	4	7

10.1.16 During the period, please provide the number of children (if any) that became subject of Supervision / Interim Supervision Order (moved from Child Protection section)

10.2.16 During the period give number of children (if any) that became subject of a Supervision/Interim Supervision Order

Supervision Orders	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Art. 50 (1) (b) Supervision Order	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 57 (1) Interim Supervision Order	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0	0	0	0	0	0

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 6(1)(2), Article 27 (8), Article 35,Article 36 (1) Article 44,Article 45 (1)(2) ,Article 45 (3)(5)(6)(7)(8) Article 130,Article 174 ,Article 175, Article 177

CHILD PROTECTION

10.2.1	How many children are on the Child Protection Register as at 31st March?	CP 31.0
	388 children are on the Child Protection register. This is a reduction from 431 in March 2016.	
10.2.2	How many of these children have a learning disability?	CP 31.0

	6 children have a learning disability.	
10.2.3	How many of these children have a physical disability?	CP 31.0
	0 children have a physical disability.	
10.2.4	Religion of children on the Child Protection Register	CP 31.0

Number of children on the Child Protection Register at 31 March 2017 by Religion

Religion	Male						Female						Overall
	<1	1-4	5-11	12-15	16+	Total	<1	1-4	5-11	12-15	16+	Total	Total
Roman Catholic	10	26	27	15	1	79	10	18	25	15	3	71	150
Presbyterian	2	2	5	6	1	16	3	7	16	6	1	33	49
Church of Ireland	2	7	5	0	1	15	1	7	7	5	0	20	35
Methodist	0	0	1	1	0	2	1	1	0	1	0	3	5
Other Denomination	3	6	13	5	1	28	10	10	13	4	2	39	67
None	3	6	11	7	0	27	2	2	6	6	1	17	44
Refused	0	1	1	0	0	2	0	0	0	0	1	1	3
Unknown	2	7	9	1	1	20	1	6	5	3	0	15	35
Total	22	55	72	35	5	189	28	51	72	40	8	199	388

10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template)	CP 31.0
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Number of children on the Child Protection Register at 31 March 2017 by Ethnic Origin

Ethnic Origin	Male						Female						Overall Total
	<1	1-4	5-11	12-15	16+	Total	<1	1-4	5-11	12-15	16+	Total	
White	21	51	63	34	4	173	28	40	65	35	8	176	349
Chinese	0	0	0	0	0	0	0	0	0	0	0	0	0
Irish Traveller	0	0	0	0	0	0	0	1	1	0	0	2	2
Roma Traveller	0	0	0	0	0	0	0	0	0	0	0	0	0

Indian	1	0	0	0	0	1	0	0	0	0	0	0	1
Pakistani	0	0	0	0	0	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	0	0	0	0	0	0	0	0	0
Black Caribbean	0	0	0	0	0	0	0	0	0	0	0	0	0
Black African	0	0	1	0	0	1	0	1	1	0	0	2	3
Black Other	0	0	0	0	0	0	0	0	0	0	0	0	0
Mixed Ethnic Group	0	0	1	0	0	1	0	2	1	0	0	3	4
Any Other Ethnic Group	0	0	3	0	0	3	0	0	2	1	0	3	6
Not completed	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Stated	0	4	4	1	1	10	0	7	2	4	0	13	23
Total	22	55	72	35	5	189	28	51	72	40	8	199	388

10.2.6	How many registrations have there been during the period?	CP 31.0
	163	
10.2.7	How many de-registrations have there been during the period?	CP 31.0
	243	
10.2.8	What percentage of registrations are re-registrations?	CP 31.0
	30 re-registrations = 18.4%	
10.2.9	How many re-registrations were there within 6 months? NB include an explanation for each incidence. Three children were re-registered within six months. Two children (one family) re concerns children being exposed to alcohol/drugs. Concerns re mother's presentation, lifestyle and relationship choices and children being neglected. One child due to mother having mental health issues, deterioration in the home and drugs and alcohol issues	
10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)?	CP 31.0

10.2.10

	Duration	Age Groups					TOTAL
		Under one Year	1-4	5-11	12-15	16+	
1	less than 3 months	18	14	31	14	1	78
2	3 months < 6 months	14	19	18	17	1	69
3	6 months < 1 year	18	26	45	23	5	117

4	1 year < 2 years	0	35	37	14	5	91
5	2 years < 3 years		7	9	6	1	23
6	3 years or more		5	4	1	0	10
	TOTAL	50	106	144	75	13	388

10.2.11	How much time is spent on Child Protection Gateway Family Intervention Service Looked After Children	Not Required
10.2.12	<p>Commentary on Trends of Child Protection Register</p> <p><i>Trend Analysis and commentary</i></p> <p>The number of children on the Child Protection Register decreased by 13% from September 2016. Over the past year the Trust has seen a decrease of children on the CPR.</p> <p>The number of registration during the period decreased from 250 to 163 with the number of de-registrations increasing from 216 to 2243. The number of re-registrations also decreased from 51 to 30 from the last reporting period.</p>	
10.2.13	<p>Commentary on length of time children spend on register, particularly >1 year</p> <p>The number of children on the CPR for more than a year has reduced from 134 to 124 in the reporting period.</p> <p>The number of children on the register for more than 3 years has reduced from 14 to 11.</p>	
10.2.14	<p>Commentary on what measures are being taken to tackle overdue case conferences and the length of time children spend on the register</p> <p>In this period the Trust is not reporting any significant issues in relation to overdue case conferences.</p>	

10.3 Children (NI) Order 1995

Looked After Children

10.3.1	Provide the current legal status for all Looked After Children at 31st March (excluding any who are looked after children on that day only by virtue of a short break arrangement)	LAC 31.03.17
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10.3.1 Current legal status for all Looked After Children at 31 March 2017 of the reporting year

Legal status	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Art 21(1) Accommodated <16	3	1	9	12	17	15	14	10			43	38	81
Art. 21(3) Accommodated 16+									20	11	20	11	31
Art. 21(4) Accommodated	0	0	9	5	3	9	1	4	0	1	13	19	32
Art. 21(5) Accommodated 16+ <21									6	2	6	2	8
Art. 44 (5) Secure	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 44 (6) Interim Secure	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 50 (1) (a) Care Order	0	0	21	18	72	49	45	36	26	24	164	127	291
Art. 57 (1) Interim CO	4	6	13	7	7	10	2	3	0	2	26	28	54
Deemed Care Order	0	0	0	0	0	0	0	0	0	0	0	0	0
Emergency Protection Order Art. 63	0	1	0	1	3	4	0	1	0	0	3	7	10
Art. 23(2) Accommodated	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	2	3	1	1	3	1	0	2	6	8	14
TOTAL	7	9	54	46	103	88	65	55	52	42	281	240	521

10.3.2	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	LAC 31.03.17
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Report Title: Looked After Children By Ethnicity and Religion

Table Number 10.3.2

Looked After Children at 31 March 2016 by Ethnicity

Ethnicity	<1		1-4		5 - 11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
White	7	9	52	44	97	84	62	54	50	40	268	231	499
Chinese	0	0	0	0	2	1	0	0	0	0	2	1	3
Irish Traveller	0	0	1	0	1	2	1	0	0	1	3	3	6
Roma Traveller	0	0	0	0	0	1	0	1	0	0	0	2	2
Indian	0	0	0	0	0	0	0	0	1	0	1	0	1
Pakistani	0	0	0	0	0	0	0	0	0	0	0	0	0
Bangladeshi	0	0	0	0	0	0	0	0	0	0	0	0	0
Black Caribbean	0	0	0	0	0	0	0	0	0	0	0	0	0
Black African	0	0	0	0	2	0	0	0	0	0	2	0	2
Black Other	0	0	0	0	0	0	1	0	1	1	2	1	3
Mixed Ethnic Group	0	0	1	0	0	0	0	0	0	0	1	0	1
Any Other Ethnic Group	0	0	0	1	1	0	1	0	0	0	2	1	3
Not Stated	0	0	0	1	0	0	0	0	0	0	0	1	1
TOTAL	7	9	54	46	103	88	65	55	52	42	281	240	521

The table above reflects a continued increase in the number of children and young people in the care of Trust . There has been an increase of 26 in the total number of looked after children from September 2016 and an overall increase of 44 since March 2016. This increase has contributed significantly to the pressures experienced to provide appropriate placements within the Trust fostering and residential services. This has also lead to the Trust increase reliance on private agency placements.

Looked After Children at 31 March 2017 by Religion

Religion	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F			M	F	
Roman Catholic	2	5	16	16	51	38	27	25	26	22	122	106	228
Presbyterian	2	2	11	10	22	17	14	16	6	6	55	51	106
Church of Ireland	0	0	8	10	15	16	13	7	5	3	41	36	77
Church of England	0	0	1	0	1	1	0	0	0	0	2	1	3
Methodist	0	0	2	2	1	1	1	1	1	0	5	4	9
Other Christian	1	1	10	1	8	11	6	4	10	5	35	22	57
Jewish	0	0	0	0	0	0	0	0	0	0	0	0	0
Muslim	0	0	0	0	0	0	0	1	0	0	0	1	1
Other	0	0	0	1	0	1	2	0	1	0	3	2	5
Not Known	0	0	0	0	0	0	0	0	0	0	0	0	0
Not Completed	0	0	0	0	0	0	0	0	0	0	0	0	0
None	2	1	6	6	5	3	2	1	3	6	18	17	35
Refused	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	7	9	54	46	103	88	65	55	52	42	281	240	521

10.3.3

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

**LAC
31.03.17**

Placement of Looked After children at 31 March 2017

All Looked After Children		<1		1-4		5-11		12-15		16+		Total		Total
		M	F	M	F	M	F	M	F	M	F	M	F	
Residential	Statutory	0	0	0	0	0	0	3	3	11	5	14	8	22
	Voluntary	0	0	0	0	0	0	3	2	7	0	10	2	12
	Private inc ECR's	0	0	0	0	0	0	0	0	3	0	0	3	3
	Secure	0	0	0	0	0	0	0	2	0	1	0	3	3
	Residential Total	0	0	0	0	0	0	6	7	18	6	24	16	40
Fostering	Foster Carers excluding relatives [Stranger]	4	6	16	11	54	40	22	23	12	7	108	87	195
	Kinship Care In Kinship Placement less than 12 weeks	1	0	4	5	2	3	4	2	0	2	11	11	23
	Kinship Care (Friends/relatives) – Approved at Stage 1	0	0	3	1	2	1	3	1	0	0	8	3	11
	Kinship Care (Friends/Relatives)– Approved at Stage 2	1	0	10	12	19	23	11	6	8	5	49	46	95
	Unregulated (In Placement >12 weeks and not yet approved)	0	0	6	1	5	4	4	3	1	0	16	8	24
	Independent Providers	0	0	6	3	10	9	4	8	1	2	21	22	43
	Fostering Total	6	6	45	33	92	80	49	43	22	16	213	177	390
	Placed at Home with Parents	1	3	6	7	11	7	8	4	5	9	31	30	61
	Placed for Adoption (LAC Children, with a Care Order, placed with Adoptive Parents)	0	0	3	5	0	0	0	0	0	0	3	5	8
	Other	0	0	0	1	0	1	2	1	7	11	9	14	23
	Overall TOTAL	7	9	54	46	103	88	65	55	52	42	280	239	519

10.3.4

Age bands and length of time looked after for all Looked After Children at period end

**LAC
31.03.17**

Age bands and length of time looked after for all Looked After Children at period end

Length of time Looked After at period end	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
< 3 months	2	7	4	3	5	8	3	2	0	4	14	24	38
3 months to < 1year	5	2	18	15	17	20	5	8	13	7	58	52	110
1 year < 3 years	0	0	27	19	34	24	11	13	7	11	79	67	146
3 years < 5years	0	0	5	9	16	9	11	6	3	3	35	27	62
5years < 10 years	0	0	0	0	26	26	28	19	14	12	68	57	125
10+ years	0	0	0	0	5	1	7	7	15	5	27	13	40
Total	7	9	54	46	103	88	65	55	52	42	281	240	521

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

**LAC
31.03.17**

Name of Unit	Children/Young People																	
	1+			1-4			5-11			12-15			16+			Total		
	No. of Children	Events / Episodes	Total Over night	No. of Ch/YP	Events / Episodes	Total Over night	No. of Ch/YP	Events / Episodes	Total Over night	No. of Ch/YP	Events/ Episodes	Total Over night	No. of Ch/YP	Events / Episodes	Total Over night	No. of Ch/YP	Events / Episodes	Total Over night
Foster Carers	0	0	0	1	2	2	3	14	22	17	64	126	0	0	0	21	80	150
Lindsay House	0	0	0	0	0	0	14	101	306	7	36	147	4	12	38	25	149	491
Forest Lodge	0	0	0	0	0	0	2	15	32	6	51	103	2	19	45	10	85	180
Beechfield	0	0	0	0	0	0	17	169	413	16	129	371	7	54	193	40	352	977
TOTAL	0	0	0	0	0	0	33	285	773	29	216	621	13	85	276	96	666	1798
10.3.6	Number of children accommodated for 3 months or more in a hospital															LAC 31.03.17		
<p>One</p> <p>This is a young girl who is in a children's ward in the Ulster Hospital.</p>																		
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															LAC 31.03.17		
	None																	
10.3.8	(a) What facilities – statutory, voluntary and private are available to care for these Looked After Children i.e. how many places in residential homes, foster care placements															LAC 31.03.17		

Name of Residential Unit	Statutory	Voluntary	Private	No of Beds	No of Beds available to Trust	Trust % occupancy 1.4.16-30.9.16	No of Respite beds	Respite % occupancy
William St children's Home	x			8	8	75%	nil	nil
Marmion Children's Home	x			8	8	75%	nil	nil
Flaxfield Children's Home	x			8	8	75%	nil	nil
Cuan Court Children's Home	x			8	8	75%	nil	nil
Belfast Central Mission Supported Accommodation		x		6	6	100%	nil	nil
MAC Supported Accommodation		x		9	9	100%	nil	nil
Barnardos children's House		x					nil	Nil
Barnardo's Supported Accommodation		x		6	2	100%	nil	Nil
Glenmona Resource Centre		x		6	1	100%	nil	Nil
Glenmona specialist childrens home		x		8	2*	75%	nil	Nil
Oaklands specialist children's home *	x			4	3*	100%	Nil	Nil
Ashgrove specialist children's home *	x			4	2*	100%	Nil	Nil
Glenmore Cottage	x			4	4	100%	nil	Nil
Beechfield		x		6	5	85%	5	85%
Lindsay House	x			8	4	93%	4	93%*
Forest Lodge	x			8	4	100%	4	100%
Somerton Rd	x			6	2	100%	Nil	Nil

- Glenmona, Ashgrove and Oaklands are sub regional homes and placements are based on need. The numbers above reflect the number of young people in placement over the period, based on beds allocated to the Trust.
- Glenmona Specialist Children's home was closed to admissions since June 2016 for a period of 9 months to accommodate estates issues to modernise the facility.

(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)

Number of Foster Carers

302

Number of Approved Places Offered

347

10.3.9

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

**LAC
31.03.17**

Report Title: Placement Moves of
Looked After Children

Period 1.10.16-
Ended: 31.03.17
Trust: South Eastern

Table Number 10.3.9

Number, Age and Gender of each LAC who experienced placement moves in the period.

Placement changes	0-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	
Number who moved once	22	18	13	12	7	3	7	11	49	44	93
Number who moved twice	5	5	15	10	7	2	5	4	32	21	53
Number who moved 3 times	3	2	4	1	0	3	0	0	7	6	13
Number who moved 4 times or more	3	2	14	15	11	16	6	3	34	36	70
Total	33	27	46	38	25	24	18	18	122	107	229

All of the children who have experienced more than 4 placement moves are children availing of respite. The difficulty with the system is that it counts each respite move as 2 moves. That is admission and discharge. Children in this category have reduced by 4 from March 2016. Children who move once has increased from 71 to 93. Children who have move twice, has increased from 45 to 53. Children who have move three times, has increased from 8 to 13.

10.3.10	(a) How many looked after children are awaiting assessment or treatment with child and adolescent mental health services at 31st March 2017. 5 Children awaiting assessment or treatment with CAMHS. These figures are only available up until the end of February 2017. It is unlikely that the figures for March will make any substantive difference. The figures for CAMHS are the responsibility of the Belfast Trust as they manage this service.	LAC 31.03.17
	(b) How many looked after children have been referred for therapeutic services and their waiting time.	

Referrals	Foster Care (non kin/traditional)	Kinship Foster Care	Residential Care	Young People Exiting Care	Post Adoption Support	TOTAL
Total Number of Referrals received this period	25	12	22	0	8	67
Source of these referrals received from						
Child's Social Worker	25	12	22	0	8	67
Carer's Social Worker	0	0	0	0	0	0
Adoptive parents	0	0	0	0	0	0
CAMHS	0	0	0	0	0	0
DAMS	0	0	0	0	0	0
FACTSNI	0	0	0	0	0	0
Other	0	0	0	0	0	0
Number of Referrals Accepted	23	8	22	0	8	61
Number of Referrals deemed inappropriate	2	4	0	0	0	6
Number of referrals signposted to another service	3	0	0	0	0	0
CAMHS	0	0	0	0	0	0
DAMS	0	0	0	0	0	0
Adult Psychiatry	0	0	0	0	0	0
Adult Psychology Service	0	0	0	0	0	0
Other Post Adoption Service	0	0	0	0	0	0
Other	3	0	0	0	0	3
Children engaged with the Service by substantive placement						
Number of children engaged with the Service at period start date	75	30	24	0	22	151
Number of children seen on a once off basis during the period	2	0	0	0	0	2
Number of children discharged from Service during the period	20	10	10	0	5	45
Number of children transferred to another Service during the period:						
• CAMHS	0	0	0	0	0	0
• DAMS	0	0	0	0	0	0
• Adult Psychiatry	0	0	0	0	0	0
• Adult Psychology Services	0	0	0	0	0	0
• Other Post Adoption Service	0	0	0	0	0	0
• Other	0	0	0	0	0	0
Number of children engaged with the Service at period end date	96	39	24	0	25	184
Service delivery during the period						
			Cancelled appointments due to staff sick leave February			

Number of Reviews undertaken	144	/March 2017	
Average waiting time for service (weeks)	2-6 weeks		
Number on waiting list at end of period	12		
Numbers of DNAs during the period	46		
Number of individual sessions cancelled by the Service during the period	30		
For those children discharged from the Service during the period what was the average length of involvement (weeks)	52-56 weeks		
TOTAL	232		
Consultations provided by the Service during the period			
	Number	Number which were repeat	
• Social worker	253	see reviews	
• CAMHS	30	see reviews	
• DAMS	0	0	
• Teacher	16	see reviews	
• Psychiatry	0	0	
• G.P.	0	0	
Carers/adoptive parents	116	see reviews	
One off'	6	0	
Initial consultations	64	0	
	(c) Please provide narrative to contextualize data and provide additional relevant data		LAC 31.03.17
	Overall global figure of 629 reviews and consultations completed by the service within period. Consultations can take place directly with the field/residential social worker for the child and their carers or be provided to a network around the child i.e. parents, carers and social workers. This reflects the complexity and variety of the systemic intervention work that is taking place. Following the initial consultation future input from the Trust connects is planned. This can take many forms such as further consultation for the professional network, therapeutic support to carers or direct work with a child.		
10.3.11	How many Looked After Children are also on Child Protection Register at 31st March		LAC 31.03.17

How many Looked After Children are also on Child Protection Register at 31 March 2017

	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Looked After Children on the Child Protection Register	3	5	7	2	8	10	2	3	1	0	21	20	41

There has been an increase of 11 looked after children who are on the child protection register during the reporting period, this reflects the increase in the number of children who have come in to care through the child protection pathway and who therefore continue to be in a dual process.

10.3.12	How many Looked After Children are Disabled by major category at period end?	LAC 31.03.17
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How many Looked After Children are Disabled by major category at period end

Major Disability	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Physical (Ex. Sensory)	0	0	0	0	2	0	0	0	0	0	2	0	2
Sensory	0	0	0	0	0	0	0	0	0	0	0	0	0
Learning	0	0	0	0	7	6	5	6	10	1	22	13	35
Chronic illness	0	0	0	0	0	0	0	0	0	0	0	0	0
Autism(ASD)/Aspergers/ADHD	0	0	0	0	7	6	9	2	3	0	19	8	27
Other (undefined)	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL Children With Disability	0	0	0	0	16	12	14	8	13	1	43	21	64
No Disability known	7	9	54	46	87	76	51	47	39	41	238	219	457
Total Looked After Children	7	9	54	46	103	88	65	55	52	42	281	240	521

10.3.13	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	LAC 31.03.17
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Statement of Educational Needs	M	F	Total
Primary school	21	12	33
Secondary school	13	9	22
Special School	27	19	46
Total	61	40	101

10.3.14	<p>(a) Has each Looked After Child an allocated and named social worker at period end?</p> <p style="text-align: center;">Yes</p> <p>(b) Please state the number of Looked After Children who were without an allocated and named social worker during the period and give explanations.</p> <p style="text-align: center;"><i>NIL</i></p>	
10.3.15	<p>(a) Did each Looked After Child receive a statutory visit by their allocated and named social worker at least once a month during the period?</p> <p style="text-align: center;">No</p> <p>(b) Please state the number of Looked After Children who did not receive a statutory visit at least once a month during the period by their allocated and named social worker and give explanations.</p>	
	<p>A total of 2483 statutory visits took place within this reporting period. 62 of these were outside of the statutory timescales. The Trust has been monitoring compliance with this statutory function and analysis of the reason for non-compliance include</p> <ul style="list-style-type: none"> • Family out of the jurisdiction 17 • Family missing 5 	

	<ul style="list-style-type: none"> • Refusing contact 21 • Staff on sick leave 19 <p>Total 62</p>	
10.3.16	<p>Was the case of each Looked After Child reviewed in line with Statutory requirements?</p> <p>Yes</p>	LAC 31.03.17
10.3.17	<p>No. of Looked After Children Reviews held during the period</p> <p>There were 578 Looked After Children Reviews held during this reporting period.</p>	LAC 31.03.17
10.3.18	<p>No. of these Looked After Children Reviews which during the period were outside of statutory timescales and why</p> <p>Of the 578 Looked After Children Reviews which took place during this reporting period 22 LAC review took place outside of the statutory timescales. The reasons for non-compliance with this statutory duty include:</p> <p>8 Social Workers on sick leave 7 expert report and court outcomes 4 to allow submission of expert reports to assist care planning. 2 carer unwell 1 postponed at the request of residential services.</p>	LAC 31.03.17
10.3.19	<p>For children accommodated by the Trust under Article 21 of the Children Order, what arrangements has the Trust in place to ensure that it has the appropriate degree of parental responsibility to care for these children?</p> <p>The Trust continually endeavors to work in partnership with those who hold parental responsibility for children who, taking account of the No Order Principle, are accommodated under Article 21. The appropriateness of these arrangements is reviewed via the Looked After review process. Should this arrangement not ensure the needs of the child/young person are met the Trust will pursue legal steps to share parental responsibility via a Care Order.</p>	LAC 31.03.17
10.3.20	<p>Is there an adequate supply of placements for children to enable placement choice?</p> <p>The availability of foster placements to enable adequate placement choice has been impacted by the increasing demand due to the increase number of children who need to be Looked After. Over the past year the number of looked after</p>	LAC 31.03.17

	<p>children has increased by 44. This has resulted in the increase use of private agency foster placements. Placement choice is included on the Directorate risk register.</p> <p>The Trust has over the last year progressed an action plan to promote the recruitment and support of foster cares at both a regional and local level. The Trust has successfully recruited 27 non kinship foster carers over the past year. A recent recruitment event which took place in February 2017 also provided to be successful and the Trust is progressing enquires, training and assessments of a number of carers arising from this event. Moving into 2017/18 the Trust will be working alongside the Regional Fostering and Adoption team and the four other Trusts to develop a revised regional recruitment strategy. This strategy will be based upon an independent regional audits and reviews of our system, processes and recruitment activity.</p> <p>The Trust however has continued to progress the range of placements options available to children and young people. The Trust has in place two preventative fostering schemes which aim to support children and families on the edge of care, emergency foster placements, kin and non-kinship foster placements, intensive support fostering, short and long term residential homes, sub regional intensive support homes and secure care. In addition to this range of provision the Trust has two supported living facilities within the Trust area, with a unit in Bangor to be opened February 2018. The Trust has recently carried out a scoping exercise examining the different delivery model for children residential homes, which has informed the Trust strategic direction of travel. The Trust has developed a proposal to create small therapeutic homes that are integrated into the local community.</p> <p>Currently Lakewood regional secure care placements are being managed under special arrangements. This is due to business contingency measures in place due to staffing deficits.</p>	
<p>10.3.21</p>	<p>How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?</p> <p>During the first 6 months of this reporting period the fostering service have made 3 exemptions to the fostering limit to facilitate the placement of children within the fostering sector.</p> <ul style="list-style-type: none"> • 2 exceptions were to facilitate short break for mainstream carers for a period of 1 week. • 1 exception was to enable a looked after children to return to the care of emergency carers following a short term placement break down. This exemption was 	<p>LAC 31.03.17</p>

	<p>required for a period of 7 weeks, when a planned move was achieved for another child.</p> <p>In the past 6 months 1 exemption was required to facilitate the placement of 1 child with experienced foster carers, whom the Trust considered to be an appropriate match to the child's needs.</p>	
10.3.22	<p>What is the formal scheme of delegation that specifies who can agree such an exemption?</p> <p>In line with policy and procedures the Trust fostering panel will decide whether to exempt a particular foster parent from the usual fostering limit and will ratify foster parents who have been exempted by the PSW/Chair of the panel in an emergency. The panel forwards their recommendation to an Assistant Director who will decide whether to grant approval.</p>	LAC 31.03.17
10.3.23	<p>How many children are deemed to be in an inappropriate placement given their assessed needs?</p> <p>There are currently 16 children/young people in the care of the Trust who are considered to be inappropriately placed.</p> <ul style="list-style-type: none"> • 1 child currently placed with a Fostering Positive Family Relationships foster carer, who needs placed in mainstream placement. • 4 children currently placed with emergency carer's. All 4 of these children require long term foster placements. • 3 children currently placed in foster carer whose placements are considered fragile placements and a move to alternative carers is considered necessary. • 5 young people in residential care whose assessed needs are identified as requiring foster care placements. • 3 young children currently placed in an unregulated kinship placements. <p>The increase number of children who the Trust considers to be inappropriately placed reflects the increase number of children looked after and the lack of placement availability, despite the recruitment activity which has taken place over the past year.</p>	LAC 31.03.17

10.3.24	Please provide the number of restraints carried out by staff on young people within each Home during the period	LAC 31.03.17
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Report Title: Number of restraints carried out by Staff on young people	Period: Trust:	01.10.16- 31.03.17 South Eastern
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Table 10.3.24

Number of restraints carried out by Staff on young people within each Home during the period:

Name of Home:FLAXFIELD - NIL RETURN								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	0	0	0	0	0	0
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	0	0	0	0	0	0
How many individual children does this return refer to	0	0	0	0	0	0	0	0

Please provide a return for each establishment.

Number of restraints carried out by Staff on young people within each Home during the period:

Name of Home:GLENMORE COTTAGE								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	2	0	3		5	0
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	2	0	3	0	5	0
How many individual children does this return refer to	0	0	1	0	1	0	0	0

Number of restraints carried out by Staff on young people within each Home during the period:

Name of Home:LINDSAY HOUSE								
	Primary		Secondary		16+		Total	

Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	0	0	0	0	0	0
To prevent serious criminal damage to property	0	1	0	1	0	0	2	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	1	0	1	0	0	2	0
How many individual children does this return refer to	0	1	0	1	0	0	0	0
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:								
Name of Home:ARC SECURE UNIT								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	0	0	0	0	0	0
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	0	0	0	0	0	0
How many individual children does this return refer to	0	0	0	0	0	0	0	0
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:								
Name of Home: OAKLANDS								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	0	4	0	0	0	4
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	0	4	0	0	0	4
How many individual children does this return refer to	0	0	0	1	0	0	0	0
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:								
Name of Home: ASHGROVE - NIL RETURN								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young	0	0	0	0	0	0	0	0

person)									
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	0	0	0	0	0	0	0
How many individual children does this return refer to	0	0	0	0	0	0	0	0	0
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:									
Name of Home: PI SECURE									
	Primary		Secondary		16+		Total		
Reason for Use of Restraint	M	F	M	F	M	F	M	F	
To prevent injury (to self/staff/other young person)	0	0	0	2	0	3	0	5	
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0	
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0	
Other (please specify)	0	0	0	0	0	0	0	0	
Total no. of restraints	0	0	0	2	0	3	0	5	
How many individual children does this return refer to	0	0	0	1	0	0	0	0	
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:									
Name of Home: MARMION - NIL RETURN									
	Primary		Secondary		16+		Total		
Reason for Use of Restraint	M	F	M	F	M	F	M	F	
To prevent injury (to self/staff/other young person)	0	0	0	0	0	0	0	0	
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0	
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0	
Other (please specify)	0	0	0	0	0	0	0	0	
Total no. of restraints	0	0	0	0	0	0	0	0	
How many individual children does this return refer to	0	0	0	0	0	0	0	0	
Number of restraints carried out by Staff on young people within <u>each</u> Home during the period:									
Name of Home: WILLIAM STREET - NIL RETURN									
	Primary		Secondary		16+		Total		
Reason for Use of Restraint	M	F	M	F	M	F	M	F	
To prevent injury (to self/staff/other young	0	0	0	0	0	0	0	0	

person)									
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	0	0	0	0	0	0	0

How many individual children does this return refer to	0	0	0	0	0	0	0	0	0
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Name of Home: CUAN COURT								
	Primary		Secondary		16+		Total	
Reason for Use of Restraint	M	F	M	F	M	F	M	F
To prevent injury (to self/staff/other young person)	0	0	1	0	0	0	1	0
To prevent serious criminal damage to property	0	0	0	0	0	0	0	0
To prevent young person from leaving Home(due to risk of significant harm)	0	0	0	0	0	0	0	0
Other (please specify)	0	0	0	0	0	0	0	0
Total no. of restraints	0	0	1	0	0	0	1	0

How many individual children does this return refer to	0	0	1	0	0	0	0	0	0
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10.3.25 Do all looked after children have a concurrent plan by the time of their first 3 month statutory looked after children Review?

No, however, all children have a twin-track care plan by 6 months if rehabilitation to birth parents has not been ruled out.

10.3.26 Permanency Planning for Looked After Children at period end **LAC 31.03.17**

**HSCB Delegated Statutory Functions/Corporate Parenting Returns
Looked After Children**

Report Title: Looked After Children by Permanency Planning	Period Ended: 31.03.17
Table Number 10.3.26	Trust: South Eastern

Permanency Planning for Looked After Children at period end

Permanency Plan	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Return to Birth Family	3	4	10	7	10	12	8	10	5	3	36	36	72

Return to Kinship Carers outside looked after children system (Friend/Relative/Family Placement)	0	1	2	0	10		5	3	2	3	19	7	26
Adoption	2	1	11	12	3	2	0	0	0	0	16	15	31
Long term Fostering (Including Kinship)	0	2	26	22	70	68	42	33	22	14	160	139	299
Supported Living/Independent Living	0	0	0	0	0	0	0	0	4	6	4	6	10
Other	0	0	0	0	0	0	6	5	16	11	22	16	38
Total	5	8	49	41	93	82	61	51	49	37	257	219	476
Number of children not included above as they have been in care for less than 9 months	2	1	5	5	10	6	4	4	3	5	24	21	45
Number where plan has been in place for 12 months or more and yet to be achieved	0	0	0	0	0	0	0	0	0	0	0	0	0
	7	9	54	46	103	88	65	55	52	42	281	240	521
10.3.27	Can foster carers get access to support 24 hours a day throughout the period?											LAC 31.03.17	
	Foster carers can access the regional emergency social work service when support is required outside of normal working hours. Should the fostering service be aware of issues within a foster placement the fostering supervising social work will provide support to the carer out of hours.												
10.3.28	What action is being taken to monitor and reduce the number of placement moves experienced by Looked After Children?											LAC 31.03.17	
	Reducing the need for placement moves is enabled by the development of a continuum of care placements range and availability.												
	Outcomes Bases Accountability												
	In progressing the outcomes based approach The Trust has developed an information management system to monitor all admission of young people to care, as well as monitoring and tracking children and young people in care who experienced placement moves. This information is discussed a senior management team level on regular basis to inform a corporate												

leadership approach to ensure stability for children in care.

Fostering

The Trust has developed an action plan to promote the recruitment and support of foster carers. The Trust have been successful on recruiting, assessing and approving 27 non kinship foster carers over the past year. In addition to this the Trust is currently progressing further enquiries arising from our most recent recruitment campaign which took place in February 2017.

The Trust has also within this reporting period implemented amended kinship standards, in conjunctions with the care proceeding pilot. These amended standards aims to identify appropriate alternative kinship carers for children, young people who can be assessed in a planned and efficient manner to promote stability and reduce moves for young people. The outcome of the application of these amended standards will be considered by the regional review of kinship care led by the HSCB.

The Trust fostering service referrals Panel meets weekly and tracks all admissions to fostering and any moves that take place either to long term placements or through breakdown. The aim of this panel process is to promote the appropriate matching of children to foster carer in an effort to promote stability and reduce placement moves.

Residential Care

The Transforming Your Care agenda aimed at reducing the reliance on residential care continues via the regional review of residential child care via the HSCB. To date The Trust has made advances in developing the care continuum through the development of supported accommodation projects in each of the Trust sectors. Within this reporting period the Trust in partnership with Mulholland Supporting Young People, opened supported accommodation in Lisburn in July 2016. This expands the range of appropriate placements for those young people making the transition from care as well as preventing young people entering the care system.

The service has been successful in maintaining lower numbers of young people within the Homes which largely operate within 5/6 young people at any given time. The reduced numbers contributes to the stability of the homes and affords more time for each of the children.

The model of residential care in the Trust in particular William

	<p>Street has been subject to review. Consideration is being given to William Street functioning as an assessment centre but become a short term facility for up to six months. William Street would still retain the facility to take emergency placements. It is hoped that this will promote stability with work being undertaken with the young people and families to encourage a return home. The Trust is compiling an outline business case to replace William Street with three 2/3 placement children's homes. It is anticipated that smaller homes will benefit from enhanced stability due to the reduced disruption from lower admissions.</p> <p>The residential system is based on a threshold of need with young people on occasions needing additional support in the Intensive support units and ultimately secure care.</p> <p>Any decision to move a child to another placement is made through the looked after children review and is based on an assessment of their needs and whether these are being met in their current placement.</p> <p>The Trust resource panel has an overview of the children and young people moving into and through residential care.</p> <p>The restriction of liberty panel monitors young people who are in need of this service and ensures supports are in place if there are no places available.</p> <p>There has been stability in children with a disability in residential and all placement moves are planned in line with short breaks.</p>	
10.3.29	(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted)	LAC 31.03.17

HSCB Delegated Statutory Functions/Corporate Parenting Returns															
Looked After Children															
Report Title: Looked After Children by Offending behaviour, Use of Drugs/Alcohol												Period Ended: 31.03.17			
Table Number 10.3.29												South Eastern			
(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted)															
Age	<1		1-4		5-11		12-15		16		17		TOTAL		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Cautioned					0	1	4	1	1	2	1	3	6	7	13
Remanded					0	0	0	1	2	1	3	2	5	4	9

Convicted					0	0	1	1	2	1	4	2	7	4	11
Total	0	0	0	0	0	1	5	3	5	4	8	7	18	15	33

Age at 31 March 2017

Please report on each child/young person in only one category and report against highest tariff of offending behaviour reached by the individual child or young person during the reporting period.

(b) How many Looked After Children are suspected to use Drugs and/or Alcohol?

Age	<1		1-4		5-11		12-15		16		17		TOTAL		Total
	M	F	M	F	M	F	M	F	M	F	M	F	M	F	
Use Alcohol					0	0	0	1	1	5	3	1	4	7	11
Use Drugs					0	0	1	1	2	0	0	1	3	2	5
Use Drugs and Alcohol					0	0	7	5	4	2	2	3	13	10	23
Total	0	0	0	0	0	0	8	7	7	7	5	5	20	19	39

10.3.30

What is being done in partnership with other agencies to reduce the volume of Looked After Children involved in offending behavior?

**LAC
31.03.17**

The Trust engage with a number of partners to reduce offending behaviours such as:

‘Give and Takes’ unique ‘New Leaf’ project who work directly with young people who have engaged in sexually harmful behaviour to ensure they are involved in some level of education or training.

NIACRO – work with persistent offenders and often provide mentors for young people providing another alternative role model and outlet for the young people to engage them in activities away from negative environments.

PBNI – Probation board offer 1:1 work with young people addressing offending behaviour and promoting change. They will often signpost our young people onto other beneficial supports when their probation order is over.

EXTERN – Provide support to those within Intensive Fostering placements.
Also provide ‘Timeout’ weekend breaks for young people.

YJA – Through youth conference plans they engage young people in work to redress behaviour and provide positive support networks and again signpost to other beneficial services.

Youth Justice Agency ROU resettlement unit will also work alongside Trust regarding young people within JJC and participate in care planning and meeting the needs of young people to assist in smooth transition from JJC to community.

	<p>This encompasses additional supports through mentors/ securing identified work placements/ education.</p> <p>Engagement with Drugs and Alcohol Intervention Service for Youth (Daisy) and CAMHs to reduce substance misuse which is often a predisposing factor to criminal activity.</p> <p>LINX project – work alongside young people on the periphery of care, or transitions back to home. They provide 1:1 workers for the young people and the family to support them with offending behaviors and or any other negative behaviors affecting the placement.</p> <p>Within residential services: Youth diversionary officers attending residential units to speak to young people on a fortnightly basis through identified group work projects and diversionary activities. This creates positive rapport with PSNI which often assists when addressing negative behaviour with young people.</p> <p>Restorative Practice – Barnardo’s – Within residential units still utilise Restorative Practice, which educates young people on negative behaviour and the impact on themselves and others, emphasis on educating the young people to being able to repair relationships, and acknowledging their negative behaviours. Focus is also placed upon alternative coping strategies to prevent further incidences.</p> <p>Senior managers within field work and residential services meet with PSNI officers on a regular basis to monitor young people who are offending and see what additional support or guidance can be provided to address offending behaviour.</p> <p>A new service has commenced in the Trust called aim to change who work with young people who exhibit sexually harmful behaviours.</p>	
<p>10.3.31</p>	<p>What action is being taken to address the health needs of Looked After Children?</p> <p>The Public Health Agency regional guidance :Promoting the health and wellbeing of looked after children and young people: Guidance for Health Visitors, School Nurses, Family Nurses (Family Nurse Partnership) and Looked After Children Nurse Specialists, is followed by the Trust .</p> <p>As part of a universal service, health visitor’s (HV) and school nurses’ (SN) are able to meet the needs of looked after children in a way that is easily accessible and non- stigmatising. On receipt of a CLA1 Notification of Child becoming looked after or notification from a different source, if the child</p>	

/young person is in a foster / kinship placement or home with trust sharing parental responsibility , caseload responsibility will be allocated to either a health visitor or staff nurse.

An initial looked after children health assessment is routinely completed on all children, for preschool aged children it is reviewed 6 monthly, primary and post primary school aged children it is reviewed yearly. Exclusions apply to older looked after young people who are competent in decision making and choose not to have a health assessment completed. If health needs are identified requiring an intervention by the allocated health visitor/school nurse a health plan will be commenced and a targeted service provided until the health issue is resolved. The health visitor or staff nurse also provides advice and support to the foster carer/kinship carer as required/requested.

The Looked After Children Nurse Specialist (LACNS) provides advice and support with health issues to young people and staff, primarily within the residential care setting, but can also provide advice and support to young people, foster carers and staff within the community. On notification of a young person being placed in William Street assessment centre or one of the other residential units, the LACNS commences a looked after children health assessment. If health needs are identified requiring an intervention a health plan will be commenced and a targeted service provided until the health issue is resolved.

The health assessment encompasses a range of issues not only pertaining to detection of ill-health, but focusing on emotional wellbeing, sexual health and health promotion needs. Undertaking health assessments ensures that health information is provided to the young person on a regular basis throughout their period in the looked after system.

The LACNS has developed relationships with the Therapeutic looked after children nurse, cared for children - looked after children, the Trust connects and the youth health advice nurse, health development and would contact them for advice and support on relation to identified health needs as appropriate, drawing on their knowledge and skills. She would also work closely with the young person's residential key worker.

If the responsible social worker becomes aware of a health need/issue that may require an intervention from the allocated nurse they can make a verbal or written referral at any time.

The looked after children nurse specialist and named nurse safeguarding children are members of the PHA, Regional Health and Wellbeing of Looked After Children Forum .The purpose of the Regional Health and Wellbeing of Looked After Children Forum (the Forum) is to improve the health and wellbeing of looked after children and those in transition from care through evidence based interventions, effective coordination, sharing models of best practice and shaping future services.

Health Development

Develop a looked after children employment and education improvement scheme with Queens University and south eastern regional college to improve educational outcomes as a key driver for children in care.

Recruitment of 2 new looked after children wellbeing officers to work in residential care to improve the stability of young people in those the Trust

settings.

Fully embed the children's looked after children co production interns to shape the reform actions of the children's directorate. To employ an evaluator for the scheme with clear pre-enforced measures.

Youth Health Advice Service- the youth health advice nurse is addressing health and wellbeing issues with a particular focus on sexual health.

Oaklands

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	2	11	0	0	2	11
Breach of Bail	0	0	0	0	0	0	0	0
Child At Risk	0	0	0	0	0	0	0	0
Criminal Damage within Placement	0	0	1	1	0	0	1	1
Assault within Placement	0	0	1	5	0	0	1	5
Other	0	0	0	0	0	0	0	0
Total	0	0	4	17	0	0	4	17

Total no of individual children this relates to:	0	0	0	0	0	0	2	0
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PI SECURE

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	0	0	0	0	0	0
Breach of Bail	0	0	0	0	0	0	0	0
Child At Risk	0	0	0	0	0	0	0	0
Criminal Damage within Placement	0	0	0	0	0	0	0	0
Assault within Placement	0	0	2	5	1	3	3	8
Other	0	0	1	3	1	2	2	5
Total	0	0	3	8	2	5	5	13

Total no of individual children this relates to:	0	0	2	0	1	0	0	0
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ARC SECURE

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	0	0	1	1	1	1
Breach of Bail	0	0	0	0	0	0	0	0
Child At Risk	0	0	0	0	0	0	0	0
Criminal Damage within	0	0	0	0	0	0	0	0

Placement								
Assault within Placement	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	0	0	0	0	1	1	1	1

Total no of individual children this relates to:	0	0	0	0	0	0	1	0
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WILLIAM STREET

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	6	28	2	2	8	30
Breach of Bail	0	0	3	7	2	2	5	9
Child At Risk	0	0	6	33	2	6	8	39
Criminal Damage within Placement	0	0	3	3	1	1	4	4
Assault within Placement	0	0	3	3	0	0	3	3
Other	0	0	0	0	0	0	0	0
Total	0	0	21	74	7	11	28	85

Total no of individual children this relates to:	0	0	0	0	0	0	14	0
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MARMION

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	3	15	4	12	7	27
Breach of Bail	0	0	1	3	1	3	2	6
Child At Risk	0	0	0	0	1	1	1	1
Criminal Damage within Placement	0	0	3	7	1	1	4	8
Assault within Placement	0	0	1	1	2	4	3	5
Other	0	0	3	11	5	13	8	24
Total	0	0	11	37	14	44	25	81

Total no of individual children this relates to:	0	0	3	0	5	0	0	0
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CUAN COURT

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	2	38	1	3	3	41
Breach of Bail	0	0	0	0	1	1	1	1

Child At Risk	0	0	1	2	0	0	1	2
Criminal Damage within Placement	0	0	2	2	1	2	3	4
Assault within Placement	0	0	0	0	0	0	0	0
Other	0	0	1	1	2	3	3	4
Total	0	0	6	43	5	9	5	52

Total no of individual children this relates to:	0	0	2	0	3	0	5	0
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ASHGROVE

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	0	0	2	51	2	51
Breach of Bail	0	0	0	0	2	2	2	2
Child At Risk	0	0	0	0	2	4	2	4
Criminal Damage within Placement	0	0	0	0	0	0	0	0
Assault within Placement	0	0	0	0	2	3	2	3
Other	0	0	0	0	2	20	2	20
Total	0	0	0	0	10	80	2	80

Total no of individual children this relates to:	0	0	0	0	2	0	2	0
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Glenmore **NIL RETURN**

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	0	0	0	0	0	0
Breach of Bail	0	0	0	0	0	0	0	0
Child At Risk	0	0	0	0	0	0	0	0
Criminal Damage within Placement	0	0	0	0	0	0	0	0
Assault within Placement	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Total no of individual children this relates to:	0	0	0	0	0	0	0	0
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NIL RETURN

LINDSAY HOUSE

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	0	0	0	0	0	0
Breach of Bail	0	0	0	0	0	0	0	0
Child At Risk	0	0	0	0	0	0	0	0

Criminal Damage within Placement	0	0	0	0	0	0	0	0
Assault within Placement	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0
Total	0	0	0	0	0	0	0	0

Total no of individual children this relates to:	0	0	0	0	0	0	0	0
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FLAXFIELD

Reason	Primary		Secondary		16+		Total	
	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events	No of Children	No. of Events
Unauthorised Absence	0	0	4	28	2	8	6	36
Breach of Bail	0	0	1	1	0	0	1	1
Child At Risk	0	0	0	0	0	0	0	0
Criminal Damage within Placement	0	0	3	4	1	1	4	5
Assault within Placement	0	0	5	8	1	1	6	9
Other	0	0	2	2			2	2
Total	0	0	15	43	4	10	19	53
Total no of individual children this relates to:	0	0	4	0	2	0	0	0

10.3.35	Number of children accommodated by ELB for 3 months or more by category	
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NIL

10.3.36	<p>(a) Number of sibling groups accommodated:</p> <ul style="list-style-type: none"> • Together • Not accommodated together <p>Reasons for separation:</p> <p>(Please give explicit detail where sibling groups are placed separately in kinship / arrangements) <u>7 sibling groups</u> required placements from 1st April to 30th Sept.</p> <p><u>Placed together:</u> In 3 cases the siblings were all placed together. 2 siblings placed with Trust carers 3 siblings placed in agency sector 2 siblings placed in agency sector</p> <p>A further 13 sibling groups required a placement during the</p>	
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period 1st October 2016 and 31st March 2017. Of the 13 siblings accommodated

Together 6

Not Together 7

(b) How many sibling groups became looked after during the period? If placed apart provide an explanation for each occurrence.

During the period 1st April 2016 to 30th September 2016 of the 5 sibling groups placed separately the reasons for doing so are outlined below:

Sibling group of 4 [S] :

All placed in agency sector

3 children placed together. 1 apart.

No placement available for 4 and the child placed separately had specific complex needs best met in single placement.

Sibling group of 2 [K/E]

Emergency placement.

2 children placed separately within trust.

No availability for sibling placement.

Sibling group of 5 [W]

All placed within Trust .

2 placed together

2 placed separately

1 placed residential

No availability of sibling placement for 5.

Oldest was placed in residential as no availability and complex dynamics between him and siblings.

Sibling group of 3 [K]

3 placed separately within Trust .

No availability for sibling placement.

Sibling group of 2 [K] from Kinship

Placed within Trust .

Initially placed together in emergency after breakdown of approved kinship placement.

Separate placements subsequently required due to no availability.

During the period 1st October 2016 and the 31st March 2017, 7 sibling groups were placed separately. 6 of which were due to no placement availability which could accommodate the respective groups. For 1 further sibling groups a kinship placement broke down for one of the two siblings in placement – one child remained with the kinship carer and the other was

	moved to a private stranger placement	
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10.3.38 Please provide report into the operation of the Trusts Restriction of Liberty Panel **(to be completed for March only return)**

Restriction of Liberty Panel reports (1.4.16 - 31.3.17)

Trust	Number of Children where secure accommodation was considered appropriate at the panel	Delays to secure placement (if any)	No. of Panels held during the year
BHSCT	0	0	0
NHSCT	0	0	0
SEHSCT	0	0	0
SHSCT	0	0	0
WHSCT	0	0	0

10.3.39 a) During the period how many children or young people became a Looked After Child by age, gender and first placement. **LAC 31.03.17**

**HSCB Delegated Statutory Functions/Corporate Parenting Returns
Looked After Children**

Report Title: Looked After Children by **Admissions to Care** Period: **01.10.16-31.03.17**

Table Number **10.3.39**

Trust **South Eastern**

Placement of new admissions to LAC		<1		1-4		5-11		12-15		16+		Total		Total
		M	F	M	F	M	F	M	F	M	F	M	F	
Residential	Statutory	0	0	0	0	0	1	1	1	4	3	5	5	10
	Voluntary	0	0	0	0	0	0	0	0	0	0	0	0	0
	Private inc ECR's	0	0	0	0	0	0	0	0	0	0	0	0	0
	Secure	0	0	0	0	0	0	0	0	0	0	0	0	0
	Residential Total	0	0	0	0	0	1	1	1	4	3	5	5	10

Fostering	Foster Carers excluding relatives [Stranger]	4	6	6	1	8	6	0	3	0	0	18	16	34
	Kinship care	1	1	5	1	3	5	2	4	0	1	11	12	23
	Independent Providers	0	0	0	0	0	0	0	0	0	0	0	0	0
	Fostering Total	5	7	11	2	11	11	2	7	0	1	29	28	57
Placed at Home with Parents	2	2	1	3	0	1	0	0	0	0	3	6	9	
Placed for Adoption											0	0	0	
Other	0	1	1	1	1	0	1	0	3	3	6	5	11	
Overall TOTAL	7	10	13	6	12	13	4	8	7	7	43	44	87	

Please ensure that these totals agree with those at 10.3.40

Note: Admissions should exclude those children admitted for purposes of respite only.

(b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order

Children Subject to a full Adoption Order	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
No of Children	0	0	0	0	0	0	0	0	0	0	0	0	0

(c) Of those children admitted to care during the period, how many have previously been on the Child Protection Register in the last two years from period end.

Children Previously on the Child Protection Register	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
No of Children	5	9	9	3	6	8	0	3	0	2	20	25	45

(d) Assure the Commissioner that all children and young people who became Looked After during the period had a CLA1 form completed and forwarded to School

Number of children at 10.3.39(a) for whom a CLA1 form has been completed and forwarded to the School

CLA1 Form completed and forwarded to school	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
No of Children	5	7	6	6	8	7	5	4	5	1	29	25	54

(e) Can you assure the Commissioner that all the above admissions to

care are properly recorded and do not include what should rightly be reported as a placement move (eg a fostering breakdown where the RESWS moves the child to a children's home)

All admissions to care have been recorded appropriately and all CLA1s Notification forms were completed and forwarded to the appropriate schools.

10.3.40

(a) During the period how many children or young people became a Looked After Child by age, gender and legal status on admission;

**LAC
31.03.17**

(a) During the period how many children or young people became a Looked After Child by age, gender and legal status on admission

Legal status	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Art 21(1) Accommodated <16	3	3	5	2	8	6	2	1	0	0	18	12	30
Art. 21(3) Accommodated 16+	0	0	0	0	0	0	0	0	5	5	5	5	10
Art. 21(4) Accommodated	0	0	1	1	2	2	0	3	0	1	3	7	10
Art. 21(5) Accommodated 16+ <21	0	0	0	0	0	0	0	0	2	1	2	1	3
Art. 44 (5) Secure	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 44 (6) Interim Secure	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 50 (1) (a) Care Order	0	0	0	0	0	0	0	0	0	0	0	0	0
Art. 57 (1) Interim CO	4	4	3	3	0	1	0	1	0	0	7	9	16
Emergency Protection Order Art. 63	0	2	2	0	1	4	0	1	0	0	3	7	10
Art. 23(2) Accommodated	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	1	2	0	1	0	2	2	0	0	5	3	8
TOTAL	7	10	13	6	12	13	4	8	7	7	43	44	87

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

For each of the above totals how many of these were:-	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Planned	4	6	3	2	0	5	2	2	2	3	11	18	29
Unplanned	2	2	3	2	2	1	1	4	4	3	12	12	24
Emergency	1	2	7	2	10	7	1	2	1	1	20	14	34
Total	7	10	13	6	12	13	4	8	7	7	43	44	87

	(ii) Of those that were unplanned or emergency how many were admitted to kinship foster care?	
	12 children were admitted to kinship foster care that were unplanned or emergency, due to the increase number of looked after children.	
	(iii) Of those unplanned or emergency admissions how many were admitted by residential social workers?	
	Nil	
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	LAC 31.03.17

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

Length of time Looked After prior to discharge	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Under 2 weeks	1	0	1	1	1	0	0	1	0	1	3	3	6
2 weeks < 6 weeks	0	1	0	0	0	0	1	1	0	1	1	3	4
6 weeks < 3 Months	0	0	0	0	0	0	0	2	0	0	0	2	2
3 Months < 6 months	0	0	1	0	0	0	0	0	1	0	2	0	2
6 Months < 1 Year	0	1	1	2	2	2	2	1	0	0	5	6	11
1 yr < 2 yrs	0	0	0	2	0	1	1	0	2	3	3	6	9
2 yrs < 3 yrs	0	0	2	1	1	1	0	0	3	2	6	4	10

3yrs < 5 yrs	0	0	0	1	2	5	0	0	0	0	2	6	8
5 yrs < 10 yrs	0	0	0	0	0	0	0	0	0	2	0	2	2
10+ yrs	0	0	0	0	0	0	0	0	5	3	5	3	8
Total	1	2	5	7	6	9	4	5	11	12	27	35	62

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

**LAC
31.03.17**

Age on Ceasing to Be Looked After

Destination	<1		1-4		5-11		12-15		16+		Total		Total
	M	F	M	F	M	F	M	F	M	F	M	F	
Returned to Parents/Siblings	1	1	2	4	5	7	4	5	0	3	12	20	32
Returned to family/Relatives/friends	0	1	1	1	0	0	0	0	2	3	3	5	8
Adopted	0	0	2	2	1	2	0	0	0	0	3	4	7
Independent living/Tenancy (NIHE/H Assoc./Private etc)									1	0	1	0	1
Former Foster Carers (GEM)									4	3	4	3	7
Jointly Commissioned Supported Accommodation Projects									0	0	0	0	0
Bed + Breakfast									0	0	0	0	0
Other Accommodation (Hostel, Foyer)									1	0	1	0	1
Supported Board and Lodgings									0	0	0	0	0
Other (Prison, Hospital)									1	0	1	0	1
Other *(These are After-Care Unit)	0	0	0	0	0	0	0	0	2	3	2	3	5
Total	1	2	5	7	6	9	4	5	11	12	27	35	62

(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		Total		Total
	M	F	M	F	M	F	
Number entitled to access Leaving Care Services	1	1	10	11	11	12	23
Number not entitled to access Leaving Care Services	0	0	0	0	0	0	0
Total	1	1	10	11	11	12	23

10.3.43	This is intentionally blank.											
10.3.44	<p>(a) Please provide the total number of children that became subject of a Residence Order during the period.</p> <p style="text-align: center;">6 children</p> <p>For (a) above please give the number of children that were formerly placed with Stranger (Foster Carers), Kinship (Foster Carers), Residential Care or other placement.</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <thead> <tr> <th>Placement</th> <th>No. of Children</th> </tr> </thead> <tbody> <tr> <td>Stranger (Foster Carers)</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Kinship (Foster Carers)</td> <td style="text-align: center;">6</td> </tr> <tr> <td>Residential Care</td> <td style="text-align: center;">0</td> </tr> <tr> <td>Other placement</td> <td style="text-align: center;">0</td> </tr> </tbody> </table> <p>(b) How many Residence Orders are in place at period end?</p> <p>115 Residence Orders as at 31 March 2017</p>	Placement	No. of Children	Stranger (Foster Carers)	0	Kinship (Foster Carers)	6	Residential Care	0	Other placement	0	LAC 31.03.17
Placement	No. of Children											
Stranger (Foster Carers)	0											
Kinship (Foster Carers)	6											
Residential Care	0											
Other placement	0											
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	LAC 31.03.17										

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.

10.4.1 Number of Young People Subject to Leaving Care Act By Category, Age and Gender

Category	Male						Total	Female						Total	Total
	16	17	18	19	20	21 +	Male	16	17	18	19	20	21+	Female	
Eligible	13	21					34	7	19					26	60
Relevant	0	0					0	0	1					1	1
Former Relevant			17	19	13	9	58			27	26	21	8	82	140
Qualifying	0	0	2	1	2	0	5	0	0	4	1	4	2	11	16
Total	13	21	19	20	15	9	97	7	20	31	27	25	10	120	217

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.

10.4.2 Of those Eligible young people reported at 10.4.1 give the Children Order Legal Status at period end.

Legal Status	16	17	Total
Accommodated (Article 21)	5	17	22
Care order (Art 50 or 59)	15	22	37
Interim Care Order (Art 57)	0	1	1
Deemed Care Order	0	0	0
Other	0	0	0
Total	20	40	60

10.4.6 Of the young people reported at 10.4.1

(a) What are the social worker and personal adviser arrangements in place for each category of young people?

Category	Number of Young People with			Awaiting allocation of a social worker	Awaiting allocation of a personal adviser
	Named Social Worker only	Named Personal Adviser only	Named Social Worker and Personal Adviser		
Eligible	20	0	40	0	18
Relevant	0	0	1	0	0
Former Relevant	34	0	106	0	24
Qualifying	6	0	10	0	5

(b) Of the young people with a named personal adviser, how many have a person specific personal adviser?

10.4.6 (b) Of the young people with a named Personal Adviser - how many have a Person Specific Personal Adviser

Category	Of the young people with a named Personal Adviser - how many have a person Specific Personal Adviser
Eligible	18
Relevant	0
Former Relevant	1
Qualifying	0

	(c) How many do not have an up-to-date pathway plan at period end?
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Category	No. without an Up to Date Pathway Plan
Eligible	0
Relevant	0
Former Relevant	0
Qualifying	0
Total	0

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?
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Category	No. Without a completed Needs Assessment	Time Waiting			
		<3 Months	3-6 Months	7-12 Months	<1 Year
Eligible	0	0	0	0	0
Relevant	0	0	0	0	0
Former Relevant	0	0	0	0	0
Qualifying	0	0	0	0	0
Total	0	0	0	0	0

10.4.8	Narrative on failure to comply as detailed in 10.4.5, 10.4.6, 10.4.7 at period end.
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	In relation to those eligible young people entitled to a social worker and personal advisor, 20 remain without a named personal advisor due to staffing levels and
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	<p>vacancies. 2 young people refused the service with 18 waiting allocation. The role is currently being provided / supported by the social worker, residential worker or significant other.</p> <p>Of those 24 former relevant young people waiting allocation of a personal advisor this role is being undertaken by a named social worker. Staffing levels and vacancies have impacted on the allocation of personal advisor. Former relevant young people do not require a named social worker unless assessed as in need, therefore when personal advisor is not allocated the social worker will undertake this role.</p>
10.4.9	<p>Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for</p> <p>(a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people.</p>

10.4.9 (a) Eligible Young People - Living Arrangements

Placement Type	16	17	Total
Foster Placement (Stranger)	7	6	13
Foster Placement (Kinship)	4	7	11
At Home In Care	2	7	9
Residential Children's Home	7	4	11
Secure Care	0	1	1
Specialist Residential Placement (NI/UK)	0	0	0
Hospital	0	1	1
Jointly Commissioned Supported Accommodation Projects	0	10	10
Unregulated Placement	0	0	0
Other	0	4	4
Total	20	40	60

10.4.9 (b) Relevant Young People - Living Arrangements

Living Arrangements	16	17	Total
Tenancy (NIHE/H Assoc/Private)	0	0	0
At Home with Parents/Siblings	0	1	1
Jointly Commissioned Supported Accommodation Projects	0	0	0
Relatives/friends	0	0	0
Hostel, B+B, Foyer	0	0	0
Supported Board and Lodgings	0	0	0

Halls of residence/Student Accommodation	0	0	0
Prison	0	0	0
Other	0	0	0
Total	0	1	1

10.4.9 (c) Former Relevant Young People - Living Arrangements

Living Arrangements	18	19	20	21+	Total
Former Foster Carers (GEM)	12	12	5	7	36
Tenancy (NIHE/H Assoc/Private)	9	13	16	9	47
At Home with Parents/Siblings	7	7	2	1	17
Jointly Commissioned Supported Accommodation Projects	4	3	0	0	7
Relatives/friends	7	3	9	0	19
Hostel, B+B, Foyer	1	2	2	0	5
Supported Board and Lodgings	1	2	0	0	3
Halls of residence/Student Accommodation	1	2	0	0	3
Prison	2	1	0	0	3
Other	0	0	0	0	0
Total	44	45	34	17	140

10.4.9 (d) Qualifying Young People - Living Arrangements

Living Arrangements	16	17	18	19	20	21+	Total
Former Foster Carers (GEM)	0	0	0	0	0	0	0
Tenancy (NIHE/H Assoc/Private)	0	0	2	0	4	1	7
At Home with Parents/Siblings	0	0	1	0	1	1	3
Jointly Commissioned Supported Accommodation Projects	0	0	0	0	0	0	0
Relatives/friends	0	0	3	0	1	0	4
Hostel, B+B, Foyer	0	0	0	0	0	0	0
Supported Board and Lodgings	0	0	0	0	0	0	0
Halls of residence/Student Accommodation	0	0	0	1	0	0	1
Prison	0	0	0	1	0	0	1
Other	0	0	0	0	0	0	0
Total	0	0	6	2	6	2	16

10.4.10 Of the young people reported at 10.4.1 what is their current education, training and employment status, and how many are being supported financially at period end?' 10.4.10
(a) Eligible;
(b) Relevant;
(c) Former relevant; and
(d) Qualifying young people.

10.4.10 (a) Education Training and Employment Status of Eligible Young People

ETE Status	16	17	Total	No. Receiving financial support
Secondary Level Education	13	7	20	20
Further Education	0	8	8	8
Training (Govt. sponsored training)	1	3	4	4
Pre-Vocational	1	0	1	1
Employment	1	11	12	12
ETE Inactive	4	8	12	12
Training (Non Govt. sponsored training)	0	3	3	3
Other(Sick/Disabled, Parent, Carer)	0	0	0	0
Total	20	40	60	60

10.4.10 (b) Education, Training, Employment of Relevant Young People

ETE Status	16	17	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0
Further Education	0	0	0	0
Training (Govt. sponsored training)	0	0	0	0
Pre-Vocational	0	0	0	0
Employment	0	0	0	0
ETE Inactive	0	0	0	0
Training (Non Govt. sponsored training)	0	0	0	0
Other	0	1	1	1
Total	0	0	1	1

10.4.10 (c) Education, Training, Employment of Former Relevant Young People

ETE Status	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	5	1	1	0	7	7

Further Education	8	4	3	1	16	16
Higher Education	1	7	0	11	19	19
Training (Govt. sponsored training)	8	3	2	0	13	13
Pre-Vocational	1	3	3	1	8	8
Employment	5	8	9	1	23	23
ETE Inactive	9	10	12	1	32	32
Training (Non Govt. sponsored training)	0	2	2	0	4	4
Other	7	7	2	2	18	18
Total	44	45	34	17	140	140

**10.4.10 (d) Education, Training, Employment of
Qualifying Young People**

ETE Status	16	17	18	19	20	21+	Total	No. Receiving Financial support
Secondary Level Education	0	0	0	0	0	0	0	0
Further Education	0	0	0	0	0	0	0	0
Higher Education	0	0	0	1	1	2	4	4
Training (Govt. sponsored training)	0	0	2	0	0	0	2	2
Pre-Vocational	0	0	0	0	0	0	0	0
Employment	0	0	0	0	1	0	1	1
ETE Inactive	0	0	2	1	0	0	3	3
Training (Non Govt. sponsored training)	0	0	0	0	0	0	0	0
Other	0	0	2	0	4	0	6	6
Total	0	0	6	2	6	2	16	16

10.4.11 Of the young people reported at 10.4.1 how many were convicted during this reporting period?

10.4.11 Of those young people reported at 10.4.1 how many were convicted during this reporting period?

Category	Convictions within last 12 months	Number of Care Leavers formally cautioned during the period	Number of Care Leavers formally remanded during the period	Number of Care Leavers formally convicted during the period
Eligible	Not Required	13	6	12
Relevant		0	0	0
Qualifying		1	2	2
Former Relevant		4	4	6
Total		0	18	12

10.4.12 Of the young people reported at 10.4.1 how many have a disability by major disability – physical, sensory, learning, chronic illness, Autism (see definition) and other, type and gender at period end?’

10.4.12 Of those reported at 10.4.1 how many have a disability by major disability, type and gender at period end?

Type of Disability	Male	Female	Total
Physical (Ex. Sensory)	2	3	5
Sensory	0	0	0
Learning	3	4	7
Chronic illness	0	0	0
Autism(ASD)/Aspergers/ADHD	8	2	10
Other (undefined)	12	0	12
No Disability	72	111	183
Total	97	120	217

10.4.13 Of the young people reported at 10.4.1 what is their parental status at period end?’

10.4.13 Of the young people reported at 10.4.1 what is their parental status at period end?

Parental Status	No of Young People
Parent	27
Lone Parent	4

10.4.14 'Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end? Of these, how many were new referrals to mental health services during the period?

10.4.14 Of the young people reported at 10.4.1 how many are receiving treatment for mental health issues at period end?

Mental Health Concerns	No. of Young People waiting for or receiving Mental Health interventions/services	Number of new referrals to mental health intervention/services during period (01.10.16-31.03.17).
Mental Health Concerns	49	15
Self Harm	20	15

10.4.15 Number of young people who are no longer looked after but who died during the current reporting period and were in receipt of aftercare services by cause/age.

Cause	16-17		18+		Total	
	M	F	M	F	M	F
Natural Causes	0	0	0	0	0	0
Accident	0	0	0	0	0	0
Suicide	0	0	0	0	0	0
Other	0	0	0	0	0	0

Total	0	0	0	0	0	0
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10.5 FOSTERING

10.5.1	<p>(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?</p>	FOSTER 31.03.17
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Type of approval	No. of Carers	Non-Kinship (Respite only)	Non Kinship Short-term Only	Non-Kinship (Medium-Long term only)	Non-Kinship (Multi-approved)	Total
Kinship Foster Carers (Stage 1 Approved)	11					11
Kinship Foster Carers (Stage 2 Approved)	78					78
Panel Approved Foster Carer (Stranger)		51	48	30	54	183
Professional Foster Carers (Fee Paid carers)		11	3	12	4	30
Total	89	62	51	42	58	302

How many of the Carers above also provide a GEM Placement	11					0
Of the carers above how many are Prospective Adopters dually approved as foster carers	17					0
Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers	0					0

(b) Please give the number of other foster carers;	
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Other Foster carers	No. of Carers
Independent provider foster carers	29
Carers providing care only to children with a disability and who are not available to provide care for Looked After Children	0
No. of kinship foster care households who are in the process of being assessed as kinship carers for a child/ren placed in their care who have not been presented for approval at the Trusts' fostering panel.	23
Total	52

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

No. of Foster Carers de-registered during the period*, by reason.	Kinship Carers	Non Kinship Carers	No. of Carers De-registered	Total no of places de-registered
Carer has adopted or been granted a residence order	2	2	4	4
No longer wishing to foster	9		9	16
Retired/phased out	1	3	4	4
Deregistered following concerns re: care of child/ren	0	0	0	0
De-registered by Trust following complaints/allegations	0	0	0	0
Opted to be GEM Carer Only	0	0	0	0
Total	12	5	17	24

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

<table border="1"> <thead> <tr> <th data-bbox="220 241 986 315">Recruitment Process Activity during the period*</th> <th colspan="2" data-bbox="986 241 1318 315">No. of Carers</th> </tr> </thead> <tbody> <tr> <td data-bbox="220 315 986 443" rowspan="2">Numbers receiving information packs</td> <td data-bbox="986 315 1142 365">Kinship</td> <td data-bbox="1142 315 1318 365">34</td> </tr> <tr> <td data-bbox="986 365 1142 443">Non-Kinship</td> <td data-bbox="1142 365 1318 443">77</td> </tr> <tr> <td data-bbox="220 443 986 571" rowspan="2">Number of Initial Home Visits</td> <td data-bbox="986 443 1142 492">Kinship</td> <td data-bbox="1142 443 1318 492">34</td> </tr> <tr> <td data-bbox="986 492 1142 571">Non-Kinship</td> <td data-bbox="1142 492 1318 571">29</td> </tr> <tr> <td data-bbox="220 571 986 689" rowspan="2">Numbers of Households attending Skills to Foster course</td> <td data-bbox="986 571 1142 620">Kinship</td> <td data-bbox="1142 571 1318 620">8</td> </tr> <tr> <td data-bbox="986 620 1142 689">Non-Kinship</td> <td data-bbox="1142 620 1318 689">23</td> </tr> <tr> <td data-bbox="220 689 986 817" rowspan="2">Number of Completed Assessments during the period</td> <td data-bbox="986 689 1142 739">Kinship</td> <td data-bbox="1142 689 1318 739">10</td> </tr> <tr> <td data-bbox="986 739 1142 817">Non-Kinship</td> <td data-bbox="1142 739 1318 817">20</td> </tr> <tr> <td data-bbox="220 817 986 936" rowspan="2">Number of these assessments that were already approved as Adopters.</td> <td data-bbox="986 817 1142 866">Kinship</td> <td data-bbox="1142 817 1318 866">0</td> </tr> <tr> <td data-bbox="986 866 1142 936">Non-Kinship</td> <td data-bbox="1142 866 1318 936">4</td> </tr> </tbody> </table>			Recruitment Process Activity during the period*	No. of Carers		Numbers receiving information packs	Kinship	34	Non-Kinship	77	Number of Initial Home Visits	Kinship	34	Non-Kinship	29	Numbers of Households attending Skills to Foster course	Kinship	8	Non-Kinship	23	Number of Completed Assessments during the period	Kinship	10	Non-Kinship	20	Number of these assessments that were already approved as Adopters.	Kinship	0	Non-Kinship	4
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	(e) Please give the number of regional enquirers received by the Trust																													
<table border="1"> <thead> <tr> <th data-bbox="220 1160 868 1211">Enquiries forwarded from RAFS</th> <th data-bbox="868 1160 1075 1211">No of Carers</th> </tr> </thead> <tbody> <tr> <td data-bbox="220 1211 868 1279">Total No. of Regional Enquirers referred from the Regional Team(RAFS)</td> <td data-bbox="868 1211 1075 1279">10</td> </tr> <tr> <td data-bbox="220 1279 868 1346">Number of RAFS enquirers Approved as foster carers within the reporting period*?</td> <td data-bbox="868 1279 1075 1346">5</td> </tr> <tr> <td data-bbox="220 1346 868 1435">No. of enquiries progressed to assessment but have not yet to Panel within the reporting period*?</td> <td data-bbox="868 1346 1075 1435">2</td> </tr> </tbody> </table>			Enquiries forwarded from RAFS	No of Carers	Total No. of Regional Enquirers referred from the Regional Team(RAFS)	10	Number of RAFS enquirers Approved as foster carers within the reporting period*?	5	No. of enquiries progressed to assessment but have not yet to Panel within the reporting period*?	2																				
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No. of enquiries progressed to assessment but have not yet to Panel within the reporting period*?	2																													
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	FOSTER 31.03.17																												

no child placed with them at period end.

Type of approval	Total places	Vacant at period end	Fostering Households with no child placed at the period end
Kinship Foster Carers (Stage 1 Assessment)	11	0	0
Kinship Foster Carers (Stage 2 Assessment)	106	11	10
Panel Approved Foster Carers (Stranger)	195	27	20
Professional Foster Carers (Fee Paid)	35	8	7
Total	347	46	37

Prospective Adopters dually approved as foster carers	22	9
Total	22	9

10.5.3 How many foster carers have annual reviews outstanding?

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

Viability Visits	Joint Visits	Visits completed by Child's Social Worker	Visits Completed by Supervising Social Worker
Number of Visits	33	0	0

10.5.4 Please provide details of the reasons for outstanding reviews
(Narrative)

**FOSTER
31.03.17**

There are 32 outstanding reviews, 17 from 1 team that has experienced a high level of staff turnover and sickness. Of these 17 outstanding reviews, 8 are delayed due to the social worker having a long term period of sick leave. Dates for these reviews have now been arranged. Four further reviews were delayed because of change of social worker following staff moves and again these now have dates agreed for review.

Across all the teams 6 reviews have been delayed due to concerns/allegations in relation to the foster carers and these are being kept under review by foster panel. A further 4 annual reviews are overdue to delay in completing the statutory checks but will be presented as soon as the checks are completed. 10 reviews are

	delayed due to the foster carers requesting a break from fostering at present.	
10.5.5	What action is being taken to maintain and increase the range, diversity and supply of foster care places	FOSTER 31.03.17
	<p>The recruitment and assessment teams' plan a bi-annual schedule of recruitment activities in order to increase the range, diversity and supply of foster carers. This plan is flexible and is therefore responsive to additionality as opportunities arise.</p> <p>In the period 1st October 2016 – 31st March 2017 the following activities were achieved:-</p> <ul style="list-style-type: none"> - Information stand at NIPSA Event 16th November - Information stand at MENCAP Event 19th November - Foster Carers recruitment focus group 1st December. This group was undertaken with 10 the Trust foster carers to seek their views and opinions on recruitment. The information from this group was fed back to RAFT to assist with recruitment strategy and planning - Til I Grow Up Event 9th February. This was run in conjunction with the Belfast Trust. The event was aimed at recruiting long term foster carers and stands/profiles were organised for 10 children/young people requiring placements. Adoption, therapeutic and disability services were also featured and there was representation from the Intensive Support Fostering Team. This event was attended by 151 people and generated 31 enquiries for the Trust - BBC Community broadcast x 3 throughout March. This was developed in partnership with the Fostering Network NI and promoted fostering in general, featuring the Trust foster carers from The Step Up Step Down Scheme - Skills to Foster courses x4 - Social media utilised – Facebook and Twitter - Newspaper adverts and editorial articles - Information sessions x 2 - Good news stories emailed to approved foster carers - Leaflet/poster drops across the Trust - The Trust all users email. 	

	<ul style="list-style-type: none">- Liaison with Home for Good Organisation <p>Regionally benchmarking was conducted by an independent marketing company regarding the regional TV campaign which was aired in September 2016 for a period of 3 weeks. This benchmarking will inform the development of a regional recruitment strategy moving into 2017/18.</p>	
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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? The Private Fostering Leaflet has been disseminated across all Directorates advising of the need to notify. Our partner organisations have also received the leaflet and it has been disseminated across FS Hubs	
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 31st March?	NIL
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period?	NIL
10.5.9	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8. N/A	
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted?	N/A
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust.	N/A
10.5.12	Number of appeals made during the year under Article 113	N/A
10.5.13	Are supervisory visits undertaken in accordance with Regulation 3(1)(a) and (b) as a minimum to children privately fostered? Please provide details of any circumstances where the Regulation has not been adhered to.	N/A
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	
10.5.14	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Intercountry Adoption within the period.	NIL
	Please specify the child's DOB and the date the Trust received each notification	

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

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

10.6.1	(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach?	Adoption 31.03.17
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Source of Enquires	Domestic	Inter-Country
Central Regional Team (e.g. Website)	5	0
Newspaper advertisement	0	0
Radio advertisement	0	0
Word of mouth	26	0
Trust Website	0	0
Specific local campaign	0	0
Total	31	0

	(b) Please provide the waiting time from initial inquiry to commencement of training	Adoption 31.03.17
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Time waiting	Domestic	Inter-Country
Less than 1 month	1	0
More than 1 month less than 3 months	1	0
More than 3 months less than 6 months	5	0
More than 6 month less than 12 months	0	0
1 year or more	0	0
Total	7	0

10.6.2	Number of domestic applications for assessment received by the Trust by civil status of applicant	Adoption 31.03.17
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Household type	No.
Single carer	0
Cohabiting heterosexual couple (where this is a joint application)	2
Cohabiting same sex couple (where this is a joint application)	0
Married	0
Total	2

10.6.3	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	Adoption 31.03.17
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Time waiting	Reason waiting				Total
	No Social Worker Available to commence assessment	Unlikely that child waiting at this time fits their criteria	Applicant not ready to proceed	Other(please specify below)	
Less than 1 month	1	0	0	0	0
More than 1 month less than 3 months	6	0	0	0	0
More than 3 months less than 6 months	1	0	0	0	0
More than 6 month less than 12 months	0	0	0	0	0
1 year or more	0	0	0	0	0
Total	8	0	0	0	0

10.6.4	Number of inter-country applications for assessment received by the Trust by civil status of applicant (to be completed by NHSCT on behalf of the region)	Adoption 31.03.17
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10.6.5	Number of Prospective Inter-country adopters awaiting assessment at period end (to be completed by NHSCT on behalf of the region)	Adoption 31.03.17
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10.6.6	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	Adoption 31.03.17
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Outcome of assessment	No. of Domestic Assessments
Counselled out in assessment process	0
Went to panel and refused	0
Households approved as adoptive carers	0
Households approved as dual carers/concurrent carers	5
Households where previous foster carers have been approved as adoptive carers for their looked after children	2
Total	7

10.6.7	Number of looked after children freed for adoption and not yet placed	Adoption
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	31.03.17
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Length of time awaiting placement from the granting of the Freeing Order	<1		1-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Less than 1 month	0	0	0	0	0	0	0	0	0	0	0	0
More than 1 month less than 3 months	0	0	0	0	0	0	0	0	0	0	0	0
More than 3 months less than 6 months	0	0	0	0	0	0	0	0	0	0	0	0
More than 6 month less than 12 months	0	0	0	0	0	0	0	0	0	0	0	0
1 year or more	0	0	2	0	0	0	0	0	0	0	0	0
Total	0	0	2	0	0	0	0	0	0	0	2	0

10.6.8	(a) Activity under the Adoption (NI) Order 1987 during the period; Of the number above please give the number who were adopted in a Hague designated country and therefore not through the Courts in NI and have had their Article 23 reports completed in the time period; Please provide the number of Freeing Orders made during the reporting period;	Adoption 31.03.17
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Adoption Orders Article 12 (1) Type of Order	The number of Orders made during the six month period												Total	
	<1		1-2		3-4		5-9		10-15		16+ years			
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Adoption Orders Article 12 (1)														
Previously Looked After	0	0	2	1	0	1	1	2	0	0	0	0	3	4
Step Parent	0	0	0	0	0	0	2	0	1	0	0	0	2	1
Inter-country	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Other	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Total	0	0	2	1	0	1	3	2	1	0	0	0	5	5

Inter-country Adoptions in a (Hague Designated Country)	<1		1-2		3-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Of the number above how many were adopted in a Hague designated country and therefore not through the courts in NI	0	0	0	0	0	1	0	0	0	0	0	0	0	1

Freeing Orders Art 17 and Art 18	<1		1-2		1-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
Freeing Order - Art 17 with agreement	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Freeing Orders - Art 18 (1) without agreement	0	0	2	3	1	3	1	3	0	0	0	0	4	9
Court Applications for Freeing Orders <i>not granted</i> during the period	0	0	0	0	0	0	1	0	0	0	0	0	1	0

(b) Of those children who were adopted this period please give the length of time from becoming looked after (last episode) to going to live with the family who went on to adopt them.

**Adoption
31.03.17**

Length of Time	0-<6 Months	6months - <1 year	1-<2 years	2-<3 years	3-<5 years	5+ years	Total
No. of Children	0	2	5	0	0	0	7

(c) Number of children on the Adoption Register and number on Register of Approved Adopters at period end;

Number of Children on the Adoption Register	7
Number on Register of Approved Adopters	9

10.6.9

Please provide the number of children who, at period end, had

Adoption

	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.	31.03.17
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Children who have received a best interest decision and have not been placed with approved adopter.	<1		1-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F
Less than 1 month	1	0	0	0	0	0	0	0	0	0	1	0
More than 1 month less than 3 months	0	0	0	0	0	0	0	0	0	0	0	0
More than 3 months less than 6 months	0	0	1	0	2	0	0	0	0	0	3	0
More than 6 month less than 12 months	0	0	0	1	0	0	0	0	0	0	0	1
1 year or more	0	0	3	0	3	0	0	0	0	0	6	0
Total	1	0	4	1	5	0	0	0	0	0	10	1

10.6.10	How many children are in receipt of an Adoption Allowance at 31st March and how many households is this?	Adoption 31.03.17
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Adoption Allowances	<1		1-2		3-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
No. of Adoption Allowances paid in respect of children at 31st March 2017?	0	0	0	1	4	8	20	12	15	12	4	6	43	39
How many households receive adoption allowance at period end?	66													

10.6.11	Of the number at 10.6.10 how many commenced during the	Adoption
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	31.03.17
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	<1		1-2		3-4		5-9		10-15		16+ years		Total	
	M	F	M	F	M	F	M	F	M	F	M	F	M	F
No. of Adoption allowances reported above, that commenced during the period?	0	0	0	0	1	2	2	3	0	0	0	0	3	5
How many households/families is this?	6													

10.6.12	Details of recruitment, assessment, training, support for prospective adopters
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Adoption UK continue to run two support groups in the Trust , one meets in the Culloden Hotel, Holywood and the other in Lisburn. Some of our carers also attend the Antrim Support Group.

Newly approved adopters continue to be given full membership of Adoption UK. Many adopters attend their support groups and other social functions organised by Adoption UK. Many also make use of the Adoption UK support line and library, and we encourage them to do so.

One couple attended the Preparation to Adopt course outside the Trust , and have expressed an interest in proceeding with their application. The Trust ran an information evening in January 2017. Fifty people (25 couples) attended. Ten couples have expressed an interest in proceeding further. They have all received follow-up visits and preliminary checks are ongoing. A number of adopters also attended Trust training organised by the Trust fostering team. The training included topics such as, 'Introduction to Attachment', 'Attachment Building' and 'Brain Development & Trauma'. All those who attended have found these courses very beneficial.

The adoption team have continued to promote and encourage the concurrent care / home on time scheme over the last six months. Unfortunately the HOT training is no longer available but the Trusts are planning to commence their own training shortly.

Our first concurrent placement is now progressing to Freeing proceedings. Two other concurrent placements have occurred. One in November 2016 and one in February 2017. Three assessments have commenced on couples interested in concurrent care.

The number of domestic enquiries to adopt in the last six months has decreased slightly. The number of domestic applications received in the last six months is seven. These are currently at the preliminary stage of the process. We continue to receive applications for adoption from foster carers and families where the

child/children are already placed. Nine applicants are ready to proceed to assessment and will be allocated a social worker over the next couple of months.

From 1 October 2016 until 31 March 2017, eighteen assessments were on-going. Of these, seven were approved at adoption panel; five were domestic applications, two foster carers. The number of kinship / foster carer applications remains steady.

Currently, nine assessments are ongoing, three are kinships, two are child specific and five are domestic applications.

During this period we had five step parent adoption applications. These require statutory monthly visits as well as obtaining checks and information for the court report. Three adoptions have been granted and two are ongoing which continue to require statutory visits.

In April 2016 inter-country adoption cases for the Trust transferred from Belfast to the Trust. We currently have 4 inter-country cases, three have had placements in July and August 2016 and March 2017 which require support, statutory visits and reviews. A further one the placement did not proceed.

In April 2016 all tracing enquiries for the Trust transferred from Belfast Trust to the Trust. Since that date we have had fourteen enquiries.

As part of the Trust 3 year Outcome Based Accountability plan for children's services. The Trust adoption service has been reconfigured under one Principal Social worker to include both the permanence and adoption teams. The service has over the past 6 months reviewed the team's structure, role and responsibilities and interfaces to support the therapeutic needs of children, birth parents and adoptive families as they transition through the adoption processes and avail of post adoption supports. This review has led to the development of adoption services within the Trust to include increase staffing within the permanence team, offering continuity of service delivery to adopted children, their birth parents and adoptive families through the adoption process and will now also offer post adoption support. This realignment of post adoption support away from the adoption team, will also address the need for the Trust to increase the number of adoption assessments being completed to promote availability of adoptive carers to meet the demand for adoptive placements within Trust .

The Trust acknowledges the need to focus on the recruitment and assessment of adoptive families. The current development of within adoption services across the three teams will enable the Trust to respond to this need and the needs for post adoption support.

The adoption and permanence team pre-linking panel meet monthly to consider possible matches between approved adopters and children where the care plan is adoption. This has helped to speed up the placement process by enabling us to identify possible placements for children at an earlier stage thus shortening delay. It also is a much more transparent process as approved adopters are aware they have been considered for children but for various reasons it was not felt to be a suitable match.

	<p>In the last six months we have matched a number of children with our own adopters. The Trust currently has 11 children who have received a Best Interest Recommendation for whom a placement is actively being pursued at present. 5 of these children are in the process of being matched with the Trust adopters, kinship assessment is currently being conducted for 2 children, the placement needs of 2 sibling are currently be assessment regarding placing together or apart and we are actively seeking placement across the Trust for 2 other children. The remaining 4 approved adopters are currently being review via the Trust pre linking panel for children whom a Best interest Recommendation is pending. The main reason for ARIS referral is due to difficulties identifying an appropriate placement within the Trust which meets religious/cultural needs, or issues relating to the complexity of needs of the young person. In some cases it has been considered appropriate to place outside of the Trust area due to safeguarding issues.</p> <p>All of our nine approved adopters awaiting placement are now dual approved.</p>
10.6.13	<p>Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order</p>
	<p>We have 2 psychologists for post adoption (3 days per week) who are working with approximately 29 families, some of whom require one off consultations. Others require weekly / fortnightly / monthly contact with the psychologist and given the complexity of their needs will require long term intervention. Others continue to have short term involvement. Response to crisis/emergency consultation is also available from the psychologist and has been invaluable in a number of cases. A close working relationship between the social worker for the families and the psychologist is important and is working well. The psychologist and social worker meet to review the cases. We now have a waiting list for new post adoption referrals to psychology. This has put additional pressures on the adoption team in terms of providing support over the past 6 months. We also work closely with the LINX Project whose services have proved very beneficial in providing support to a number of our adopted teenagers and their families.</p> <p>The reflective practice group between adoption team and psychology have met once in the last six months. The permanence team have now become part of this group and we hope to meet three to four times a year.</p> <p>Adoption social workers are currently involved with 120 families offering them post adoption support; almost half of these require regular social work input and contact of between 1-4 weeks. The remainder receive support as and when required. For families in crisis, social work contact could be daily over a time limited period.</p> <p>The Trust 's Post Adoption referral panel meets approximately 9 times per year and more frequently if required. The manager of the LINX Project is now also part of this panel.</p> <p>Post adoption support continues to be a rapidly growing area of work especially for parents with teenagers who are in crisis.</p>

	<p>Two adoptive children are currently receiving life work with the family care life story project.</p> <p>A contact worker assists with the growing number of post adoption contacts in the team. Currently we have over 49 contacts which range from 1 to 4 times per year with birth parents and siblings who are in several different placements and in different parts of the province.</p> <p>Five family contacts varying from 2-4 times annually are facilitated by the family care service. If they require a formal review this is carried out by the Trust adoption service.</p> <p>The adoption service are also involved in 31 indirect contacts, 11 of these have twice a year indirect contact. As part of the review of adoption services within THE TRUST Post adoption work will be offered by the Permanence Team from April 2017.</p> <p>Social workers also complete 18 enhanced allowances annually for adoptive children. This involves a visit to the adoptive home.</p>
10.6.14	<p>Number of inter-country adoption orders pending at period end = 3</p>

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	Early Years 31.03.17																																																																															
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	<table border="1" style="width: 100%; border-collapse: collapse; margin: auto;"> <thead> <tr> <th rowspan="3" style="width: 20%;"></th> <th colspan="2" style="background-color: #003366; color: white;">Current Provision</th> <th colspan="3" style="background-color: #003366; color: white;">Registrations/Deregistrations/Voluntary Ceased</th> </tr> <tr> <th rowspan="2" style="background-color: #cccccc;">Total Number of Services</th> <th rowspan="2" style="background-color: #cccccc;">Number of Places</th> <th rowspan="2" style="background-color: #cccccc;">Number New Registrations During period</th> <th colspan="2" style="background-color: #003366; color: white;">De-registrations</th> </tr> <tr> <th style="background-color: #cccccc;">Number Deregistered by the Trust during period</th> <th style="background-color: #cccccc;">No Voluntary Ceased during the period</th> </tr> <tr> <th style="background-color: #cccccc;">Sector</th> <th style="background-color: #cccccc;"></th> <th style="background-color: #cccccc;"></th> <th style="background-color: #cccccc;"></th> <th style="background-color: #cccccc;"></th> <th style="background-color: #cccccc;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Day Nursery</td> <td style="text-align: center;">66</td> <td style="text-align: center;">3812</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Out of School within Day Nursery</td> <td style="text-align: center;">52</td> <td style="text-align: center;">962</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Stand-Alone Creche</td> <td style="text-align: center;">5</td> <td style="text-align: center;">163</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Stand-Alone Playgroup</td> <td style="text-align: center;">80</td> <td style="text-align: center;">3087</td> <td style="text-align: center;">1</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">Stand-Alone Out of School</td> <td style="text-align: center;">33</td> <td style="text-align: center;">1045</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">2</td> </tr> <tr> <td style="text-align: center;">Childminder</td> <td style="text-align: center;">727</td> <td style="text-align: center;">4362</td> <td style="text-align: center;">19</td> <td style="text-align: center;">1</td> <td style="text-align: center;">38</td> </tr> <tr> <td style="text-align: center;">Approved Home Childcarers</td> <td style="text-align: center;">53</td> <td></td> <td style="text-align: center;">15</td> <td style="text-align: center;">0</td> <td style="text-align: center;">22</td> </tr> <tr> <td style="text-align: center;">Holiday Scheme</td> <td style="text-align: center;">1</td> <td style="text-align: center;">80</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Two year old Prog.</td> <td style="text-align: center;">11</td> <td style="text-align: center;">132</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> <td style="text-align: center;">0</td> </tr> <tr> <td style="text-align: center;">Total</td> <td style="text-align: center;">1028</td> <td style="text-align: center;">13643</td> <td style="text-align: center;">36</td> <td style="text-align: center;">1</td> <td style="text-align: center;">64</td> </tr> </tbody> </table>		Current Provision		Registrations/Deregistrations/Voluntary Ceased			Total Number of Services	Number of Places	Number New Registrations During period	De-registrations		Number Deregistered by the Trust during period	No Voluntary Ceased during the period	Sector						Day Nursery	66	3812	1	0	0	Out of School within Day Nursery	52	962	0	0	0	Stand-Alone Creche	5	163	0	0	0	Stand-Alone Playgroup	80	3087	1	0	2	Stand-Alone Out of School	33	1045	0	0	2	Childminder	727	4362	19	1	38	Approved Home Childcarers	53		15	0	22	Holiday Scheme	1	80	0	0	0	Two year old Prog.	11	132	0	0	0	Total	1028	13643	36	1	64	
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10.7.2	<p>Registration issues and commentary as at period end</p> <p>All of the inspections which are overdue are as a result of a number of staff being on mid to long term sick leave throughout the inspection period. As a result an agency worker was recruited and is currently in post to provide sick leave cover, social workers are completing additional hours and vacant posts are going through the recruitment system.</p> <p>Following a meeting with the HSCB regarding the backlog, the inspections which were overdue in 2016 have been prioritised in the 2017 inspection allocations and all inspections due have been allocated. Team leaders are also exploring those inspections currently allocated to two social workers with a view to allocating some of these to just one social worker to increase capacity.</p>	Early Years 31.03.17																																																																															

	<p>The delays in the application process are all as a result of applicants failing to return paperwork in a timely manner despite follow up by admin. Admin processes are being reviewed to ensure that applicants causing delays are managed and reviewed much quicker so that applicants do not stay in the system unnecessarily.</p> <p>An additional senior social worker is also being recruited which will increase capacity of the team leaders as well as ability to oversee regional processes and to ensure timescales are adhered to much more pro-actively.</p>	
10.7.3	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March	Early Years 31.03.17

10.7.3 Total Number of Annual Inspections required, number carried out, number outstanding and time outstanding at 31 March 2017

Statutory requirement - Inspections should be carried out Annually

Sector	Time Outstanding												
	Number Requiring Inspection during the period (1.4.16-31.3.17)	Number of Inspections carried out during the period (1.4.16-30.9.16)	Total Inspections still to be completed this year (1.4.16-31.3.17)	No. of Inspections which had been outstanding >1 Year at this interim period 30.9.16	0-3mths	4-6mths	7-9mths	10-12mths	13-18mths	19-24mths	2-3 years	3-4 years	5 yrs +
Day Nursery	41	41	0	0	0	0	0	0	0	0	0	0	0
Creche	3	1	2	2	1	0	0	1	0	0	0	0	0
Playgroup	47	33	24	14	14	0	0	0	0	0	0	0	0
Out of School	14	9	15	5	5	0	0	0	0	0	0	0	0
Childminder	450	420	30	30	30	0	0	0	0	0	0	0	0
Holiday Scheme	0	0	0	0	0	0	0	0	0	0	0	0	0
Two year old Prog.	5	2	5	3	3	0	0	0	0	0	0	0	0
Total	560	506	76	54	53	0	0	1	0	0	0	0	0

10.7.4	Number of outstanding applications for each of the above categories as at 31st March	Early Years 31.03.17
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10.7.4 Number of outstanding applications

Length of Time Unallocated from receipt of Application

Sector	No. of Applications not Allocated	0-3 Months	4-6mths	7-9mths	10-12mths	12+ Mths
Day Nursery	0	0	0	0	0	0
Crèche	0	0	0	0	0	0
Playgroup	2	1	1	0	0	0
Out of School	1	1	0	0	0	0
Childminder	28	15	8	3	2	0
Holiday Scheme	0	0	0	0	0	0
Two year old Prog.	0	0	0	0	0	0
Total	31	17	9	3	2	0

10.7.5

Number of current applications being assessed at period end and duration of assessment

**Early Years
31.03.17**

10.7.5 Number of Current Applications being Assessed at period end and Duration of Assessment.

Length of Time that applications have been in progress

Sector	Number in Progress	0-3mths	4-6mths	7-9mths	10-12mths	12+ mths
Day Nursery	0	0	0	0	0	0
Creche	0	0	0	0	0	0
Playgroup	0	0	0	0	0	0
Out of School	1	1	0	0	0	0
Childminder	7	2	3	0	2	0
Holiday Scheme	0	0	0	0	0	0
Two year old Prog.	0	0	0	0	0	0
Total	8	3	3	0	2	0

10.8 Complaints & Representation

10.8.1	Does the Trust have an appropriately authorised and experienced children’s complaints officer?
	The Trust has a complaints manager who undertakes the role of the designated complaints officer under the children order complaints procedure, with expert advice from the sector manager (social work lead) for safeguarding children.
10.8.2	Does the Trust have an independent advocacy service for children and their families?
	<p>The Trust has developed a contract with Voice of Young People in Care (VOYPIC) to provide an independent advocacy service to looked after children. Other independent advocacy services are provided by the Law Centre, the Children’s Law Centre and the NI Commission for Children and Young People.</p> <p>Within the Regional Secure Care Centre, NIACRO provide an independent representation service directly to the young people.</p>
10.8.3	What arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with?
	<p>The Trust has a comprehensive complaints procedure for all complaints which is available and accessible for children and their families. Information leaflets on how to make a complaint or representation under the Children Order requirements is provided for children and families.</p> <p>Children and families receive information on how to make complaints about the services they receive. All complaints are referred to the Trust’s Complaints department who record and monitor themes, trends, issues and timescales of responsibilities to complaints. Weekly reports are provided to the Director of children’s services. A lessons learnt group has been established which reviews complaints and identifies improvement plans from issues arising. This is a sub group of the children’s governance committee. It is constituted from senior managers, principal practitioners, social care governance and learning, development and research staff.</p>
10.8.4	<p>What whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children’s services are recorded and dealt with?</p> <p>The Trust has a whistle blowing policy which outlines how staff can raise concerns.</p>

Note: Data for sections 10.8.5 – 10.8.9 – will be sourced by Board officers from existing returns.

10.9 SEPARATED CHILDREN

THIS INFORMATION IS COLLECTED ON A QUARTERLY BASIS

10.9.1	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation) NIL	Separated Children 31.03.17
10.9.2	Please provide the source of the referral of each child. N/A	Separated Children 31.03.17
10.9.3	Please provide the country of origin for each child referred during the period.	
10.9.4	This is intentionally blank	
10.9.5	Pathway following completion of UNOCINI: Of those separated children with a UNOCINI completed during this period specify the Pathway/Legal status at period end. Note: Two primary pathways: Looked After and Child Protection	Separated Children 31.03.17
	N/A	
10.9.6	Separated children and 'Looked After' Pathways Please provide the total number of 'separated' children who are currently Looked After Children within the Trust Area at period end? (This figure must include all separated children looked after irrespective of their admission date) (a) Provide legal status for these children (b) Provide placement, for 'other' category please specify placement type (c) Number where trafficking is suspected / confirmed and a NRM has been submitted (d) Number who are claiming asylum and subject of immigration process (e) Provide the total number of children at period end who are receiving after care support in line with entitlements under the Children (Leaving Care) Act 2002	Separated Children 31.03.17
10.9.7	Number of Looked After 'Separated' children who have gone missing from care during the period: (a) Please provide the number of Looked After children who went missing from care during this specific period; (b) Please provide the total number of Looked After 'Separated' children missing from care at the period end; (c) Provide a commentary on each of the children identified in (b) above.	Separated Children 31.03.17

OVERALL SUMMARY OF ISSUES RAISED WITHIN CC3/02	
Children in Need	<p>The number of children in need has remained relatively consistent over the past number of years (approximately 3800). There has been a strong connection with the Gateway service and the Family Support Hubs. The Family Support Hubs have been effective in meeting the needs of families who require early intervention and this work continues in partnership with colleagues in the community and voluntary sector.</p> <p>The number of unallocated during this period has reduced by 33%. From January to March the Trust created a family support waiting list team to deal with the unallocated. This was a very successful short term measure.</p> <p>With regard to children with a disability there was been an increase in the number of short breaks offered and accepted by families.</p>
Children in Need of Protection	<p>There has been a significant reduction of children on the Child Protection register during this period and a reduction in the number of children who have been re-registered. This represents almost half the number of children who were on the register in 2010.</p>
Looked After Children	<p>The children in care population, has significantly changed during this relatively short reporting period.</p> <p>The number of children has increased from 495 in September 2016 to 521 in March 2017. There has been a reduction of young people placed in residential care and a slight increase in children placed in foster care. There are more children living at home on Care Orders and there has been an increase in the number of children who have been staying in care for longer periods. The number of new admissions into the care system has therefore not dramatically changed.</p> <p>Most of the increase in admissions have been younger children and this has somewhat been a change in trend from previous periods where there have been older adolescents admitted to care.</p> <p>Any increase in the number of care placements creates significant pressure. The Trust has had to commission more placements from the private Agencies and there has been a slight increase in the number of children and young people who are deemed to be in inappropriate placements.</p>
Leaving Care and Aftercare	<p>The issue of allocating a PA to all eligible young people continues to be problematic. This is due to the inability to recruit PAs and to cover absences.</p> <p>On a very positive note, more young people who are in the service are availing of employment opportunities and there is a recorded reduction in young people who are experiencing mental health difficulties.</p>

Residential Care	<p>This year we began work on a major reform initiative of how we provide care to young people within residential care. There is a clear recognition this can only be achieved by putting our young people and staff at the centre of decision making and shaping the future. 'Good Outcomes' groups have been established to review and reform all aspects of the living experience within our children's homes. The aim is to improve the atmosphere, environment, loving emotional closeness, develop attachments and help all young people in our homes reach their full potential.</p>
Fostering	<p>In 2016/17 the Trust fostering service has to work towards providing a continuum of foster placement provisions. The service development areas include:</p> <p>The provision of early intervention foster placements, via the fostering Positive Family relationships scheme for 12 – 16 year olds and Step Up Step Down for 8 – 12 years old. Both these services offer an edge of care service, with foster carers role extended to provide family support and advice to birth parents. The Step up Step Down scheme is a joint Big Lottery Funded Project with the Fostering Network. At the end of the first year of the project the service is on target to achieve the identified outcomes, with 12 families availing of the service to date.</p> <p>Since May 2016 the fostering service has implemented revised kinship standards as part of the Care Proceedings Pilot. The revised standards have also been implemented by Western HSCT. A joint report on the findings from both Trusts on this pilot have been complete, which will inform the regional review of Kinship Care being taken forward by the Health and Social Care Board.</p> <p>The Intensive support fostering service has taken forward an outcomes based evaluation of the service. This services aimed at hard to place young people, is offered to both Trust and Belfast Trust, in partnership with Extern. The service will be taking forward the review of lowering the age limit for accessing this service, given the demand on fostering for children age 9 years and over who are presenting with risk taking behaviours and complex needs.</p> <p>The Trust has two carers selected for the nominations made for the Fostering Network's 'Foster Carer of the Year' due to be held in May 2017.</p>

Assessed Year in Employment

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2016-2017

Return for Employers year ending 31st March 2017

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

Please complete the sections below which provides an overview of all staff who were

subject to an assessed Year in Employment (AYE) in your organisation for the period 1st April 2016 to 31st March 2017. These are staff that are in a post which is suitable for the verification of practice against the required Standards, such that they are eligible to be registered without the AYE condition with the NISCC.

Table 1 asks for the number of Newly Qualified Social Workers who are subject to an AYE by setting. The table requires numbers of AYEes that were in post at any time during the year and those who are still in post at 31st March 2017. These should be counted as mutually exclusive, that is if the person is in post on 31st March they should not be returned in the column for ‘during’ the year.

Table 1		During year 1/4/16 to 31/3/17	At 31st March 2017
Job setting			
1	Gateway	2	3
2	Family support/intervention team	11	10
3	Looked after team	1	3
4	Fostering team	4	0
5	Adoption	0	0
6	Leaving and after care	2	1
7	Children’s disability	3	1
8	Residential child care	11	5
9	Early years	0	1
10	Other Children’s	1	0
11	Hospital social work team	3	0
12	Older people	0	0
13	Mental health	0	1
14	Health and Physical disability (Adults)	2	2
15	Sensory impairment	0	0
16	Learning disability	2	0
17	Vulnerable adults	0	0
18	Other (Adult)	0	0
Total number of AYEes		42	27

The Trust had 69 AYE candidates throughout this period but following a scoping exercise it was found 41 candidates have left their original job setting (some of these candidates were still in AYE but others had completed the year). A number of these

candidates had taken up employment at other settings within the Trust however the majority had left to find permanent employment in other Trusts.

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

Table 2 Employment Status	During year 1/4/16 to 31/3/17	At 31st March 2017
Permanent	17	2
Temporary	45	5
Recruitment agency	33	22

❖ Please note no's of agency staff are included in the temporary count

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

Table 3 Employment area	No. of NQSW not undertaking AYE
Older peoples programme (Assistant care Manager)	1

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

The Trust AYE guidelines for managers and AYE candidates outline the requirement for a 'summary of learning' at the commencement of post. This is discussed in the initial meeting and the majority of candidates (80%) from the last audit had received these from their universities. A recent informal investigation within the team discovered that the candidates who did not have a summary of learning qualified from universities outside Northern Ireland. There is continued discussion to identify how this small group of candidates can meet this requirement. The majority of candidates are providing a summary of learning from their respective university and there is a recognised need to keep this high on the agenda within meetings with the universities.

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

9

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

Yes

No

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

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

Yes

No

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

Narrative for 6 & 7

Within the Trust the AYE Advisor from the social services development team plans 3 individual meetings with the AYE candidate (initial, midpoint and final). The initial meeting is also attended by the AYE supervisor/Line Manager. At the initial meeting the AYE candidate and their supervisor/line manager are provided with guidance documents, which state their individual roles and responsibilities within the assessed year. The guidance includes templates for the completion of the midpoint and final appraisals for both the candidate and their supervisor/line manager. Following this meeting the AYE candidate will in discussion with their manager develop a professional development plan (PDP) for the year which will identify the appropriate training needs and the plan to meet these. At the initial meeting there is a discussion on the evidence requirements and development days in relation to the job setting.

The AYE advisor will then meet with the AYE candidate at 6 months and at 4/6 weeks prior to the final appraisal to provide advice/support (if required) in relation to accessing the relevant developmental training opportunities and obtaining practice evidence. This also provides the AYE advisor with an opportunity to discuss the content of the PDP with the candidate and to identify any issues that have arisen.

The completed portfolio must contain evidence of the candidates 10 developmental days, as well as their required evidence, reflective assignments and supervisors/ line manager's appraisals. This completed portfolio is then quality assured by another AYE advisor within the social services development team before being signed off by the relevant manager.

All AYE staff in this reporting period have provided evidence of having the minimum of 10 development days within their portfolio and an up to date PDP.

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

Yes

No

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

Based on the NISCC Induction Standards, the Trust induction guidelines outline the requirements for corporate induction, agency induction and induction as an AYE.

As part of the trust's AYE support programme facilitated by AYE advisors within the learning and development team, the requirements for induction are discussed and their importance highlighted. Significant efforts have continued to be made by the Trust to improve the experience of AYE staff in relation to the use of the NISCC induction guidelines.

100% of AYE staff reported that they had received induction and specific training on policies and procedures. There continues to be significant staffing challenges within children's safeguarding teams which has made the provision of a formal induction for all AYE's difficult to meet. Further work is being undertaken to develop an induction checklist to assist managers and new staff.

Audits of AYE staff are conducted annually and the findings shared and monitored through the AYE quality assurance board and the social work executive. Induction for all AYE staff will continue to be a priority within the Trust.

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

Table 3		Systems required		Yes	No
1	Human Resource system to track AYE progress			x	
2	Performance appraisal for AYE's	6 monthly		x	
		Year end		x	
3	25% Sample of AYE performance			x	
4	Management of AYE workload			x	

10. Please report on the frequency of professional supervision afforded to the AYE's in post at 31st March (Standard 3).

Table 4	Job setting	Number of AYE receiving supervision:		
		Fortnightly	Monthly	Other
	Children's (1 to 10 from Table 1)	9	14	
	Hospital (11 from Table 1)	0	0	
	Adults (12 to 18 from Table 1)	2	2	

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

0

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

16

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

There continues to be staffing pressures within children's services due to sickness levels. In teams in which there is more than one AYE staff member, the requirement to provide fortnightly supervision can be difficult to meet.

There are a number of reasons why supervision of AYE's changes from fortnightly to monthly. The main reason for this is that the AYE is past their six monthly mid-point and they are progressing well.

The social services development team have been responsive to the operational pressures. In this last year within Safeguarding Children's Services a team of AYE's had been established on a temporary basis to address waiting lists. Fortnightly group supervision was provided by the social services development team to supplement the operational supervision arrangements.

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

70

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

As a priority newly appointed managers continue to be targeted for the supervision training programme held within the Trust and there has been some improvement noted in this area.

There continues to be a turnover of staff in this role in children's services, the Trust will continue to monitor to ensure that this standard is maintained and improved.

12. Please provide an account of how the Trust assesses practice against the six key roles as set out in the Northern Ireland Social Care Council (NISCC) guidance (The Assessed Year in Employment (AYE) for Newly Qualified Social Workers in NI, NISCC, July 2011).

Trust guidance continues to require AYE staff to submit practice evidence to demonstrate meeting the key roles during their first year of employment.

In the initial meeting both supervisors/line managers and AYE candidate are provided with a framework for submission of evidence along with the Trust guidance. The Trust guidance for managers has been revised in line with the revised NISCC guidance to further support managers in their assessment of practice against the six key roles.

Two further meetings (at midpoint and in final weeks) are held with the AYE candidate and the AYE advisor to provide support and guidance on identifying practice evidence that meets the 6 Key Role. (As a greater number of AYE staff are often on temporary, short term or agency contracts it continues to be a significant challenge to ensure that the AYE is able to demonstrate competence and provide evidence often from more than one setting.

Each submission of evidence of completion of the AYE is quality assured by a member of the AYE team to ensure compliance with the Trust guidance and signed off by Barbara Campbell, Assistant Director.

In the period April 2016 to March 2017, submissions have been quality assured and signed off as competent. There continues to be a good standard of quality evidence submitted to meet the key roles for the assessed year in practice.

Team leaders and managers are aware of their responsibilities and role in appraisal of the staff member's competence against the key roles evidenced in the written 6 month and final appraisals presented.

There continues to be some examples of a very satisfactory standard of practice through evidence to demonstrate completion of the assessed year in practice, in which the staff member has reflected on his/her learning and development within each key role.

The Trust continues to monitor the range of supports provided to AYE candidates

through audit and reporting findings to the social work executive and the AYE quality assurance board which meets twice per year.

This report should be returned to the Health & Social Care Board as part of the Trust Delegated Statutory Functions return. It fulfils Section 8 of the Data collection schedule.

PSS Accountability Report

11 Accountability Report

Personal Social Services Development and Training Strategy 2006-2016

11.1 Regional Social Work Trainees		
11.1.1	Regional Social Work Trainee Investment 01.04.16 - 31.03.17	Accountability 16-17
11.1.2	How many Regional Social Work Trainees were employed within the Trust as at 1 st April 2015?	2
11.1.3	Total Number of Trainees completed within 2016 -17	1
11.1.4	How many Regional Social Work Trainees were employed within the Trust as at 31 st March 2016?	0
11.1.5	One trainee successfully qualified in July 2016, and subsequently gained a position with the Western Trust.	
11.2 Practice Learning Opportunities		
11.2.1	PLO Investment 01.04.16 - 31.03.17	Accountability 16-17
11.2.2	How many PLOs have been provided by the Trust during the period?	Accountability 16-17 77
11.2.3	How many Children's PLOs have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level 2 = 16 Level 3 = 30 Total = 46
11.2.4	How many Adult's PLO have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level 2 = 17 Level 3 = 14 Total = 31
11.2.5	<p>There are continued challenges regarding provision of PLOs in some areas. Some of these challenges were due to the pressures staff were facing across both adult and children's services.</p> <p>Notwithstanding, it is accurate to say that in relation to PLOs offered, from the evidence gathered across a range of evaluative and quality assurance strands of the work, that the quality of placements provided is high and feedback from students indicates high levels of satisfaction with the placements provided by the Trust.</p> <p>The social services development team responded constructively to feedback from students and on sites etc and made adjustments to the delivery of the placements, e.g, ongoing student support groups, nature and timing of induction training, promoting shadowing opportunities, etc. The Trust have a robust number of singleton (on-site) practice teachers who continue to facilitate good quality placements, and a growing number of staff interested</p>	

	<p>in and engaged in becoming on sites, particularly in children’s services areas. The social services development team practice teachers compliment this provision in terms of providing off site arrangements.</p> <p>The Trust aimed to deliver 78 placements but provided 77; this was due to the withdrawal of one student for personal reasons.</p> <p>There continues to be a challenge in relation to the needs of final year students who require adult services placements. Whilst it is increasingly challenging to source the required number of adult services placements due to the multi-disciplinary nature of the teams and the lower number of social workers within these services, the Trust is undertaking some audit analysis re adult services provision in the hope of ensuring the maximum numbers of PLOs in adult services that are possible, continue to be realized. This issue is reflected regionally as can be seen at the regional allocation meetings.</p> <p>In terms of quality assurance, the social services development team continue to operate a 2nd practice teacher process and this is used 2-3 times each year. The Trust continues to audit aspects of practice learning to seek to continually improve upon the quality and consistency of placements for all students. The Trust’s focus in the past year has been on the student attendance record which is vital to ensuring that all students fulfill the Northern Ireland Social Care Council (NISCC) attendance requirements as well as aiding the learning about the use of study and training days for students.</p> <p>The Trust continues to participate in a range of practice learning groups across the region to aid consistency in terms of delivery of placements. The Trust continues to offer practice teaching standardisation events, practice teaching support groups, and additional supports to those practice teachers experiencing more challenging placements.</p> <p>The Trust continues to meet the Northern Ireland Social Care Council Practice Learning Standards and continues to reflect and learn from practice development days and from the utilization of the Trusts research officer and his work on the assessment of students which will soon be concluded. This activity contributes to and ensures high quality placement provision.</p>	
11.3 Post Qualifying Training		
11.3.1	Post Qualifying Training for Social Workers Investment	Accountability 16-17
11.3.2	<p>Post Qualifying Training for Social Workers Activity</p> <p>This year has seen the beginnings of embedding the new Professional in Practice (PIP) framework throughout the Trust. Staff in the training team working in this area have been able to ensure consistent numbers of Trust staff taking up places across a range of PiP programs whilst at the same time ensuring the new Credit Accumulation System begins to find its feet in the trust as a new pathway within the Northern Ireland Social Care Council’s provision of continuous professional development options for all social work staff in the Trust.</p> <p>This year saw the conclusion of the first ever regional Quality Improvement programme for social work which was coordinated by this Trusts</p>	Accountability 16-17

	<p>professional in practice and governance staff.</p> <p>The Northern Ireland Social Care Council agreed to include this programme in a pilot of alternative routes to assessment enabling programme participants to claim 3 Leadership and Strategic Requirements. This resulted in four Trust staff participating in and delivering on quality improvement initiatives as well as achieving 3 of the NISCC NI Leadership and Strategic award requirements.</p> <p>The professional in practice team completed work in partnership with their colleagues in the Belfast Health & Social Care Trust (BHSCT), Northern Health & Social Care Trust (NHSCT), Southern Health & Social Care Trust (SHSCT) and Voluntary agencies to lead the development and implementation of a new course for adult services. This was accredited by the Northern Ireland Social Care Council and has been rolled out on a regional basis since September 2015. Last year saw the first seven candidates from across the region successfully complete the whole program and receive their full Specialist award. Furthermore, the staff involved in the development, implementation, and review of this new and innovative program were nominated for and won one of the Northern Ireland's Social Care Council's social work awards in the partnership category.</p> <p>Monitoring systems continue to be effective in ensuring Trust staff continue to meet their requirements across the Assessed Year in Employment (AYE) and the Initial Professional Development Program (IPD) in a timely way. All newly qualified social workers in the Trust are fully compliant with the Northern Ireland Social Care Council requirements for registration.</p> <p>During the reporting period seven staff achieved the full IPD award, eight staff achieved their full Specialist Award, and three achieved the full Leadership and Strategic Award.</p> <p>Of particular note in this reporting period are the three Trust staff who achieved their EIPO awards within the Research Methods program. This represents a strong commitment to promoting and encouraging research within the Trust and making an investment in growing a community of research minded practitioners and managers engaged in "professional curiosity" and things that make social work better.</p>	
<p>11.3.3</p>	<p>This has been a challenging year regarding the professional in practice framework. The Trust has been able to support higher than normal numbers across a number of programs as a result of resources being freed up by the provision of slightly less student placements this year.</p>	
<p>11.3.4</p>	<p>Describe the process by which the Trust selects suitable candidates for PiP training (Narrative)</p> <p>The Trust has revised and updated its former post qualifying policy now Professional in Practice (PiP policy). This revised policy is clearly predicated upon a number of principles including equality of access and opportunity for Professional in Practice training for all</p>	

	<p>social work staff in the Trust. The policy provides guidance to staff and managers alike on the process for selection of candidates and the various responsibilities of the training team, staff member, their manager, and the Trust itself.</p> <p>The Trust Professional in Practice Quality Assurance Board meets on a quarterly basis. This enables robust monitoring of all professional in practice activity in the Trust and ensures that there is close links between various parts of the Professional in Practice continuum.</p> <p>Complementing the above policy, the selection of Trust staff on professional development courses that have a statutory bearing such as the Approved Social worker (ASW) program will be channeled through the Trusts social work executive forum, which is chaired by the Director of Social work. This ensures that the Trust will continue to be able to meet its statutory obligations in these areas.</p> <p>A Red Amber Green (RAG) system is used to track newly qualified staff post Assessed Year in Employment and progress them towards appropriate future training activity in line with the Knowledge Skill Framework (KSF) appraisal and areas of practice. This system ensures newly qualified staff have met their NISCC registration requirements.</p>		
11.4 Learning and Development in Children's Services			
11.4.1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Investment in Learning and Development in Children's Services</td> <td style="width: 20%; text-align: center; padding: 5px;">Accountability 16-17</td> </tr> </table>	Investment in Learning and Development in Children's Services	Accountability 16-17
Investment in Learning and Development in Children's Services	Accountability 16-17		
11.4.2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 5px;">Learning and Development in Children's Services Training Activity</td> <td style="width: 20%; text-align: center; padding: 5px;">Accountability 16-17</td> </tr> </table>	Learning and Development in Children's Services Training Activity	Accountability 16-17
Learning and Development in Children's Services Training Activity	Accountability 16-17		
11.4.3	<p>There continues to be a high demand for children's services training over and above planned and targeted training needs. There has been continued support for innovative work relating to Lesbian, Gay, Bisexual & Transgender (LGBT) young people in care with a repeat of a workshop with BHSC in March 2017 with plans to repeat this in the next financial year.</p> <p>Therapeutic Crisis Intervention (TCI) continues to require a significant input of time and management in order to ensure a high number of staff are trained and refresher requirements met.</p> <p>Three trainers have retired and have been replaced and the Trust is due to replace one more trainer. There continues to be a good variety of skilled and competent trainers from different areas (i.e. secure care, specialist, differentiated homes, learning disability settings and from the social services development team), all who come with good experience. In respect of cost, the Trust TCI model continues to represent very good value for the ratio of trainers per staff numbers and continues to have very good levels of staff being TCI trained and annually refreshed.</p> <p>The Trust is committed to ensuring looked after children receive high quality care. To this end in the last financial year there has been investment in shared learning visits with colleagues in Scotland and the intention is to build on this work in the next financial year starting with an initiative to ensure a child centered approach to recording. The Trust has also contracted with the organisation the Voice of Young People in Care (VOYPIC) to undertake a survey with children living in residential homes to understand better their</p>		

	<p>experiences of care and ensure the child’s voice is heard in driving improvement activity.</p> <p>A new programme of training on Restorative Practice has been developed to support the Childrens Directorate “Plan on a Page”. The Trust have contracted the delivery of this programme with an external consultant who has trained and consulted for many Local Authorities in the UK on implementing best practice and was involved in the Leeds City Council initiative, an initiative that saw the training of 6000 staff members in restorative approaches, resulting in a 60% reduction of children in care. The Trust therefore anticipates that this investment will pay dividends in the long term.</p> <p>The Trust have also contracted with the National Childrens Bureau for training on using an Outcomes Based Approach to support the Childrens Directorate “Plan on a Page”.</p>
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11.5 Learning and Development in Adult’s Services

11.5.1	Investment in Learning and Development in Adult’s Services	Accountability 16-17
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11.5.2	Learning and Development in Adult’s Services Training Activity	Accountability 16-17
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11.5.3	<p>Commentary.</p> <p>Training in adult services this year has been busy. Demand for safeguarding training remains high and the social services development team continues to resource this requirement especially regarding high numbers of multi-disciplinary staff needing training at awareness raising and refresher levels.</p> <p>One of the other main pressures in adult services this year was the roll out of a range of training and training materials that would prepare staff for the introduction of the new regional policy on adult safeguarding. Changes in staffing in the social services development team and unexpected periods of sick leave necessitated a pragmatic approach to this need and was agreed through the Trust’s social work executive forum. This has resulted in all relevant staff in adult services having received awareness raising training as well as some up-skilling training for those in specialist roles such as Investigating Officer and Designated Officer roles. This training is ongoing with further specialist training provision for first line managers and the training of new Investigating Officers and Designated Officers</p> <p>Progress with the implementation of Self-Directed Support (SDS) has continued in the last financial year and has been well supported by training. The majority of existing staff have now been trained and sessions are now targeted for new staff or staff who have returned to work and not had an opportunity to attend. The SDS training is now packaged into one day with a half- day session on direct payments delivered separately. The impact of training on practice is reflected by the increased uptake of SDS in the Trust. The SDS champions forum was reviewed this year with the SDS Implementation Officer and membership revised to ensure good representation from all directorates. This group continues to be a key asset in supporting peers to feel confident and competent about the implementation of SDS.</p> <p>There has been significant improvement and development activity relating to Carers Assessments in Mental Health and Disability services. The Department of Health (DOH) has given the Trust permission to develop and test an alternative to the Northern Ireland Single Assessment Tool (NISAT) Carer Assessment tool. This project has been led by one of the managers in the social services development team and has involved a carer to ensure a co-production approach. The results to date show reduced bureaucracy and</p>
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	<p>positive feedback from both carers and staff. The spread of this improvement activity will continue into the next financial year and it is anticipated will show an increased uptake in carer assessments.</p> <p>The social services development team continue to contribute to the corporate "managing challenging behaviour" training including breakaway, team working and the refresher components. Due to demands elsewhere, the Trust has had to set a ring fenced number of days around this activity.</p>	
11.6 Qualifications and Credit Framework Training		
11.6.1	Investment in Qualifications and Credit Framework Training	Accountability 16-17
11.6.2	Qualifications and Credit Framework Training Activity	Accountability 16-17
11.6.3	<p>Commentary.</p> <p>The 3 year vocational strategy continued to advise developments in the Trust. The culture of continual improvement has seen the embedding of an additional quality assurance system which was introduced in January 2015. Over the course of the year several improvements were made in relation to the delivery of the qualifications, e.g. greater reflection at level 5.</p> <p>Staff continue to report that the learning has improved their practice with service users and one staff member has recounted how he obtained a higher job post as a consequence assisting the Trust in its drive for succession planning. At the turn of the year the centre commenced the process to move to e-portfolios and four candidates have embarked on piloting this method.</p> <p>Standardisation of assessment and quality assurance has improved quality, in relation to both aspects with direct observation of staff providing valuable learning opportunities. One quality assurance visit occurred this year resulting in an excellent report from the external quality assurer from City & Guilds, the awarding organisation. This showed that systems were robust and teaching, assessment and quality assurance met the standards of the awarding organisation.</p>	
11.6.4	<p>What measures has the Trust taken to ensure QCF (Quality Credit Frame) training is embedded across the workforce?</p> <p>In order to offer qualifications across the workforce an additional Internal Quality Assurer has joined the team with another completing their qualification. Moreover, work with managers trust-wide in reinforcing the benefit of vocational training for their staff is ongoing. The promotion of new and existing qualifications in relation to older people services has been significant with a similar action plan in development for the Regional Secure Children programme. Interest is growing with this unitised route.</p> <p>It is anticipated that the registration of the social care workforce will necessitate additional resources to provide for the demands of the service. A Trust wide audit of social care staff and their qualification attainment has commenced and it is anticipated that this can assist in the planning for future developments of vocational training. In</p>	

	particular the team alongside operational managers are considering the potential to use the new level 4 qualification as a bridging mechanism for band 5 staff across all programmes of care.	
11.7 Quality and Safety Issues		
11.7.1	Investment in Quality and Safety Issues	Accountability 16-17
11.7.2	Quality and Safety Issues Activity	Accountability 16-17
11.7.3	<p>The Social Services Development Team continues to support the Trusts internal Safety, Quality, and Experience (SQE) programme. In the last year there has been a significant contribution to the development and delivery of the very first regional Quality Improvement programme for Social Workers (QI SW) and this programme is running again in 2017-18. The team provides a mentoring role on both SQE and QI SW programmes.</p> <p>There are four Social Work staff from the Trust on the QI SW programme including one member of the Social Services Development Team.</p> <p>This year the Trust developed a new SQE Fellowship to complement and extend the existing training portfolio within the Quality Improvement (QI) Academy. This is a unique programme and is designed to develop a cadre of individuals who will be able to drive and support improvement projects within their directorate. Childrens services have seconded two senior staff to complete the fellowship (one of whom is a social care governance facilitator). On completion of the programme, fellows will be invited to become a member of a Quality Improvement Alumni, joining a strong community of improvement advisors and practitioners providing expert facilitation and advice to other staff ensuring spread of learning and expertise within and outside of the organisation.</p> <p>One of the social governance facilitators has also successfully completed the Institute for Health Improvement (IHI) Improvement Advisor programme and has led a project on reducing choking in the private sector. Having now developed new expertise in improvement methodology this member of staff will have a key role in leading other service improvement initiatives within social work and social care services.</p> <p>The Trust have a lead role in establishing a Regional Quality Improvement Network for social work this will enable social work staff who have completed quality improvement training to stay connected and support sharing of improvement initiatives in line with the social work strategy.</p> <p>A local engagement partnership has been established in the Trust which is co-chaired by the workforce and quality improvement manager and a co-production intern. The group includes social workers and social work managers, representatives from partner organisation and crucially people with lived experience. In the next financial year this group will progress a campaign for co-production in the Trust as a key theme of the social work strategy.</p> <p>The Trust continues to provide one to one support for staff on the Assessed Year in Employment (AYE). It also provides bespoke support arrangements for staff who work in certain areas of the Trust that experience significant pressures at particular times such as</p>	

	Lakewood and others. All AYE support mechanisms including the bespoke support has been well evaluated by AYEs, line managers, senior managers and social services development team staff alike.	
11.8 Child Protection		
11.8.1	Investment in Child Protection Training	Accountability 16-17
11.8.2	Investment in Child Protection Training Activity	Accountability 16-17
11.8.3	Of those who attended Child Protection Training, how many staff were from other disciplines or sectors? Overall 80% of staff participating in children's services training were from other professional groups/sectors	
11.8.4	<p>Commentary.</p> <p>The funding this year was sufficient to meet the needs of the child protection agenda in the Trust.</p> <p>Training provision has been reviewed against the Safeguarding Board Northern Ireland (SBNI) 'Child Safeguarding Learning and Development Strategy and Framework 2015-2018' to ensure an appropriate level and range of training is available. Operational guidance in relation to implementing the SBNI 'Child Safeguarding Learning and Development Strategy and Framework' has been drafted and will assist the Trust managers, staff and volunteers to identify the appropriate levels of training and education required commensurate with the level and nature of contact with children and young people.</p> <p>Training for safeguarding level one continues to be a challenge and utilizes a high level of resource. Child sexual exploitation continues to be a feature of training plans and Nexus have been delivering sessions in Trust this year as per the contract with the HSCB.</p> <p>New activity this year included the following sessions to heighten awareness of the following policies:</p> <ol style="list-style-type: none"> 1. Missing from Homes protocol - child sexual exploitation 2. Bruising and/or suspicious marks on pre-mobile babies <p style="text-align: center;">A Protocol for Assessment, Management and Referral by Professionals in Health and Social Care Trusts/General Practice.</p>	

11.9 Adult Protection		
11.9.1	Investment in Adult Protection Training	Accountability 16-17
11.9.2	Investment in Adult Protection Training Activity	Accountability 16-17
11.9.3	<p>The Trust has delivered a range of traditional training across different levels of safeguarding training in line with regional adult safeguarding framework this year. In addition, utilizing a mixed menu approach for some adult safeguarding training has maximized staff numbers here. Models of training delivery used this year included freeze weeks, bespoke training plans, cascade models and on line refresher option.</p> <p>The Trust has been busy training staff in readiness for the new regional safeguarding policy and has been able to train a critical mass of staff up to awareness level. Further progress has been made regarding other training levels and the Trust have begun a process of up skilling existing investigating and designated officers. The social services development team continue to contribute to both the internal Trust sub groups established to progress this new policy as well as the regional trainers group in the development of robust training materials and guidance to help operationalize the new policy</p> <p>The Trust continues to contribute to the corporate training on managing challenging behavior across the refresher, breakaway and team working elements of the training plan. However, pressure on the training team staff to deliver across a range of agendas continues to be a challenge.</p>	
11.9.4	<p>Of those who attended Adult Protection Training, how many staff were from other disciplines or sectors?</p> <p>Overall there would be approximately 35% of Trust staff participating in adult services safeguarding training who were from other professional groups/sectors. In the Trust there are considerable numbers of staff availing of in house e-learning training for safeguarding adults. The system for managing this does not have the capacity to determine the origins of the staff completing this particular training</p>	
11.10 Leadership and Management Protection		
11.10.1	Investment in Leadership and Management Training	Accountability 16-17
11.10.2	Leadership and Management Training Activity	Accountability 16-17
11.10.3	<p>The Trust is developing a training pathway for all managers to ensure appropriate training and continued professional development opportunities available at all levels.</p> <p>The Trust continues to run the supervision programme for first -line managers with the runs in partnership with the Belfast Health Social Care Trust. This three day programme is targeted at first line managers less than two years in post to comply with Personal Social Services (PSS) Training Strategy targets. Piloting of pre and post questionnaire has begun with support from HSCB to examine the impact on practice. Initial results indicating strong impact on knowledge and skills. Efforts are being made to encourage participants across</p>	

	<p>both Trusts to use the learning to claim Professional in Practice credits.</p> <p>Sessions on ‘Building Resilience’ were delivered in partnership with the BHSCT by Dr. Paula McFadden QUB for staff and managers – these were very well received and the demand for places has prompted a repeat in the next financial year. The course content is based on local research and explores the team leader’s use of supervision as a means of reducing staff stress and isolation and the importance of self-care.</p> <p>Three managers at band 8a successfully completed the new “Leading Social Work Programme” at the Leadership Centre. In addition the Director and Assistant Director for Social Work successfully completed the new “Executive” programme at the Leadership Centre. These programmes equate to the full NI Leadership and Strategic award for these five senior managers which is line with PSS Training Strategy targets. The programme will run again in 2017-18 and the Trust will support senior managers to attend.</p> <p>The “Leader as a Coach” programme was delivered by Ann McMurray in partnership with BHSCT and a number of band seven managers attended. This programme enables managers to use coaching skills as in supervision with staff. In the next financial year this training will be targeted at band 8a managers.</p> <p>Four staff from the Social Services Development Team have undertaken the level five coaching programme at the Leadership Centre. The team already have three qualified coaches and in the last year have been offering this approach to support all staff and to managers in particular as a support to their role.</p> <p>A new programme has been developed to build leadership capacity in the social care sector with registered managers of regulated facilities. This includes learning on quality improvement methodology and coaching for managers to work on leadership goals.</p> <p>The Social Services Development Team continues to support the Organisation Workforce Development Directorate in providing a range of management programs to social care staff.</p>		
11.11 Programme Support			
11.11.1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Programme Support Expenditure</td> <td style="width: 20%; text-align: center;">Accountability 16-17</td> </tr> </table>	Programme Support Expenditure	Accountability 16-17
Programme Support Expenditure	Accountability 16-17		
11.11.2	<p><i>Commentary. Trust should include reasons for over or under spend within the financial year and specifically comment on whether the proposed expenditure was adequate to meet the demands of training provision for the workforce.</i></p> <p>Programme support has been utilized to support the administration costs of planning and delivery of training programmes.</p> <p>There has been a range of activities supported this year including conference attendance, educational visits to other facilities in England and Scotland. A significant number of staff have benefitted from this and there are exciting outcomes both in terms of the Childrens Directorate and social work practice and management therein.</p>		
11.12 ACPC			
11.12.1	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Investment in ACPC Training</td> <td style="width: 20%; text-align: center;">Accountability 16-17</td> </tr> </table>	Investment in ACPC Training	Accountability 16-17
Investment in ACPC Training	Accountability 16-17		
11.12.2	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">ACPC Training Activity</td> <td style="width: 20%; text-align: center;">Accountability</td> </tr> </table>	ACPC Training Activity	Accountability
ACPC Training Activity	Accountability		

	.	16-17
11.12.3	<p>Commentary.</p> <p>Funding from the Area Child Protection Committee supports the 'Keeping Safe' programme to community, voluntary and independent sectors. The demand for training courses is high and continues to be met by the on-going commitment and dedication of thirty voluntary trainers. The training materials have been revised and updated to include contemporaneous information on e-safety, honor based violence and child sexual exploitation. This new content has been well received as reflected in course evaluations. Work is in progress with the Belfast initiative to further enhance the learning experience by incorporating multimedia clips in the training presentations. The Designated Officer course is also being revised and additional training dates have been added to meet the need for training at this level. The webpage and online course booking system have improved efficiency and streamlined services. All partners in the 'Keeping Safe' programme continue to contribute and benefit from this initiative.</p>	
11.13 Additional Allocations		
11.13.1	Investment in other Training Activity/Initiatives	Accountability 16-17
11.13.2	Other Training Activity	Accountability 16-17
11.13.3	<p>Commentary.</p> <p>In the last financial year the Trust led on the development and delivery of a very successful Quality Improvement Program for Social Work and this required a significant investment form the Trust – the continues support for this initiative is on-going.</p> <p>In relation to Self-Directed Support (SDS) practice development monies this has been used effectively to support the training agenda and the Trust has been successful in merging training modules two and three and ensuring practice is congruent with the regional guidance.</p> <p>In terms of additional funding received late in the financial year, the Trust was able to support a number of exciting initiatives including an intensive programme for training for Childrens services staff working with people who have a Personality Disorder.</p>	
General		
11.15	<p>How many attendees at in-service training were from other disciplines within Trust or from external providers? (including voluntary, community and commercial organizations)</p> <p>This number ranges from year to according to any number of variables.</p> <p>SDS training was provided to 366 staff from external organisation in the last year. The figures this year range from as little as 25% in general adults and in children's services up to 80% approx. Whilst this is a high percentage in children's safeguarding it does convey the level of activity and lead role of social services in this important arena of training.</p>	
11.16	Describe the mechanism(s) by which the Trust ensures staff attendance at Training courses and; how appropriate staff can meet the Post Registration Training & Learning (PRTL)	

	<p>requirements set by the Northern Ireland Social Care Council. <i>(Narrative)</i></p> <p>At an overarching level the integration and embedding of the new Highlight Report – Business Service Organisation (HRPTS) system for in-service training has seen improvements this year. ‘How to Guides’ developed and circulated by administrative staff in the social services development team enabled more operational staff to begin to learn this new system of signing up for training events. Consequently at the recent Quality Assurance meeting it was agreed that it was no longer necessary to continue to circulate event specific fliers as a generic supplementary method to ensure good staff update at training events. Whilst some courses had to be cancelled due to low numbers this year (that had signed up to attend) it is felt in house that the low numbers of these compared to last year is evidence of a sound turn around with this system. Managers of staff need to authorise staff requests to attend training on the HRPTS system and this seems to be assisting with improved congruence regarding numbers attending events</p> <p>With the advent of the new regional safeguarding policy the Trust has had to utilise the HRPTS system this year for the initial awareness raising training across all staff in adult services and given the fact that a critical mass of staff were trained in this area the HRPTS system has also been used to populate the with up skilling of first line manager training.</p> <p>The Trust continues to use the red, amber, green, (RAG) rating system for the post Assessed Year in Employment and for the Initial Professional Development program. This allows us to monitor closely compliance with their acquisition of mandatory modules and Northern Ireland Social Care Council’s registration requirements.</p>
11.17	<p>Identify key achievements or awards within the Trust which specifically support the delivery of the PSS Training and Development Strategy 2006-16. <i>(Narrative)</i></p> <p>Jane McCullough Senior Social Worker in Childrens Disability won the NISCC Social Work award for Learning and Development (individual category). Karen Howell and Kate Doyle members of the Social Services Development team won the Partnership award for designing the Adult Safeguarding Programme in partnership with BHSC and University of Ulster. Two other staff members were shortlisted for awards</p> <p>Sarah Brown Assistant Director for Older People’s services was awarded the OBE for contribution to Social Work in December 2016.</p> <p>A quality improvement project to promote the Northern Ireland Social Care Councils new Credit Accumulation project has shown good results this year. At the start of the project (end of last financial year) the Trust had 2 Social Work staff claiming credits. However, as of 31st March 2017 there are 68 staff members claiming credits. This represents a significant growth in this new pathway and it is planned to consolidate this achievement in the incoming year.</p> <p>The Trust has taken a lead role in the design and development of the Regional Quality Improvement in Social Work Programme. The programme was delivered for the first time last year and 22 regional staff completed this in October 2016. The programme has been approved for funding again in 2017-18 and the SEHSCT continue to coordinate this for the region. The programme has been approved by the Northern Ireland Social Care Council for three requirements of the NI Leadership and Strategic Award.</p>

11.18	<p>Describe any activities which have been undertaken in the reporting period to evaluate the impact of training on service delivery and improvement within the Trust. Trusts should comment on outcomes of such activities where applicable.</p> <p>The Trust continues to evaluate the impact of training on a range of issues.</p> <p>Audits are conducted on a range of practice areas and recently focused on appraisal amongst the social work staff. This is part of the Trusts overall quality improvement plans which is one impact measurement of the effectiveness of training plans</p> <p>The Trust recently reviewed the experiences of the Assessed Year in Employment staff. The resulting report was recently presented to the social work executive forum and was well received. The experiences of this group of staff were very positive and everything analyzed was given a score of 90% or better by all the AYEs.</p>

Local Adult Safeguarding Partnership Report (LASP)



South Eastern Trust Adult Safeguarding Report 2016-2017

**SOUTH EASTERN TRUST LASP ADULT SAFEGUARDING
ANNUAL REPORT 2016 / 2017**

SECTION 1

Introduction

The Trust, in line with the other four Trusts in Northern Ireland, has a key role to play in the Adult Safeguarding agenda. 'Adult Safeguarding in Northern Ireland Regional and Local Partnership Arrangements' (NIO, DHSSPS 2010) outlined the responsibilities of the Trusts in contributing to and developing adult safeguarding through prevention, protection and collaborative working arrangements. The Trust LASP was established under these arrangements in 2010.

In July 2015, the Department of Health, Social Service and Public Safety (DHSSPS) and the Department of Justice (DOJ) jointly issued a new policy, Adult Safeguarding: Prevention and Protection in Partnership. The policy sets out a vision for adult safeguarding in Northern Ireland, with particular emphasis on prevention as well as protection activity. It introduces new responsibilities and roles for all groups and agencies when they come into contact with adults at risk of harm as a result of abuse, neglect or exploitation. It places a responsibility and a requirement on the Trust to ensure that the resources and structures are in place to safeguard adults at risk and in need of protection. The policy highlights that Adult Safeguarding is Everyone's Business and requires that all agencies work together to prevent abuse from taking place and to investigate allegations of abuse which are brought to its attention.

The Adult Safeguarding: Prevention and Protection in Partnership policy introduces new definitions of an adult at risk and an adult in need of protection. Unlike the previous definition the new definitions are not tied to eligibility criteria or service thresholds. This enables the link between domestic violence and human trafficking both of which previously may have fallen outside of the programme of care service delivery arrangements in Trusts. It remains to be seen whether this will challenge the Trust and increase in the number of referrals for risk assessment.

The Trust has seen the number of adult safeguarding referrals decrease in this year and last. The referral rate reached a peak in 2014-15 with 1144 adult safeguarding referrals made to the Trust. 2016/17 saw a total of 931 referrals made which represents a 13% reduction on last year's figures. There are a number of possible reasons for this decrease. This reduction may be due to the introduction of the new policy, new language and new threshold criteria into adult protection work. In addition, with training, staff have become more familiar and knowledgeable of adult protection and are making appropriate referrals with some concerns being suitably managed under alternative responses. The reduction in activity in 2016-17 is not reflected across all directorates, as figures show that Learning Disability programme of care in fact saw a 28% increase in referrals on last year. Further detail of activity data can be found in section 3 of this report.

The Trust (SET) promotes a culture of zero-tolerance of adult harm and stress that it is everyone's responsibility to respond and to report concerns. Interventions range from a universal responsibility to prevent harm from abuse, exploitation or neglect occurring in the first instance, to early interventions when the potential for harm to occur is present through to protection when harm has occurred, the latter of which will remain the responsibility of Police and/or Social Services.

This report covers the period from 1st April 2016 to 31st March 2017.

Many of the activities undertaken by Trust meet the requirements of the prevention, protection and partnership agenda simultaneously.

SECTION 2: Commentary and analysis of Adult Safeguarding Activity

Local Adult Safeguarding Partnership

The Trust established a Local Adult Safeguarding Partnership (LASP) in November 2010. (See appendix 1). This is chaired by the Trust Assistant Director of Older People's Services who also represents the Trust LASP on the regional NIASP. The Trust LASP agreed a work plan for 2016/17 to reflect the three main themes identified by NIASP; prevention, protection and partnership which will be commented on in the body of this report. In addition to the actions agreed in the LASP work plan, partners also undertook other safeguarding activities which will also be commented on. The Trust LASP has also developed a draft LASP action plan detailing its priorities going forward in 2017-18 (Appendix 2)

A total of four meetings were held in 2015/16 and saw several LASP partners take the lead in progressing the LASP prevention strategy. The commitment and enthusiasm of the Trust partners in engaging in this work is to be commended.

The Trust Adult Safeguarding Sub-committee

The Trust Safety and Quality Committee agreed that a key focus should be given to Adult Safeguarding, and this committee was established, Chaired by the Executive Director of Social Work (EDSW). The role of the sub-committee is to promote and ensure corporate ownership and strategic direction in respect of all matters pertaining to Adult Safeguarding. The sub-committee agreed an action plan for 2016-17 which escalated items from the LASP action plan and will be commented on in the main body of this report. The sub-committee has been very productive in ensuring that all Directorates are informed of emerging issues and confirms a corporate response in addressing these. The Adult Safeguarding sub-committee draft action plan for 2017-18 has been included. (Appendix 3)

Prevention Activity

The introduction of Adult Safeguarding in Northern Ireland, Regional and Local Partnership Arrangements, March 2010, widened the scope of responsibility to include prevention as well as protection from abuse in all its forms.

The Adult Safeguarding: Prevention and Protection in Partnership policy (July 2015) develops further the importance of a prevention agenda and is explicit about the role of community development and health improvement approaches and the links between increased risk of harm and social isolation. The aim of the policy is to prevent harm from occurring in the first place. It extends beyond statutory providers of services to the voluntary and community sector, financial institutions, the legal profession, faith-based organisations, independent health and social care providers, carers and all citizens.

Prevention activity in adult safeguarding is exceptionally difficult to evidence however, a number of actions support those who are at risk from harm to better protect themselves and also better equip those who support them to identify and report harm when it occurs.

The actions necessary to prevent harm from occurring in the first place are around empowering individuals and communities to keep themselves safe from harm and developing organisational cultures that support a prevention focused approach to safeguarding.

The Trust LASP engaged in a number of prevention activities as listed below;

Raising awareness of adult abuse in the Faith communities

A small LASP working group led by the Presbyterian Board of Social Witness partner, facilitated by the Senior Practitioner aligned to Primary Care & Older People, developed an action plan to engage with the faith communities within the Trust area. This work is a continuation of a previous initiative as LASP partners feel that there remains a significant awareness raising role within faith communities.

The Trust LASP held a meeting in August 2016 with Church's Enabling Seniors (CES) who represent twenty-five churches in North Down. Information was shared on the identification, alerting and management of safeguarding concerns and prevention strategies to keep people safe. The Presbyterian Church in Ireland has introduced a new Adult Safeguarding Policy for the denomination in December 2016. Having been approached by the LASP working group, the Methodist Church had been unaware of the new policy, but they indicated that they will be discussing the need for the denomination to have a policy on Safeguarding Adults.

Each provider organisation will ensure that information on how to access safeguarding services is available to service users and their carers.

A small LASP working group led by the Lisburn City Council partner, supported by the Senior Practitioner Adult Safeguarding for disability was established to drive forward this LASP action plan. A questionnaire for LASP partners was developed to establish a baseline measurement of what information is shared and it shared with service users in relation to adult safeguarding.

Further work has been discussed with PHA to ensure that the organisations they provide funding for are aware of the requirements of the new policy for Adult Safeguarding and, that they have measures in place to meet the prevention agenda.

Develop a local adult safeguarding prevention plan to raise awareness and prevent abuse happening at a local level

A small LASP working group led by the LCG, Pharmacy partner on the LASP, supported by the Adult Safeguarding Nurse Specialist delivered adult safeguarding awareness training to the Pharmacy Project on 10th October in Lisburn, on 12th October in Ards and on 17th October in Down localities. See Something – Say Something Cards were also distributed to GP surgeries across the Trust area.

PSNI Operation Repeat prevention training re doorstep crime was delivered to Trust Domiciliary Care staff on 17/2/17.

It has been agreed that this prevention activity will be continued into the 2017/18 action plan.

Develop alternative ways to raise public awareness of adult safeguarding, making full use of technological methods of communication.

The Trust is mindful that all adult safeguarding information is in written form and is concerned that individuals with specific communication requirements are able to access information on adult safeguarding. With that in mind consideration was given to how to engage with blind and partially sighted service users. The Trust Adult Safeguarding specialist has had several meetings with Lisburn Talking Newspaper who produces audio information for distribution to people with sensory impairment in the Lisburn area. Initially funding from the Trust had been secured to produce a CD for inclusion in the Talking Newspaper distribution list. The CD provides awareness raising information on adult safeguarding and how to report any concerns.

Narrative for the Talking Newspaper was shared and agreed regionally and subsequently additional funding was secured from HSCB to produce copies for regional distribution. Recording of information onto CDs and USB sticks was completed in March 2017 and will be distributed through the Talking Newspapers network across Ireland and via all 5 Trusts' Sensory Teams.

Raising awareness of adult abuse in the Statutory, Voluntary and Private Communities

The senior practitioners in Adult Safeguarding and the Adult Safeguarding Specialist engaged in awareness raising sessions throughout the Trust with both Trust staff and provider partners in the Trust area. These included forums in Mental Health, Disability, Acute and Primary Care and Older People, Women's Aid, Domiciliary Provider Forums and the GP Federation meeting in June 2016.

Information shared focused on identifying their role in recognising, responding and reporting abuse and developing an understanding of the legislation and the new regional Policy and procedures which underpin practice.

RQIA Oversight of Service Users' Finances in Residential and Supported Living Settings

This review involved the assessment of the organisational governance arrangements in place within HSC Trusts in relation to patient finances in residential and supported living settings. The RQIA report made seven recommendations to strengthen assurance with regard to service users' finances and a working group was established to develop an action plan on how best to implement the recommendations. Following the conclusion of the work of the regional group, the Trust took forward steps to ensure financial governance assurance of the Independent Care Homes from whom we commission care.

This included development and distribution of a financial assurance template for residential and supported living facilities within the Trust area. There was a 100% response rate evidenced with assurance returns received from each care home which demonstrated generally high levels of financial assurance.

Summary letters with observations and lessons learned were issued to every Independent Home with six facilities being issued with detailed reports.

In addition there was a targeted audit of eight facilities across residential and supported living facilities in the Trust and areas for improvement/ recommendations were made. This work provided RQIA, BSO and SET with a new source of financial assurance in respect to external stakeholders within the Trust area.

Protection Activity

Establish a Gateway single point of access to specialist adult safeguarding services within the Trust

It is requirement of the new Adult safeguarding policy that each Trust will establish a single point of entry with an Adult Protection Gateway Service.

The Trust completed an options appraisal involving all Directorates in June 2016. Research showed that there was no best or preferred way to organise adult safeguarding services, so in consultation with Designated Adult Protection Officers (DAPOs) and Trust senior management, the Specialist Adult Protection Gateway Service was chosen as the preferred model to pursue.

This model involves the creation of a team of Senior Practitioners (DAPOs) and Investigating Officers, to undertake screening of all referrals under the adult safeguarding procedures, referral both internal and external to the Trust. It will provide a single point of contact for everyone making a referral, streamline the interface with partner organisations and bring consistency to the work taken under Adult Protection thresholds. Implementation of this preferred model is the aim however, given the current workloads and the learning from other Trusts, it was agreed that this would be a staged implementation in order to ensure that the team was adequately resourced. In the interim, a hybrid model is being established.

This model involves a dual approach to the receipt and screening of referrals under adult safeguarding procedures. Referrals made in respect of service users already known or open to services, will be received and screened by DAPOs in core teams. These DAPOs will be required to make the screening decision and will retain responsibility for the management and investigation of level 1 and 2 categorised referrals. If it is screened as a level 3 case the community DAPO will refer to the Adult Protection Gateway Team for management and investigation. The DAPOs in the specialist Gateway Team will always be available to provide advice and guidance in respect of decision making.

Referrals made in respect of service users not known to the Trust will be received and screened by the Gateway Team DAPO. If screened in to the protection service, the Gateway Team DAPOs will retain responsibility for the management and investigation of level 3 categorised referrals while others will be referred to the core Team DAPO. There may be situations where the Gateway DAPO will have to make a 'best fit' determination when referring out to community for management and investigation. As there is only one Investigating Officer currently positioned with the Senior Practitioners, Investigating Officers in core services will be available to the Gateway Team DAPOs.

The Adult Protection Gateway Team currently consists of 4.8 wte senior practitioners and 1 wte Band 6 adult safeguarding nurse. 1wte adult protection gateway manager post is currently in the process of recruitment and 1 wte admin/minute taker is also being

appointed. The Adult Protection Gateway model and pathway as described above will be operationalised when the adult protection gateway manager comes into post.

Commissioner for Older Persons Northern Ireland (COPNI) Independent Review

The Commissioner for Older Persons Northern Ireland (COPNI) has, for the first time, exercised its authority to commence an investigation into the care, treatment and experience of older people in a care home. This home is in the private sector and is located within the Trust area. The Trust is cooperating fully with the COPNI office while also supporting and monitoring progress made by the home in achieving the required standards.

Evaluate pilot of the early Indicators of Abuse in Regulated Services

Analysis of statistical data on the number of investigations under safeguarding adults in regulated facilities has continued to increase significantly year on year and yet it is believed to represent an under reporting of concerns. The Trust Adult Safeguarding Specialist has developed an audit tool, with the aim of alerting staff to the potential of a failing service and thus allow for timely interventions to prevent an escalation of concerns or abusive practices. The tool lists factors that may indicate an increased risk of a harmful culture, which may lead to abuse both on an organisational level and service user level.

A challenge in progressing this is the time and resource required to complete reviews. The Senior Practitioners Adult Safeguarding have been completing these alongside the investigations they are leading. As these investigations take priority, the number of facilities/services reviewed is dependent on the volume of case work that is managed by the team. The intention is to target this work during 2017/18.

To date nine facilities have been reviewed and initial responses are very positive. Eight feedback meetings to share the findings and outcomes with facility managers have been held. These managers have reported that participation in this has helped to identify particular areas for service improvement or attention. Data returns show a 33% reduction in the number of adult protection cases recorded in statutory homes in 2016-17 and it is hoped that this, along with the new thresholds, may have had an impact. This action will roll over into the 2017/18 action plan.

Implement the new regional Adult Safeguarding Policy for N Ireland - Prevention and Protection in Partnership.

The Policy was issued by DHSSPS and DOJ in July 2015 with procedures issued by NIASP in September 2016. It is acknowledged that considerable time and resources are required to implement the policy and procedures both for the Trust, its partner agencies and others in safeguarding adults at risk and adults in need of protection. Key challenges for implementation are the changes in language, in thresholds and roles. Of particular note is the challenge of ensuring a positive interface with partner agencies around the role of the Adult Safeguarding Champion (ASC) and SET has supported Volunteer Now in the provision of training to facilitate the introduction of this new role.

The Trust is moving forward with a phased implementation of the policy and procedures with key staff receiving training. Training needs of the Trust acute sector, contracted services and others in adult safeguarding remains a challenge and presents as a

resource issue. This will be more fully commented upon under the training section on page 32.

Implement SOSKARE Adult Safeguarding Module across all Programmes of Care to improve data collection.

In an attempt to standardise the collation of adult safeguarding statistical returns, regional agreement was reached to implement the SOSKARE adult safeguarding module in those Trusts that operated this information system. Mental Health directorate in the Trust utilise the MAXIMs electronic recording system which does not have safeguarding recording capacity equivalent to SOSKARE. This means that Designated Adult Protection Officers and Investigating Officers in Mental Health have to record the safeguarding activity onto both systems. This duplication clearly presents additional workload issues on an already pressurised role.

Designated Adult Protection Officers were trained in recording data onto SOSKARE and it was agreed that dual reporting systems, both manual and electronic would continue until full compliance of electronic reporting had been achieved. In 2016-17, 29 administrative staff were also trained in the SOSKARE module to assist with data input. Analysis of the end year figures indicate that there is not yet full compliance using the electronic system however, significant improvement has been achieved.

Going forward the new regional adult protection forms have the SOSKARE admin sections included and it is hoped this will further improve recording onto the electronic system. Dual reporting systems will continue until the SOSKARE module is fully and robustly implemented.

It remains to be seen whether the SOSKARE module will be fit for purpose in terms of the reporting requirements under the new policy, given the new definitions and the new Protection Gateway services.

Develop a governance scheme which will set out core responsibilities and accountability arrangements in relation to adult safeguarding for all partner organisations.

Partner organisations are reviewing their governance arrangements in light of new roles and responsibilities contained in the new regional policy, in particular the Adult Safeguarding Champion (ASC) role. The Trust developed an ASC position report to assist its partner agencies to meet the governance requirements set out in the Policy. This was adopted regionally and following further development will be disseminated for regional use across all sectors outside of statutory health and social services and PSNI.

The Trust also conducted an options appraisal in June 2016 to determine which service model best met the needs of the service user and the requirements of the new regional policy in the delivery of the adult protection service. This is compliant with the HSCB commissioning paper which outlines potential options for commissioning of adult safeguarding services in the HSC Trusts.

Partnership Activity

Develop use of the 10,000 Voices project to engage with service users who have been the subject of an adult safeguarding intervention to drive service improvements.

As anticipated the Adult Safeguarding 10,000 Voices survey was adopted regionally and rolled out for implementation in October 2016. A target of 200 surveys per Trust to be completed by the end of March 2017 was proposed, however this has proved unachievable in the Trust within the 5 month period from October 2016 to March 2017 with staff already feeling under pressure due to competing demands. However, it is recognised that this is a very welcome and much needed source of feedback for learning and service improvement and the intention is to continue to promote and implement the 10,000 voices routinely. Consequently this work will continue to be progressed in the 2017-18 action plan.

Develop training opportunities for LASP Partners-Volunteer Now

Human Trafficking Awareness Raising was delivered to the Trust LASP on 9/9/16 by an information officer with 'No More Trafficking'. He highlighted the forms of exploitation, the signs that a person may be trafficked and how to respond. LASP partners further engaged with 'No More Trafficking' to deliver the same awareness information in their respective organisations. The training was replicated at the Trust Senior Staff Briefing session on 8/11/16 and was broadcast across three sectors in the Trust - Down, Ards and Lisburn.

Scamwise NI Partnership, launched on 17/11/16 was shared with LASP.

PSNI delivered 'Operation Repeat' to the Trust Domiciliary Care Workers on 17/2/17. This training focused on identification of doorstep crime. It examined how doorstep crime impacts on both the individual and the economy in Northern Ireland, ways of reducing risk, the psychology of doorstep crime and criminals who target the vulnerable. It promoted an understanding of how the combined role of the Health Trust, Trading standards and the Police in combatting doorstep crime could be effective. Staff have reported that this training was helpful and feel that it would be beneficial for PSNI to

attend the Care Worker meetings across the trust, this would target approximately 450 staff who support people in their own homes and communities on a daily basis.

During 2016/17 Volunteer Now updated their certificated Keeping Adults Safe courses and “Keeping Adults Safe: A Shared Responsibility” publication in line with “Adult Safeguarding: Prevention and Protection in Partnership” and the “Adult Safeguarding operational procedures.

With continued funding from the Health and Social Care Board and support from the Trust LASP, Volunteer Now have held five core Keeping Adults Safe training courses in the SET area over the course of the year. This took the form of four full-day sessions for staff and volunteers, reaching a total of 84 participants, and a further one full-day session for managers, supervisors and management committee members, reaching another 20 participants. Feedback from these sessions has included: -

- “Excellent Course, interactive and informative.”
- “Very informative... there were a number of areas that had changed since my last training. “The trainer made the training relevant to our own situations and organisations.”
- “Very thorough and well presented. Good problem-solving opportunities.”

With additional funding from the HSCB and again with support from the Trust LASP, Volunteer Now delivered a programme of training around the Adult Safeguarding Champion role in early 2017. There were four sessions in the Trust area:

- 1 further Keeping Adults Safe session for managers, supervisors and management committee members, reaching another 18 participants.
- 2 “Adult Safeguarding Champion Roadshow” sessions. These 2½ hour information and planning sessions were attended by a total of 45 participants.
- 1 “Adult Safeguarding Champion Skills” pilot session, attended by 14 participants.

Participants in the pilot “Adult Safeguarding Champion Skills” sessions in the Trust area identified that they found the case studies, discussions, policy information and opportunity to share concerns around the ASC role particularly beneficial on the day.

Strengthen links with Police and Community Safety Partnerships in SET area.

The Police and Community Safety Partnerships (PCSPs) are statutory bodies established under the Justice Act (Northern Ireland) 2011. The overall purpose of the PCSPs is help make communities safer and to ensure that the voices of local people are heard on policing and community safety issues. PCSP members now sit on the Trust LASP.

Implementation of the NIASP Regional Training Framework

A regional training schedule to meet the requirements of the new policy was developed by NIASP and is currently being implemented across the Trust. Training commenced in November 2016 with the delivery of awareness raising sessions. These sessions were open to a wide range of staff and were then followed by more targeted training to key staff with specific roles in adult safeguarding – DAPOs and IOs. The training agenda associated with full implementation of the new policy and procedures is significant. The level of activity to change the culture, language and interpretation cannot be underestimated. However there has been no additional resource made available to assist Trusts and other key partners with implementation costs. The Trust is currently

reviewing how it will deliver the significant training schedule within existing resource, given that there are 3 acute hospital sites.

The awareness raising training across all professional teams and the role of first line managers, their understanding of the new definitions, language and their role in decision making will be crucial to the prevention and safeguarding activity. Nurse training requirements may be met by the CEC who provide a limited range of awareness sessions, which staff report they have difficulty accessing. CEC also have not engaged in the regional training group for some years now and concern has been raised about how contemporary the training is with regard to the new regional Policy and operational procedures.

As there are 3 acute sites and the GP ward in Ards, there is a large number of acute nursing staff and their ward managers in the Trust who will require training. The Adult Safeguarding trainer has also been informed by Allied Health Professional (AHP) staff that the CEC contract does not include AHPs.

Whilst the Trust provide some additional places on the awareness sessions for these staff, it does not impact significantly on the overall number of staff requiring adult safeguarding training at various levels. The eLearning programme developed by the Trust some years ago may provide a resolution for raising awareness for acute teams but it is unclear as yet whether this will meet the requirements of the NIASP framework or the standards required by RQIA.

NIASP hosted an Adult Safeguarding Champion conference on 28th April in Crumlin Road Gaol. It examined the role of the Adult Safeguarding champion in the Community and Voluntary sector and its implications in light of the new Regional Safeguarding Policy. A number of the Trust LASP partners were in attendance.

Develop an Information Sharing agreement between LASP partners for the sharing of information and learning from cases.

The aim of this agreement is to ensure all agencies involved work in an integrated and coordinated way to achieve and improve the safety of adults at risk of harm and adults in need of protection and enable agencies to work in partnership and share appropriate information in order to achieve this aim. Its purpose is to:

- Facilitate the sharing of relevant information for the Trust LASP as stated in the introduction.
- Clarify the understanding between signatories as to agencies' responsibilities towards each other and data subjects.
- Describe how this arrangement will be monitored and reviewed.

The Information Sharing Agreement was completed and signed off by the Trust LASP in December 2016.

Develop a separate uniform intranet section for all partner organisations on adult safeguarding which will include easy access to core documentation including referral forms.

During 2015-16 a review of adult safeguarding information held on all LASP websites was conducted. It was found that some partners had a wide collection of information and guidance available while others had no information on their internet sites pertaining to adult safeguarding. A small working group have agreed to develop minimum requirements for webpage information that each LASP partner will ensure is available on their sites. This will include information and guidance on the identification and reporting of adult abuse for both service users/carers and staff.

The Trust iconnect Adult Safeguarding site, accessed by Trust staff, was established and information is now being uploaded. The public facing site will be amended in 2017-18.

LASP Safeguarding Activity

The Trust LASP partners were asked to complete their adult safeguarding activity for 2016-17 and any plans they currently had for the incoming year. Below is a table summary of returns made.

Prevention

Partner	2016-17 activity	2017-18 planned activity
Ards & North Down Borough council	<p>Awareness training programme for all employees about the role of the Council and their role in safeguarding issues.</p> <p>Establishment of a Council Safeguarding Steering Group to raise awareness of local and regional issues.</p> <p>Attend LASP to feedback to the council its and individuals responsibilities in safeguarding adults through the range of activities and services the council provides.</p> <p>To represent the council at the LASP partnership and feedback on issues relevant from the local council and develop partnerships where possible.</p> <p>PCSP/Crime prevention talks to groups such as Ballywalter seniors and stands in local shopping centres 5 safety of seniors event organised by AGE North Down and Ards and funded by PCSP.</p>	<p>Continue Awareness training programme for all employees about the role of the Council and their role in safeguarding issues.</p> <p>Council Safeguarding Steering Group to raise awareness of local and regional issues.</p> <p>Attend LASP to feedback to the council its and individuals responsibilities in safeguarding adults through the range of activities and services the council provides.</p> <p>To represent the council at the LASP partnership and feedback on issues relevant from the local council and develop partnerships where possible.</p> <p>Crime prevention initiatives will take place throughout 2017 / 18 in partnership with the PSNI crime Prevention Officer.</p> <p>Continued attendance of PCSP officers at AGE North Down and Ards meetings.</p>

Prevention

Partner	2016-17 activity	2017-18 planned activity
<p>Lisburn & Castlereagh City Council</p>	<p>L&CCC have named Adult Safeguarding Champion for the Organisation who attended Adult Safeguarding Champion training in December 2016.</p> <p>Regular in house Safeguarding working group meetings to raise awareness.</p> <p>Revised reporting procedures having taken into account the new Regional Adult Safeguarding Policy July 2015.</p> <p>Revised Incident reporting form, use of photography, work experience, challenging behaviour, supervision levels, block booking, contractor and Leisure watch Guidance.</p> <p>Reviewed workplace Domestic Violence Policy.</p> <p>Active members of NI Safeguarding Network (councils) – updates from Volunteer Now, Animal welfare Officers.</p> <p>Safeguarding on all internal Management team agendas</p> <p>Internal audit of Safeguarding carried out in 16-17 and recommendations to be implemented in 17/18. and</p> <p>Annual report to CMT.</p>	<p>To Chair regular in house Safeguarding working group meetings to raise awareness.</p> <p>To attend NI Safeguarding Network (councils) – updates from Volunteer No, Animal welfare Officers.</p> <p>To Review in-house training to carryout joint adult and child safeguarding in line with Regional Training framework.</p> <p>Human trafficking presentation to Environmental Health staff April 2017.</p> <p>To Review Safeguarding Policy / procedures in line with Adult Safeguarding Operational Procedures.</p> <p>To continue to update and develop Council website.</p> <p>Produce a Council Safeguarding leaflet for all facilities.</p> <p>Annual audit by ONUS for workplace domestic Violence - Gold member 3 years.</p> <p>Annual top up training as part of Leisurewatch.</p>

Partner	2016-17 activity	2017-18 planned activity
Bryson Charitable Group	<p>Updating of Adult Safeguarding Policy and Procedures to reflect revised guidelines.</p> <p>Inclusion of revised Adult Safeguarding Policy and Procedures in the Bryson Group staff hub which is accessed via the staff section of the organisational website.</p> <p>Roll out of training to existing staff re: updated Adult Safeguarding Policy and Procedures.</p> <p>Revision of Induction Programme for all new Domiciliary Care Workers to include updated Adult Safeguarding Policy and Procedures.</p> <p>Revision of work objectives for all Domiciliary Care Workers to include the reporting of all adult safeguarding concerns to their manager in line with the updated Adult Safeguarding Policy and Procedures.</p> <p>Revision of Group Supervision Template for all Domiciliary Care Workers to include scenarios/role play in relation to adult safeguarding in order to facilitate their ability to integrate policy and procedures into practice.</p> <p>See Something Say Something Cards distributed to new staff together with NISCC's revised Standards of Practice and Conduct booklet for Social Care.</p> <p>Updating of Service User Handbook for all users/carers of domiciliary care services/dementia services to include information on adult safeguarding and how to access further information/services.</p>	<p>On-going cyclical training and supervision with all staff to include adult safeguarding.</p> <p>Awareness raising on adult safeguarding across all subsidiary companies of Bryson Charitable Group to include Future Skills, Lagan Watersports, Bryson Intercultural, Bryson Energy and Bryson Recycling.</p> <p>Development of Bryson's new website to include information on adult safeguarding for all staff across the group and service users/carers.</p> <p>Inclusion of awareness raising for service users/carers in bi-annual Newsletter for domiciliary care services</p>

Partner	2016-17 activity	2017-18 planned activity
Action Mental Health	Prevention is a key aspect of our daily work in AMH and service users are encouraged to be aware of their own personal safety. This year, the issues of financial abuse and the prevalence of scams have been highlighted to service users across our services and we have used the ScamWise poster campaign as reminders. Adult safeguarding across our New Horizons services was assessed by the Education and Training Inspectorate in 2016 and the organisation was compliant with their standards for safeguarding.	
Local Commissioning Group (LCG)	Represent LCG on SET LASP and feedback individual responsibilities under Adult Safeguarding Policy. Distribution of the See Something Say Something cards.	Continued attendance at the Trust LASP. Continued sharing of information and potential training opportunities for the LCG partners.
Ulster Bank (Community Protection Manager)	March 2016 – Ballybean – scam awareness session. August 2016- Draperstown – scam awareness session. September 2016 – Chamber of Commerce - scam awareness session. November 2016 – Groomsport – scam awareness session. November 2016 –Neighbourhood Watch coordinators event – scam awareness session. January 2017 – Whiterock– scam awareness session. January 2017 – Killyleagh– scam awareness session. March 2017 – Dunmurry– scam awareness session. March 2017 – PCSP Senior Citizens Group – safe online banking.	

Protection

Partner	2016-17 activity	2017-18 planned activity
Ards & North Down Borough council	Ards and North Down Secure scheme – free equipment and free fitting to make homes of elderly and vulnerable more secure. Tiered scheme, dependent on need assessed by Crime Prevention Officer Safety advice and equipment stand at Tea Dance.	The Ards and North Down PCSP Action Plan has earmarked £46,192 towards tackling Burglary and fear of crime in the Borough. This will be awarded through a tender / grant process once a letter of offer has been received from the Joint Committee of the NI Policing Board and Department of Justice
Lisburn & Castlereagh City Council	All incidents reported to the Trust Adult Safeguarding Specialist for advice and progression.	All incidents reported to the Trust Adult Safeguarding Specialist for advice and progression.
Bryson Charitable Group	Implementation of revised Adult Safeguarding Policy and Procedures and maintenance of a log of all incidents of suspected, alleged and actual incidents. Identification of Adult Safeguarding Champion. Inclusion of adult safeguarding incidents /investigations and outcomes in monthly audits carried out by Director in all domiciliary care/dementia services. Inspection by RQIA and Trusts of all adult safeguarding incidents/investigations and outcomes	Identification and training of additional Adult Safeguarding Champions for all of Bryson Charitable Group. Exploration of options to include adult safeguarding in Bryson’s Social Value Framework which measures outcomes for service users/customers across all the subsidiary companies. Completion of an Annual Quality Report for Domiciliary Care Services to include all adult safeguarding incidents. Inclusion of adult safeguarding as a standing agenda item for all Executive Meetings within Bryson as a group.
Action Mental Health	During this year of change, AMH has revised the Safeguarding Policy and associated procedures, applying the Volunteer Now good practice guidance. The Adult Safeguarding Champion has been appointed and is working closely with Appointed Safeguarding Managers to ensure that all staff are aware of the new regional policy and procedures. AMH has one manager trained as a Keeping Adults Safe trainer and a second member of staff is currently completing this training. Modules 1 and 2 are being delivered to all new members of staff, as appropriate, and refresher training provided for existing staff.	

Partner	2016-17 activity	2017-18 planned activity
The Trust Local Commissioning Group(LCG)	Any Adult Safeguarding concerns will be reported to the Trust Adult Safeguarding Specialist for advice and progression.	
Ulster Bank (Community Protection Manager)	A number of Adult Safeguarding concerns have been reported to the Trust Adult Safeguarding Specialist for advice and progression.	Any Adult Safeguarding concerns will be reported to the Trust Adult Safeguarding Specialist for advice and progression.

Partnership

Partner	2016-17 activity	2017-18 planned activity
Ards & North Down Borough council	<p>Develop networks between the council and other bodies from the statutory and voluntary sectors.</p> <p>Feedback to the Local Government Staff Commission Safeguarding Network.</p> <p>Host a Carers event annually in the Borough with the Trust.</p> <p>Work with Animal Welfare officers to identify concerns and report as necessary.</p> <p>Undertake training through Volunteer Now and Arc NI.</p> <p>Updates provided to Ards and North Down PCSP on a monthly basis.</p>	<p>The PCSP will continue to work with partner agencies to safeguard adults in the Ards and North Down area. This includes the NI Fire and Rescue Service, PSNI and NI Housing Executive.</p> <p>PCSP plans to introduce a concern hub into the area in partnership with PSNI.</p>

Partner	2016-17 activity	2017-18 planned activity
Lisburn & Castlereagh City Council	<p>L&CCC attend the Trust LASP Meetings.</p> <p>L&CCC ASC led on a LASP Prevention action assisted by an Adult Safeguarding senior practitioner - access to safeguarding services.</p> <p>Active members of NI Safeguarding Network (councils).</p> <p>Signed up to Information Sharing agreement November 16</p>	<p>PCSP to become members of in-house safeguarding working group.</p> <p>To attend the Trust LASP</p> <p>L&CCC ASC will continue to lead on a LASP Prevention action assisted by an Adult Safeguarding Senior Practitioner - access to safeguarding services.</p>

Partner	2016-17 activity	2017-18 planned activity
Bryson Charitable Group	<p>Assistant Director represented Bryson on NISCC's Expert Working Group for Domiciliary Care to update the Domiciliary Care App and include the revised Adult Safeguarding information and guidance for domiciliary care workers-partners included Dementia Together NI (HSCB) and RQIA.</p> <p>Bryson's Independent Advocacy Service worked with MAH and the Law Centre in relation to adult safeguarding and human rights issues.</p> <p>Bryson's Intercultural subsidiary company co-ordinated the entry of Syrian Refugees to live in N Ireland, working in partnership with Barnardos/government departments and developed the Vulnerable Persons Relocation Scheme Good Practice Charter which includes responsibility for adult safeguarding.</p> <p>NISCC representatives met with a group of Bryson domiciliary care staff to develop a resource for social care staff to help them integrate the revised NISCC Standards of Practice and Conduct into their day to day work –this included adult safeguarding.</p>	<p>Develop in-house training plan for all of Bryson Charitable Group in adult safeguarding with external training provider.</p> <p>Bryson to continue to have a representative on the Trust LASP Board and explore the possibility of having a representative on the WHSCT LASP Board to foster information sharing and learning.</p> <p>Strengthen links with community/church groups in relation to Syrian Refugees to raise awareness of adult safeguarding.</p> <p>Bryson's Independent Advocacy Service to pilot a Carers Advocacy Service in MAH to include awareness raising and policy review relating to adult safeguarding.</p>
Action Mental Health	AMH continues to have a strong commitment to adult safeguarding and is represented at NIASP and at the Trust LASP.	

Partner	2016-17 activity	2017-18 planned activity
The Trust Local Commissioning Group(LCG)	<p>LCG representative on the Trust LASP has continued to brief and engage members of the LCG of the LASP activities. For example the presentation delivered at LASP on Human Trafficking was shared and raised a good deal of interest, in particular from the GPS and councillors. The Human Traffic agency sent cards to promote the work they do and provided a number to contact if any concerns were being raised. These were circulated to members of the LCG.</p> <p>LCG have recently launched a new service in the Trust LCG area- The Community Pharmacy Carers Support Service. This is a joint partnership between community pharmacists and the Trust. At a training evening the Trust s Louise Magee, adult safeguarding nurse specialist shared information on adult safeguarding. The pharmacists felt this was of great value.</p>	
Ulster Bank (Community Protection Manager)	November 2016 – sponsored the first Action Against Elder Abuse conference in NI. The community Protection Manager held a workshop on financial harm for attendees.	

Multi Agency Risk Assessment Conference and Adult Safeguarding (MARAC)

The aim of MARAC is to manage and reduce risk to victims of domestic violence and abuse by partner agencies sharing relevant information and providing actions to support the victims of domestic abuse and their families across Northern Ireland. It also identifies and seeks to address the risks posed to agency staff working with the victims, alleged perpetrators and families.

The senior practitioners who attend MARAC receive the agenda for the forthcoming meeting approximately eight days in advance; however additions may be added as late as the day before the meeting. A systems check is completed by the senior practitioner to ascertain if persons being assessed are known to social services and if they fall within the definition of a vulnerable adult. A check is also made on any adults in the household who may be a vulnerable adult and also requiring support and protection. Information is then gathered that will inform and support a protection plan around the victim and any other vulnerable person at risk of harm from domestic violence.

Engagement with MARAC demands considerable time to attend the MARAC meetings and complete research on victims/perpetrators/other vulnerable adults in the household with no additional resource attached to the adult safeguarding service. See detail of MARAC activity below in Section 3, Activity Returns.

Protection and Justice Sub Group

The senior practitioner Adult Safeguarding aligned to Primary Care and Older People sits on the Protection and Justice Sub group and attended 4 meetings during 2016/17. The group delivered on a number of conferences and events including:

A number of SafeLives Training sessions were held in each Trust area. SafeLives are committed to supporting Northern Ireland to develop and improve the Multi Agency Risk Assessment Conference (MARAC) processes. In particular they hope to provide whatever support is required to implement an Independent domestic violence advocacy (Idva) service to enable the Idva-MARAC model to be fully embedded across Northern Ireland. Following the 2 day MARAC training the SafeLives representatives observed MARAC meetings and subsequently published a report.

Multi-Agency Practice Guidelines: Female Genital Mutilation - 6th June 2016.

- The Crime Operations Department in the Police Service of Northern Ireland hosted a multi-agency workshop. This event provided an opportunity for frontline professionals to find out what female genital mutilation is; why it is practiced; the legislation relating to this crime and action that agencies can take in preventing and protecting girls and women.

Domestic & Sexual Violence. The Human Response - 15th September 2016 & 7th April 2017- Zoe Lodrick.

- Zoe provided training and consultation extensively to the Trust professionals working with victims/survivors of sexualised traumas both therapeutically and within the criminal justice system.

25th November - 10 December 2016 - 16 days of activism against gender violence campaign

2nd December 2016 the Trust Domestic Violence Partnership, Annual Action Planning

SECTION 3: Activity Returns
Trust Overview

1. Number of safeguarding adult referrals within the period 931
2. Of the referrals at 6.1, how many were received from acute settings? 5
3. Number of investigations commenced within the period 414
4. Number of investigations completed within the period 229
5. Of the completed investigations at 6.4, how many required a Multidisciplinary Agency Risk Assessment Conference (MARAC)? 229 (Trusts are no longer required to report on this, however see detail of referrals under the MARAC section above)
6. Number of adult protection plans commenced within the period 324
7. Number of adult protection plans in place on 31 st March 95

The Trust MARAC Referrals by Programme of Care 2016-17

Single Source of Referrals to MARAC	Total
PSNI	141
Women's Aid	47
SET Children's services	18
SET Adult services	15
Probation	1
Joint Source of Referrals to MARAC	
PSNI & Women's Aid	3
PSNI & SET – Children's services	2
PSNI & SET Adult services	2
Total	229

Not all of the 229 referrals to MARAC would have originated from the Trust staff. The two senior practitioners adult safeguarding who attend monthly MARACs compiled the above table showing the source of the referrals. 15 cases were referred from the Trust staff in adult services, while 2 cases were jointly referred by the Trust adult services and the PSNI. The remaining 212 referrals were received from a variety of sources as listed. All 229 would have had research completed to inform the protecting planning.

There has been some attempt to standardise Trust contribution to the MARAC process across Northern Ireland, as there is variance in how each Trust resource this activity.

Table of Percentage Increase/Decrease in Adult Safeguarding Activity Category of Abuse in from years 15/16 to 16/17

Programme of Care		Acute POC1		Elderly Care POC4		Mental Health POC5		Learning Disability POC6		PHSD POC7		TOTAL BY CAT OF ABUSE	
Category of Abuse	Years												
Physical	15/16	6		266		61		221		26		580	
	16/17	4	-33%	245	-8%	30	-51%	272	23%	16	-38%	567	-2%
Psychological / Emotional	15/16	5		79		43		16		11		154	
	16/17	1	-80%	61	-23%	30	-30%	24	50%	10	-9%	126	-18%
Sexual	15/16	2		40		33		7		6		88	
	16/17	0	-100%	16	-60%	31	-6%	20	186%	10	67%	77	-13%
Financial	15/16	9		113		29		3		11		165	
	16/17	0	-100%	52	-54%	25	-14%	24	700%	13	18%	114	-31%
Neglect	15/16	2		22		7		22		11		64	
	16/17	0	-100%	20	-9%	3	-57%	14	-36%	6	-45%	43	-33%
Institutional	15/16	0		14		3		1		0		18	
	16/17	0	0%	4	-71%	0	-100%	0	-100%	0	0%	4	-78%
TOTAL BY POC	15/16	24		534		176		270		65		1069	
	16/17	5	-79%	398	-25%	119	-32%	354	31%	55	-15%	931	-13%

Physical abuse remains the most prevalent form of abuse perpetrated against people at risk of harm and in need of protection with 567 cases reported. Learning disabled people have for the first time superseded older people in this form of abuse suffered. While financial abuse has seen a 33% decrease in 2016-17, it was noted in last year’s report that following the conclusion of the work of the regional group and issuing of Departmental Guidance on the management of service users finances in residential and supported living, the Trust was progressing corporate arrangements for the monitoring of service users finances in these environments and the impact of this will be monitored. It is noteworthy that learning disability saw a 700% increase in the number of financial abuse cases being identified and would

suggest that the new monitoring arrangements are having a positive impact for this service area. Sexual abuse cases in the Trust also saw an overall drop in 2016-17 but worryingly learning disability saw this figure increase from 7 to 20 cases.

Table of Percentage Increase/Decrease in Adult Safeguarding Activity from 2015/16 to 2016/17

Service Areas	Referrals		Investigations		Protection Plans		PIAs		ABE Interviews	
	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17	15/16	16/17
		+/- %		+/- %		+/- %		+/- %		+/- %
Acute POC1	24	5	17	5	14	2	2	1	0	0
		-79%		-71%		-86%		-50%		0%
Elderly Care POC4	534	398	406	265	359	225	62	27	9	6
		-25%		-35%		-37%		-56%		-33%
Mental Health POC5	176	119	87	75	116	51	25	9	8	0
		-32%		-14%		-56%		-64%		-100%
Learning Disability POC6	270	354	58	67	43	52	6	14	0	1
		31%		16%		21%		133%		100%
PHSD POC7	65	55	39	24	21	11	6	6	3	4
		-15%		-38%		-48%		0%		33%
TOTALS	1069	931	607	436	553	341	101	57	20	11
		-13%		-28%		-38%		-44%		-45%

Trust referral totals for 2016-17 are down overall by 13% on last year with the exception of the Learning disability programme of care which is the only directorate to report an increase in activity across the board. The number of investigations commenced following screening is also down by 28% and it is thought that this is due to the implementation of the higher threshold criteria now being applied.

The number of Joint Protocol investigations with PSNI and the Trust has also reduced by 35%, with total figures for 2016-17 being recorded as 66 cases. 57 of these 66 cases progressed to Pre Interview Assessments (PIAs) and of that only 11 cases were assessed as being appropriate to progress to full ABE interviews.

Table of Percentage Increase/Decrease in Adult Safeguarding Activity by Source of Referral from years 15/16 to 16/17

Programme of Care		Acute POC1		Elderly Care POC4		Mental Health POC5		Learning Disability POC6		PHSD POC7		TOTAL BY SOURCE OF REFERRAL	
Source of Referral	Years												
Carer	15/16	2		87		0		74		12		175	
	16/17	0	-100%	39	-55%	0	0%	25	-66%	10	-17%	74	-58%
GP	15/16	0		1		1		0		1		3	
	16/17	0	0%	5	400%	2	100%	1	100%	0	-100%	8	167%
Hospital Staff	15/16	14		67		105		1		4		191	
	16/17	3	-79%	28	-58%	57	-46%	6	500%	4	0%	98	-49%
PSNI	15/16	1		11		13		0		5		30	
	16/17	0	-100%	12	9%	8	-38%	1	100%	3	-40%	24	-20%
DHSS	15/16	0		0		0		0		0		0	
	16/17	0	0%	0	0%	0	0%	0	0%	0	0%	0	0%
Vol Organisation	15/16	0		11		2		29		1		43	
	16/17	0	0%	0	-100%	4	100%	61	110%	2	100%	67	56%
Other Trust	15/16	0		12		0		15		2		29	
	16/17	0	0%	4	-67%	0	0%	40	167%	0	-100%	44	52%
Other Health Professional	15/16	0		8		30		6		3		47	
	16/17	0	0%	9	13%	18	-40%	3	-50%	3	0%	33	-30%
Anonymous	15/16	1		5		0		0		0		6	
	16/17	0	-100%	6	20%	0	0%	0	0%	0	0%	6	0%
Social Worker	15/16	1		11		14		4		3		33	
	16/17	1	0%	8	-27%	6	-57%	5	25%	10	233%	30	-9%
Care Manager/ Care Worker/ HCA	15/16	0		96		1		7		10		114	
	16/17	1	100%	56	-42%	5	400%	8	14%	4	-60%	74	-35%
Housing Association	15/16	0		24		0		0		1		25	
	16/17	0	0%	6	-75%	0	0%	0	0%	0	-100%	6	-76%
Regulated Facility/ Service Staff	15/16	1		160		3		132		16		312	
	16/17	0	-100%	196	23%	4	33%	195	48%	13	-19%	408	31%
RQIA	15/16	0		21		1		0		0		22	
	16/17	0	0%	8	-62%	0	-100%	0	0%	0	0%	8	-64%
Other	15/16	4		20		6		2		7		39	
	16/17	0	-100%	21	5%	15	150%	9	350%	6	-14%	51	31%
TOTAL BY POC	15/16	24		534		176		270		65		1069	
	16/17	5	-79%	398	-25%	119	-32%	354	31%	55	-15%	931	-13%

The source of referrals show that regulated facilities remains head of the table with an increase of 31% on last year.

Of particular note is a 167% increase on the number of referrals coming from GPs. While the figures are low this is welcome and may be as a consequence of the presentation delivered by the adult safeguarding specialist and a senior practitioner adult safeguarding to the GP Federation meeting in June 2016.

Table of Percentage Increase/Decrease in Adult Safeguarding Activity in Regulated Facilities from years 15/16 to 16/17

Programme of Care		Acute POC1		Elderly Care POC4		Mental Health POC5		Learning Disability POC6		PHSD POC7		TOTAL BY REGULATED FACILITIES	
Source of Referral	Years												
Supported Living	15/16	5		11		8		21		1		46	
	16/17	0	-100%	4	-64%	7	-13%	55	162%	4	300%	70	52%
Day Care Settings	15/16	10		4		2		35		4		55	
	16/17	0	-100%	0	-100%	1	-50%	54	54%	1	-75%	56	2%
Adult Hostel	15/16	0		0		1		0		0		1	
	16/17	0	0%	0	0%	0	-100%	0	0%	0	0%	0	-100%
A+E Dept	15/16	1		0		0		0		0		1	
	16/17	1	0%	3	100%	1	100%	0	0%	0	0%	5	400%
Statutory Home	15/16	0		10		2		0		0		12	
	16/17	0	0%	7	-30%	0	-100%	1	100%	0	0%	8	-33%
Residential Home	15/16	7		39		2		24		1		73	
	16/17	0	-100%	48	23%	1	-50%	19	-21%	0	-100%	68	-7%
Nursing Home	15/16	3		196		4		6		13		222	
	16/17	0	-100%	113	-42%	0	-100%	3	-50%	6	-54%	122	-45%
Adult Mental Health Unit	15/16	0		51		98		0		0		149	
	16/17	0	0%	15	-71%	44	-55%	3	100%	0	0%	62	-58%
Acute General Hospital	15/16	2		4		1		0		2		9	
	16/17	2	0%	6	50%	3	200%	0	0%	0	-100%	11	22%
Intermediate Care	15/16	2		3		0		0		0		5	
	16/17	0	-100%	3	0%	0	0%	0	0%	0	0%	3	-40%
Domiciliary	15/16	0		103		4		0		11		118	
	16/17	0	0%	55	-47%	1	-75%	3	100%	11	0%	70	-41%
Prison	15/16	0		0		0		0		1		1	
	16/17	0	0%	0	0%	0	0%	0	0%	0	-100%	0	-100%
TOTAL BY POC	15/16	30		421		122		86		33		692	
	16/17	3	-90%	254	-40%	58	-52%	138	60%	22	-33%	475	-31%

Indicative of demographic trends the Trust saw the largest number of referrals in regulated facilities coming from the nursing home environment with 122 cases, this may

also be explained by the implementation of the new thresholds into adult protection with client on client incidents no longer meeting the higher threshold criteria.

Referrals from Domiciliary settings and from supported living came in joint second with both having 70 referrals each. Of significance between the two is that one saw a 52% increase (supported living) while the other saw a 41 % drop in referrals (domiciliary)

A&E Departments saw the biggest percentage increase in referrals in 2016-17 on last year with a 400% increase. And while actual figures remain low, with only 5 cases, this is a positive indicator that awareness of adult protection is growing within emergency departments.

Overall the Trust saw a 31% drop in referrals from regulated facilities in 2016-17 on the previous year; however 51% of referrals could be seen to be originating from a regulated facility/service.

SECTION 4:

The Trust has defined corporate and management leadership arrangements for adult safeguarding which are integrated within the Trusts corporate governance arrangements. Trust Board and the Executive Management Team are regularly briefed on significant practice issues arising in respect of adult safeguarding matters. Corporate governance structures and governance committees ensure that adult safeguarding practice is appropriately monitored.

An Adult Safeguarding Sub-Committee chaired by the Director of Children's Services and EDSW ensures corporate ownership, strategic direction and leadership in respect of all matters pertaining to adult safeguarding. This committee comprises of Trusts Directors (both Executive and Non-Executive) and professional leads ensuring Trust wide commitment and monitoring of adult safeguarding practice. It reports directly to the Trusts Safety and Quality Committee and is required to escalate any significant issues of concern.

The Adult Safeguarding Committee supports strong governance links between the LASP and Trust Board. The Trust LASP is chaired by the Assistant Director Older People Services and reports to the Director of Children's Services and EDSW, to Trust Board and to the HSC Board. The LASP chair also represents the Trust on the regional Northern Ireland Adult Safeguarding Partnership (NIASP).

In 2016 the Trust established an Adult Social Care Governance Forum with representation from governance, finance, contracts, Mental Health, Primary Care and Older People, and Disability Directorates. The aim is to identify emerging issues and concerns in respect to service delivery to facilitate a timely response and to enable the sharing of information in respect of contractual compliance, Quality, incidents and risks across all Directorates. This forum will meet quarterly and a workshop is planned in the coming months to develop the framework further.

The Trust ensures a two way information sharing and communication system to raise issues, concerns, good practice and corporate risks in adult safeguarding through meeting with staff at different levels in the organisation. Corporate governance arrangements outline the framework for identifying and monitoring adult safeguarding practice from front line practice to Trust Board. The Trust actively monitors the adult protection issues arising from services provided by independent agencies. Practice issues arising are addressed through Trust contracting and financial arrangements and notified to other relevant agencies as necessary eg. RQIA, NISCC, NMC

On occasion a safeguarding referral arises in relation to a vulnerable adult not known to the Trust and this previously had resulted in delays in responding. The view was taken that the Trust has a corporate responsibility to provide safeguarding services to these individuals and in consultation with the Trust Adult Safeguarding Specialist the most appropriate Directorate assumes responsibility. This was formalised under the Best Fit principle. In addition under the new regional policy 2015, the definition of an adult in need of protection has been extended and as a consequence a person no longer has to be in receipt of services before an adult protection response can be made.

The Trust also holds Designated Adult Protection Officer (DAPO) forums on a quarterly basis and additional meetings to look at specific issues as required. Investigating Officer Forums will also be progressed to assist with the new policy and practice developments. The Trust have 19 staff trained in the role of Achieving Best Evidence (ABE). The senior practitioners for adult safeguarding have also established programme specific DAPO forums to address issues peculiar to each directorate.

There are 34 Designated Adult Protection Officers (Social Work qualified) across adult directorates with 123 Investigating Officers across programmes. The latest regional policy places new responsibilities on HSC Trusts and social work services in particular for governance arrangements in relation to adult safeguarding. In addition to responsibilities in managing an adult safeguarding investigation, the Designated Adult Protection Officer has a responsibility to analyse the safeguarding data within their service area, to contribute to governance arrangements as appropriate and to act as a contact point for Adult Safeguarding Champions in external organisations. The majority of DAPOs who are also primary Care Managers are presently under significant workload pressure, managing investigations alongside core duties of their post and many see this as unsustainable.

It is the intention that the establishment of an Adult Protection Gateway Service will assist in the resolution of this pressure, establishing a clear pathway for the reporting of adult protection concerns. As previously described, the structure of the gateway team has been agreed and the model and activity will be monitored and reviewed to inform the resources required to manage the level of referrals and complex investigations that are anticipated. The Trust currently have 4.8wte senior practitioners in adult safeguarding and one adult safeguarding specialist nurse. A band 3 admin support officer will be appointed and interviews have been held for the senior manager of the adult protection gateway team. The model and activity will be kept under review.

The role of the adult safeguarding specialist includes overseeing the implementation and monitoring of adult protection procedures across directorates in line with regional guidance; providing advice and guidance to staff undertaking adult protection work; supporting the work of the Trust LASP in taking forward strategic initiatives and assisting partners in developing and implementing local adult prevention and protection strategies; establishing and maintaining effective links with key statutory and voluntary agencies and working in partnership with the Trust training team to inform the adult protection training strategy. Currently the adult safeguarding specialist is operationally managing 4.8wte senior practitioners in adult safeguarding and the adult safeguarding specialist nurse with accountability for the investigations and developmental work they undertake. The intention is that with the appointment of the adult protection gateway team manager, the adult safeguarding specialist will have more time to devote to facilitating the broader safeguarding agenda with partners and LASP developments.

The Trust safeguarding specialist meets regionally with the other Trust safeguarding specialists and the HSCB Adult Safeguarding Officer to share regional issues and good practice.

The role of the senior practitioner in adults safeguarding is to engage in direct practice with adults at risk of harm in the discharge of statutory responsibilities, provide support to social work staff and engage in Joint Protocol and Achieving Best Evidence interviews, engage with partner agencies in progressing the adult safeguarding agenda and progress communication and service user involvement. Two of the senior practitioners also attend monthly MARAC meetings and complete research to inform decision making around protection plans for high risk cases of domestic violence. The senior practitioners are aligned to programmes of care but will also work across directorates as required and have a central role in raising awareness in the various forums and meetings both in statutory and private services. One senior practitioner has engaged with social work students on placement in the Trust to raise awareness of adult safeguarding issues, whistleblowing, identifying their role in recognising and reporting abuse and developing an understanding of the regional guidelines and legislation which underpins practice.

The role of the adult safeguarding specialist nurse is a developing one but they will undertake safeguarding adult investigations in the role of Investigating Officer where the identified issues are complex and require the clinical knowledge of a nurse. They will also provide expert advice pertaining to nursing issues associated with harm caused by neglect. The Northern Ireland Practice and Education Council (NIPEC) in partnership with the Public Health Agency (PHA) has begun regional development of a Safeguarding Adults: Core Competency Framework for Nurses and Midwives. SET's Adult Safeguarding Specialist Nurse is a member of the steering group established to oversee the project and is chaired by an Executive Director of Nursing.

Quality monitoring forms are collated and a quarterly report on incidents and complaints is compiled for consideration at Directorate Governance meetings. Critical Incident summary forms are used to record patterns of abuse in individual case files.

The Trust has a whistle blowing policy in place.

Accountability.

See Appendix 4

Audit Activity.

The Trust is progressing the NIASP audit on service user Involvement and this will be reported on in the HSCB annual report by the regional adult safeguarding officer. The Trust is also progressing the Early Indicator audit in Trust facilities/services. In response to the poor quality of care being delivered to residents in a private home within the Trust area and a number of adult safeguarding referrals raised in respect of this, an audit of the quality monitoring and the adult safeguarding process was conducted to seek assurances that process was followed correctly. The records of 19 adult safeguarding investigations were audited and while decisions taken were compliant with procedures and good practice, the documentation was on occasions incomplete. It is to be noted that at that time there had been several staff acting in the role of Designated Officer in that sector of the Trust. With the issue of new regional formats – this recording issue will be addressed.

Adult Safeguarding Training Activity 2016 – 2017

	Total Attended	No of Events
ABE 7 day (2 places)	1	1
ABE Refresher	9	3
Investigating & Designating Officer Training	7	1
Joint Protocol - Adults - Refresher	0	0
Joint Protocol - Interim Training	6	1
Safeguarding Adults - Awareness	160	8
Safeguarding Adults - Refresher	184	11
E-learning Vulnerable Adult	1120	1120
Adult Safeguarding Policy Training Plans - Awareness	166	4
Adult Safeguarding Updated Policy Training - IO/DO	113	6
Adult Safeguarding Training for First Line Managers.	39	3
Trust Total	1805	1158

In 2016-17 with the introduction of the regional adult safeguarding policy, there has been an identified need for a range of staff to be trained in order to understand and implement the new aspects to this policy vis a vis their professional roles and responsibilities.

The Trust facilitated a number of awareness raising sessions between September and December for all Trust staff in adult services. Between January and March 2017 the focus was specifically on the Investigating and Designated Adult Protection Officer roles and the upskilling of the critical number of staff who carry out these roles in the Trust. Practice development workshops have been held with a view to supporting staff with implementation of the new policy and ensure good practice and good governance prevailed in the Trust.

There is an ongoing demand for awareness raising sessions across the Trust and again the social work profession took a lead role corporately in 2016/17, in terms of updating trainers and training materials to ensure congruence with the new regional policy.

There remain challenges in the implementation of the new procedures and adult safeguarding training.

Publication

This annual report will be shared with the Trust, HSCB, DHSSPS and LASP.

Appendix 1

LOCAL ADULT SAFEGUARDING PARTNERSHIP (LASP) MEMBERSHIP 2016/17

Name	Title	Organisation
Linda Johnston	Assistant Director (Chair)	South Eastern Trust
Jenny Fitzsimons	Adult Safeguarding Specialist	South Eastern Trust
Alistair Campbell	AHP Representative	South Eastern Trust
Margaret O'Kane	Disability Services	South Eastern Trust
Patricia McMurray	Domestic Violence Co-ordinator	South Eastern Trust
Senior Practitioners	Adult Safeguarding	South Eastern Trust
Diane Strong	Housing Care Manager	Fold Housing Association
Liz Leathem	Senior Manager Social Care	Bryson Group
Peter Shields	Area Manager	AMH Regional Office
Paul McCusker	Area Manager	PBNI
Colleen Devine	Sergeant	PSNI
Cathy Bailie	Sergeant	PSNI
Linda Wray	Residential Services Manager	Presbyterian Board of Social Witness
Margaret Fusco	Regional Services Manager HQS Care	RNIB
Alistair Fitzsimons	Regional Services Manager	Mears Care
Louise Seymour	Pharmacist	LCG
Lorraine Thompson	Regional Manager	Four Seasons Health Care
Sandra Pinion/Brona Turley (Job Share)	Environmental Health Manager	Lisburn City Council
James Bingham	PCSP Officer	Lisburn City Council
Siobhan Graham	Team Leader	Women's Aid
Claire Maddison	Keeping Adults Safe Training Co-ordinator	Volunteer Now
Linda Robinson	Director	Age Concern
Simon Skinner	Community Protection Advisor	Ulster Bank
Shirley Poxon	Compliance Officer, Equality and Safeguarding	Ards and North Down Borough Council
Nicola Dorrian	Externally Funded Programme Manager	Ards and North Down Borough Council
Angela McCann	Policing and Community Safety Partnership Manager	Policing and Community Safety Partnership

Appendix 2

DRAFT LASP Action Plan 2017-18

No	Prevention Activity	By whom	By when
1	Raising Awareness of adult abuse in the faith communities.	LASP/ Emma Nellis + Linda Wray	March 2018
2	Each provider organisation will ensure that information on how to access safeguarding services is available to service users and their carers.	LASP/ C McKinney + S Pinion	March 2018
3	Develop a local adult safeguarding prevention plan to raise awareness and prevent abuse happening at a local level.	LASP	March 2018
4	Report on pilot of the early Indicators of Abuse in Regulated Services.	SET A/S Specialist	Dec 2017
No	Protection Activity	By Whom	By when
1	Operationalise a gateway single point of access to specialist adult protection services within the Trust.	SET	Sept 2017
2	Support LASP partners to implement revised Regional Adult Safeguarding 2015 Policy & 2016 Procedures.	SET/LASP	March 2018
3	Increase awareness of Human Trafficking and modern slavery in A&E department.	SET	March 2018

No	Partnership Activity	By Whom	By when
1	Contribute to the 10,000 Voices Project to engage with service users who have been the subject of an adult safeguarding intervention to drive service improvements.	SET	March 2018
2	Develop training opportunities for LASP partners e.g., Volunteer Now, the Trust DVP	LASP	Dec 2017
3	Implementation of the NIASP Regional Training Framework	LASP/ Patricia McMurray and Tony McAllister.	March 2018

Appendix 3

DRAFT ACTION PLAN FOR ADULT SAFEGUARDING SUBCOMMITTEE 2016 – 2017

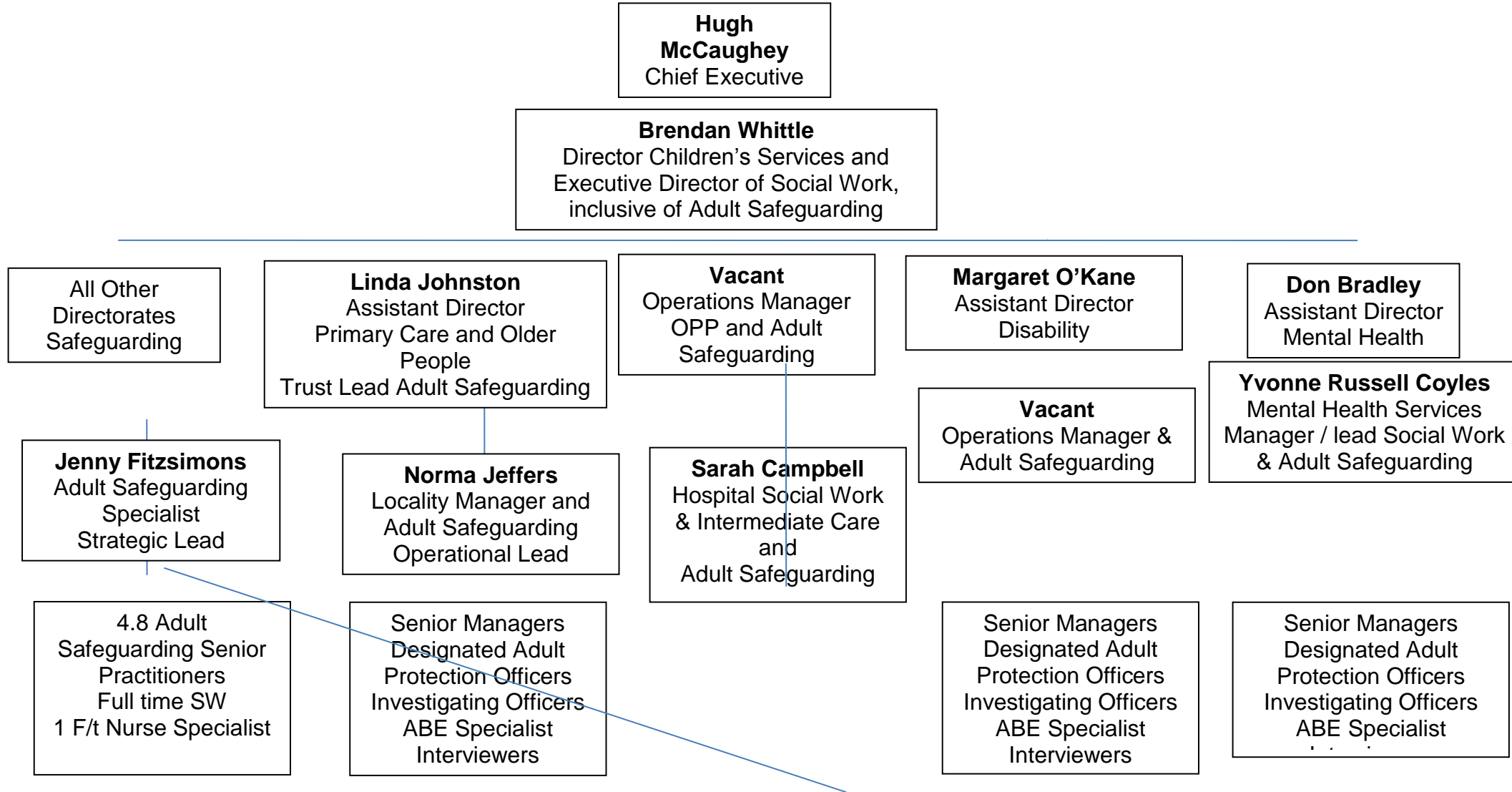
	Topic Area	Baseline Position April 2016	Action Planned	Target Date By Whom	Status at
1	Ensure data recording and returns required by NIASP across all Programmes of Care to improve data collection	<ul style="list-style-type: none"> Designated Adult Protection Officers recording data onto SOS CARE. Dual reporting systems, both manual and electronic will continue until audit of reporting is complete. 	<ul style="list-style-type: none"> Audit of SOS CARE returns against manual returns. Will necessitate a rolling programme of training for new Designated Officers and Admin. Review data requirements with HSCB 	Jenny Fitzsimons. March 2018	
2	Develop single point of contact to Adult Safeguarding service through establishment of an Adult Safeguarding Gateway Team	<ul style="list-style-type: none"> Senior Manager Adult Protection Gateway Team appointed Senior Practitioners appointed Investigating Officer (Nurse) appointed B3 admin support not in post 	<p>Gateway office to be established as the single point of access</p> <p>1 wte B3 Admin support to be appointed</p> <p>Review referral activity and resources/ workload management for the team</p> <p>Review the operating model</p>	<p>Jenny Fitzsimons June 2017</p> <p>July 2017</p> <p>March 2018</p>	
3.	Roll out and evaluate the application of early Indicators of Abuse in Trust Regulated Services	<ul style="list-style-type: none"> To date 8 facilities have been reviewed A shortened tool will be shared regionally and anticipate that facilities will use this to self-audit 	<ul style="list-style-type: none"> Summary review report on audit findings Individual feedback meetings with each provider 	<p>Jenny Fitzsimons July 2017</p> <p>July to Sept 2017</p>	

			<ul style="list-style-type: none"> • Complete 6 further reviews in 17/18. Prioritise completion in the remaining Trust Facilities • Private Providers contracted to Trust will submit self-assessments using the early indicator tool with a random sample of returns checked for quality assurance. 	<p>March 2018</p> <p>July 2017</p>	
4	Implement the NIASP Regional Training Framework.	<ul style="list-style-type: none"> • Schedule of training shared with all Directorates • Upskilling sessions delivered to all IOs and DAPOs 	<ul style="list-style-type: none"> • Review the Trust s existing Safeguarding Policy • Training delivered to new DAPOs • Training delivered to new IOs • Training for all front line managers 	<p>Jenny Fitzsimons June 2017</p> <p>Tim Kennedy Sept 2017</p>	
5	Review updates on LASP Action Plan	<ul style="list-style-type: none"> • Draft LASP Action Plan for 2017/2018 to be submitted to NIASP. 	<ul style="list-style-type: none"> • 2017/18 Draft Action Plan will be discussed with LASP members and to be signed off at June 2017 meeting. • Sub -committee to review at mid and end of year. 	<p>Jenny Fitzsimons/ Linda Johnston LASP March 2017</p> <p>Sept 2017 March 2018</p>	

6	Participate and contribute to the regional work on 10,000 voices.	<ul style="list-style-type: none"> • Training and information regarding the 10,000 voices project has been shared with all DAPOs • Implementation of the project on 1st October 2016 – 200 required by 31st March 2017 	<ul style="list-style-type: none"> • DAPOs will seek consent and involvement with service users • Each DAPO will be asked to complete 5 by end June 2017 	Jenny Fitzsimons June 2017	
7	Review the outcomes/ recommendations of the COPNI investigation into Dunmurry Manor for learning.	<ul style="list-style-type: none"> • The Trust has submitted all documentation requested • A number of staff are being interviewed in relation to Dunmurry Manor 	<ul style="list-style-type: none"> • The report and recommendations of the COPNI investigation will be reviewed for learning and any actions required 	Linda Johnston/ Jenny Fitzsimons December 2017	
8	Develop interface arrangements between adult safeguarding, finance and BSO	<ul style="list-style-type: none"> • No procedures in the Trust to guide staff in decisions about which process to implement in the management of financial issues/abuse 	<ul style="list-style-type: none"> • Establishment of working group to take forward development of Trust procedures where there are concerns about financial matters in respect of a person at risk and in need of protection • Develop procedures for staff in the management of financial issues/abuse 	Jenny Fitzsimons/ John McVeigh/ BSO March 2018	

Appendix 4

ADULT SAFEGUARDING ORGANISATION CHART



Appendix 1

South Eastern HSC Trust Delegated Statutory Functions Monitoring Action Plan update

LOCAL ISSUES

FAMILY & CHILD CARE

Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2015 /16	Fostering & Adoption				
	<p>10.5.2 Trust has 8 dual approved and 12 non-kinship assessments completed. <i>(NB: 20 applications and none awaiting assessment)</i></p> <p>10.3.26 – Permanency Panel recommendation have 44 identified for adoption - Trust plan to address this?</p>	<p>Trust progressing dual approved.</p> <p>Trust to share 5 year forecast plan they are developing.</p> <p>Consideration will be given to this issue as a regional concern in the analysis of the end of year figures. June 2016 – figure has increased to 47 identified for adoption. In addition, (10.6.9) Trust has the highest number (22 = 38%) with a best interest decision not placed with approved adopters despite showing 16 vacancies for adoption. This links with the Trust</p>	<p>All Trust Adopters are dually approved</p> <p>Trust has restructured teams within the adoption service to increase capacity for completion of adoptive assessments.</p>		Carried forward 2017-18

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
		<p>showing the lowest number of adoption assessments conducted, 11 out of a regional total of 134 (8%)</p> <p>June 16 - Trust figures show an increase in the total no of dual approved foster carers to 20 with 16 vacancies</p> <p>Pending forwarding of 5 year forecast plan this can be signed off.</p>	<p>March 2017 – The Review of adoption and permanency teams structures have now been concluded. This review identified that post adoption support should transfer to the permanency team, therefore offering adoptive families continuity of service within their</p>		

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
			permanence pathway. Additionally this transfer will enable the Trust adoption team to focus recruitment and assessment of adoptive carer. This will enable the Trust to increase the availability of adoptive carers to meet the demand of children requiring adoptive placements. During the course of this reporting period the Trust are in the process of utilising all dually approved carers.		
June 2015	Children in Need				
	Unallocated cases: Regionally a decrease of 3,053 CIN. SET have dropped by 100 from previous year. Similarly nos of referrals dropped by 100.	Referrals and CIN have declined but the Trust state cases are more complex and stay in FIT longer. This issue relates to the child protection noted below and the	The FSHs provide early intervention to Tier 2 families. Over this period the impact of EITP EIS projects	T	

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	However unallocated cases have increased by 46 to 150 at year end (Ref 10.1.1, 10.1.4, 10.1.5)	<p>actions are those proposed by the Trust.</p> <p>Trust figures of unallocated cases had increased and then reduced but remain high at 146.</p>	<p>has made an impact on the number of CIN referrals. This is seen as a real positive development.</p> <p>The Trust has seen a further drop in the number of unallocated cases. This was mainly due to the allocation of additional non recurrent resource between January and March.</p> <p>There are still issues in relation to recruitment which is having an impact on the ability to allocate work. The report to be submitted to CSIB (Martina McCafferty) provides a detailed analysis on this matter</p>		

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
		Numbers on the child protection register have also increased (see below) Issue remains under consideration.	The number of children on the CPR has declined during this reporting period.		
June 2016	Trust figures show no significant change to the numbers of children in need referrals though elsewhere in the region the figures have all shown a drop. The Trust has the highest no of unallocated cases across the region at 179 with 147 of these over 30 days. This represents an increase on the figures from last year. The Trust plan to address unallocated cases which is a persistent problem needs to be revised if a zero position is to be achieved and sustained.	Trust has noted changed profile to demand and additional resource is going into Gateway. Trust is implementing structural reform through reducing current three entry points into one and streamlining recruitment processes to address workforce issues. Martina McCafferty from HSCB is working with the Trust on an improvement model. Guidance on Thresholds is also to be agreed at Director level which also impact on figures. Progress to be reviewed at mid-point.	There have been a number of regional developments that have been shared with the HSCB Within Trust a major reform programme is underway that has based a new structure on: Demand- Capacity and Processes. This has also been shared with the HSCB	T	

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2015	Child Protection				
	<p>CP Register shows a total of 377 on the register at year end, with 397 additions to the register and 438 de-registrations; with 82 of the registrations as re-registrations</p> <p>CP referrals are 1,255 with NI total = 4,054 and next highest is SHSCT with 852 (Ref 10.2.6 / 10.2.8)</p>	<p>Numbers on register show significant increase - 50 more over the period. Trust is looking for reasons for this but the disparity between SET figures in this area and other Trusts remains.</p> <p>Trust to undertake a piece of work looking at the effectiveness and approach taken in respect of their child protection system.</p>	<p>The Trust has worked with colleagues in the region to understand the disparity and to plan ways on how to re-dress this imbalance.</p> <p>Again this will be part of the reform process. In particular the Gateway service is looking in detail about thresholding and core business</p>		
June 2016	<p>The number of Child Protection referrals are down (1024 from 1255) though the number on the register show an increase.</p> <p>There is a significant increase in the no of re-registrations in the Trust (31% of regional total) which is a rise of 46%</p>	<p>Trust review held in July / August 2015 to ascertain what was working well and benchmarking with other Trusts.</p> <p>Having analysed the data they now know where the problems are and where to focus their efforts.</p> <p>Trust identified a 3 year plan and are progressing with</p>	<p>The Trust has shared its Plan with the HSCB. The plan got a positive response.</p>		Carried forward

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	from the previous year although there is no information over the exact time period. Trust explanation required and outcome of work undertaken to look at effectiveness and approach taken in respect of their child protection system to be shared.	implementation. Plan to be shared with HSCB and progress considered at mid-point and subsequent meeting.			
June 2015	Looked After Children				
	Admissions to Care (10.3.40b) Trust had 18 planned admissions, 22 unplanned and 23 emergency and of unplanned/emergency 21 were admitted to kinship. Out of all admissions to care (63), 16 were females 12-15 which is disproportionate to all other age bands and gender – please explain	Trust advised they are currently reviewing this area of work, concentrating on reducing unplanned admissions. HSCB requested a copy of the report when complete. Work ongoing and improvement to planning which is hoped will demonstrate changes to the figures. To be reviewed following end of year figures.	The Children's Directorate has focussed on admissions, discharges and placement moves. The Director and Senior Team receive a quantitative and report each week. The number of unplanned admissions has reduced over the		

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
			period. To some extent the reduction is to do with how we understand definitions rather than a change in practice.		
June 2016	Admissions to care (10.3.40) - End of year figures show second highest number of admissions (total of 93) with 36 planned; the total of unplanned (30) and emergency (27) total 57 is the highest in the region. The total number of admissions has increased from the previous year. This has likely implications for the demands on foster care, particularly for independent providers. The Trust is already the highest user of independent providers in the region (25). What are the Trust's proposals	Trust report that a lot of the moves reflect shared care arrangements and respite with foster carers Trust to review figures and breakdown the numbers for shared care / respite and other moves. Revised figures to be forwarded to HSCB by end of June 2016.	Updated figures have been forwarded to HSCB		

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	to reduce unplanned admissions and the numbers of admissions?				
June 2016	<p>Placement moves – Trust figures for LAC moving 2+ times is significantly higher than all the other Trusts. For the period April to Sept there were a total of 164 moves: 36 with 2+ moves; 12 with 3+ moves and 62 with 4+ moves. In the period Sept – March there were 198 moves: 45 with 2+ moves; 8 with 3+ moves and 74 with 4+ moves.</p> <p>The figures indicate an unstable service and the Trust is asked to explain.</p>	<p>Trust to carry out an analysis of planned and unplanned admissions and forward findings to HSCB.</p> <p>Trust has identified the need for a more formalised structure of support for adoption which may be developed now that all monies are released from BHSCT. This will link with a regional piece of work in respect of post permanent support.</p>	<p>The Trust is still in the process of carrying out an analysis. The data returns are still counting those children who are on respite. Equally – when a child is moved once this is counted as 2 moves. That is leaving one placement and entering another.</p> <p>The Trust still needs to complete work on this</p>		
June 2016	No of events reported to Police for reasons other than gone missing (10.3.34b) within the Trust show a total of 805	Trust acknowledged specific issues in William Street and have currently reduced the number of admissions.	Closely monitored		Carried forward to 2017-18

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	events involving 43 individual children. This is substantially higher than all other Trusts. In one Children's Home (William Street) there were 16 young people involved with 315 events alone. This is an average of 2.2 events every day where Police have been engaged. What plan does the Trust have in place to address this?	A number of risk strategies have been introduced: there are monthly meetings with Police regarding behaviour management across residential units; providing support and training for staff through LACTT and CAMHS and support from managers. Issue to be reviewed at interim DSF meeting.			
June 2015	Early Years				
	10.7.4 No of applications from registrations but not allocated NI total = 82, SET = 32	Recovery plan <ul style="list-style-type: none"> - Recruited new admin - Processing applications - Trust looking at issue. 	No unallocated registration applications. Good progress made. Any delays in the application process are due to applicants failing to return paperwork in a timely manner despite follow up by admin.		
June 2016	10.7.4 – Trust figures show a	Trust explained their admin	See above.		

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	<p>total of 33 applications not allocated out of a regional total of 43. Trust Recovery Plan has not achieved the improvement anticipated.</p> <p>Trust are asked to formulate a revised plan.</p>	<p>difficulties had been resolved. However Trust have reduced capacity with 3 staff on long term sick leave which is having an impact on allocations.</p> <p>Trust has the least resource in early years across the region. The WHSCT are undertaking work to streamline processes which is to be shared across the region. This will inform decisions regarding additional resource.</p> <p>To be followed up at interim DSF meeting.</p>			
June 2016	<p>Number of inspections for registered provision outstanding is 79 though the majority are under 3 months (11 are 4 months plus). This is a significant deterioration from 2014 where there were a total of 14 outstanding.</p>	<p>Trust to provide a breakdown of inspections completed but not signed off; completed and signed off and outstanding.</p> <p>To be followed up at interim DSF meeting.</p>	<p>All of the inspections which are overdue are as a result of a number of staff being on long term sick leave. An agency worker has now been recruited to provide sick leave cover, social workers are completing</p>	T	

FAMILY & CHILD CARE					
Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
			<p>additional hours and vacant posts are going through the recruitment system.</p> <p>Following a meeting with the HSCB regarding the backlog, the inspections which were overdue in 2016 have been prioritised in the 2017 inspection allocations and all inspections due have been allocated.</p>		
June 2016	Care Leavers				
	<p>Trust figures show the highest in the region for care leavers to receive convictions – 56 out of a regional total of 180 (31%).</p> <p>What plan is in place to address this?</p>	<p>Trust figures further reviewed and confirmed as correct.</p> <p>Details of the nature of convictions in respect of individual children also to be reviewed to inform long term outcomes for LAC.</p>		T	

**MENTAL HEALTH AND LEARNING DISABILITY POC -
MENTAL HEALTH**

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2013/14/15	Carers Assessments				
June 2016	<p>5.2 There is an increase of 9 (18-64) + 3 (65+) (n=12) carers assessments undertaken during the period. 138 – 2015) 147 – 2016) (18-64)</p> <p>5 – 2015) 8 – 2016) (65+) Please explain low uptake.</p> <p>5.4 The number of adult carers receiving a service has increased by 78: 241 – 2015 319 – 2016</p> <p>An increase of 12 carers assessments has been undertaken this period however an additional 78 are receiving a service. Please</p>	<p>Trust to undertake work throughout the year relating to:</p> <ul style="list-style-type: none"> • ensuring carers assessments are embedded into practice; • increase carers assessments undertaken, and • increase the no of adult carers receiving a service. <p>Trust to use 'hospice template' as a pilot within the Trust for carers assessments.</p> <p>Mindwise figures not included in DSF return- amended figures to be submitted asap for inclusion in March 2016 DSF return.</p> <p>Clarification needed from CAUSE regarding the no of adult carers</p>	<p>Permission to use carers assessments approved by DHSSPS</p> <p>Increased carers receiving support but not necessarily through the completion of a full carers assessment, as often families do not wish to engage in lengthy process, as they do not perceive themselves as 'carers'</p> <p>Continued focus on</p>		<p>Achieved</p>

**MENTAL HEALTH AND LEARNING DISABILITY POC -
MENTAL HEALTH**

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	explain.	receiving a service. Figures to be available for interim meeting.	carer assessments, staff member employed to promote carer assessments. New assessment tool being tested. Significant improvement noted		
June 2015	Young Carers				
	Insufficient progress over a 2 year period to address improvements. NIL response over 2 years. Please explain.	HSCB require an increase re the identification and supports relating to young carers. Trust reported at interim meeting that 6 young carers have been identified throughout the Trust but significant work is still required. Trust have accountability link from Team Leader to Senior Managers meetings to address young carers issues.	A continued focus in maintained on identifying and supporting young carers.		Achieved

**MENTAL HEALTH AND LEARNING DISABILITY POC -
MENTAL HEALTH**

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	<p>Undertaken – 15 Receiving a service – 11</p> <p>This does not align with activity being reported under independent contract arrangements? Please explain</p>	<p>Trust to utilise the resource within the independent contract.</p> <p>Figures to be reviewed at interim meeting in line with data received through independent contract.</p> <p>The above to be linked with regional action</p>	<p>Figures reviewed, for discussion at interim meeting</p> <p>Think Family pilot project 78 young people reived a service in 2016/17. Action for children – 3 carer assessments completed A continued focus on identifying young carers is being maintained.</p>	B/T	Achieved
June 2016	Supervision				
	<p>3.3 page 15 44% of staff had monthly supervision. Reduction on 2015 = 60%. Trend of sickness and vacancy of posts continuing.</p>	<p>Trust to provide updated position at interim meeting outlining improvements.</p>	<p>Improvements in supervision have been achieved. See main report section 3.</p>	T	Achieved

**MENTAL HEALTH AND LEARNING DISABILITY POC -
MENTAL HEALTH**

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	Please explain SET action to address.				

**MENTAL HEALTH AND LEARNING DISABILITY PoC -
LEARNING DISABILITY**

Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2015	Young Carers 5.5 5.6 5.7				
	Nil return over a 2 year period. What actions will be undertaken to address this deficit?	HSCB require an increase re the identification and supports relating to young carers. Trust is currently scoping the needs of young carers. This will be completed by November 2015.		B	
June 2016	Number of young carers assessments undertaken during this period is NIL and those receiving a service is 8. Please explain.	See regional issues at front of action plan	See above This activity reflects the demography of this service user group and their carers as Nil young carers assessments undertaken during 2016/17		Achieved
June 2016	Day Opportunities				
	1.6a SET to be congratulated on achieving the figure of 422 in receipt of day opportunities compared to 128 in 2015.		No further action		Achieved

**MENTAL HEALTH AND LEARNING DISABILITY PoC -
LEARNING DISABILITY**

Originating date	Issue	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Adult Carers				
	Increase of 216 on last years figure of 340 (2015).		No further action		Achived

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>

OLDER PEOPLE

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	Trust explained drop in carers assessments due to staffing. Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?	Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.	Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.		Achieved
Originating date	Issues	Action	Outcome	Action by	Date completed

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
					<p>(if not completed, carry forward)</p>

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	Trust explained drop in carers assessments due to staffing. Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?	Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.	Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.		Achieved
June 2016	NISAT / eNISAT				
	What is the timeline for the action plan and how is this	Trust advised that steady progress has been made with an increased	Good progress has continued.		Achieved

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		Achieved
	progressing?	no of professionals now using this. Further update on the action plan to be provided at interim meeting.	Fully implemented across all teams. Compliance on usage		

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
			<p>of eNISAT is monitored monthly as a Trust KPI.</p>		
June 2016	Carers Assessments				

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		Achieved
	<p>For those carers who find completing carers assessments too difficult, how</p>	<p>Progress against this action will be discussed at interim meeting making use of the audit report</p>	<p>There has been an increase in the number of Carers Assessments</p>		Achieved

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
	<p>is this being addressed?</p>	<p>provided by SEHSCT.</p>	<p>being offered. Progress continues to</p>		

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		Achieved
			be monitored closely.		
	No of adult carers in receipt of service has jumped from 26 to	Trust to provide narrative and forward to HSCB as soon as	Figures are correct and correspond to Short		Achieved

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		Achieved
	807.	possible and no later than 31 st July 2016.	Break Q4 return in previous years. Only carers in receipt of		

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
	<p>Please provide an explanation.</p>		<p>Direct Payments had been increased.</p>		

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	Trust explained drop in carers assessments due to staffing. Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?	Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.	Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.		Achieved
June 2016	Service Initiatives				
	Please identify possible new	Trust to identify funding source to	All Winter Pressure		Achieved

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
	<p>service innovations that are currently supported by non-</p>	<p>sustain these initiatives going forward.</p>	<p>Initiatives commenced in 2015/16 have been recurrently funded from</p>		

PHYSICAL & SENSORY DISABILITY

Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Carers assessments				
	<p>Trust explained drop in carers assessments due to staffing.</p> <p>Can the Trust please explain when this will be addressed? What increase in performance would the Trust anticipate when these issues are addressed?</p>	<p>Trust to provide update on staffing issues at interim meeting and advise on anticipated improvement.</p>	<p>Staffing issues addressed. Increase in carer assessments offered and completed. Staff are engaged in co-producing a new carer assessment tool which aims to reduce the bureaucracy of completing a carer's assessment.</p>		<p>Achieved</p>
	<p>recurrent funding.</p>		<p>2016/17 Demography Funds.</p>		
June 2016					

PHYSICAL DISABILITY					
Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
June 2015	Carers Assessments				
	Narrative on p.34 would suggest improving picture but see data returns questions – approximately 300 assessments offered with approximately 50% uptake against new referrals of approximately 1500. There would appear to be no improvement since last year?	A review of returns for the first quarters for 2014 & 2015 shows that there has been an increase in the no. of assessments undertaken as a percentage of those offered from 31.16% in 2014 to 57.69% in 2015. There is a significant focus on the offering of carers assessments in staff monthly supervision.	Response has covered query To continue to raise with staff		Completed
June 2015	Data Returns				

PHYSICAL DISABILITY					
Originating date	Issues	Action	Outcome	Action by	Date completed (if not completed, carry forward)
	See specific questions below regarding data returns	Issues to be addressed and returned to HSCB in agreed reporting route.	Completed		Completed

ADULT SAFEGUARDING					
Originating date	Issue	Progress	Outcome	Action by	Date completed (if not completed, carry forward)

June 2016	Implementation of DAPO role in adult services is highlighted as problematic – how is the Trust planning to address this?	The Trust notes this as a particular issue within Mental Health services. This should be addressed by additional Band 7 Social Workers being recruited. To keep HSCB apprised of progress	Mental Health has recruited social work Team leaders to fulfil the DAPO role. Review of Band 7 Senior Practitioner /ASW/DAPO role and an ASW workforce report has been completed and amalgamation of this new role will assist in meeting the DAPO responsibilities.	T	Achieved
June 2016	How is the Trust managing the standardisation of adult safeguarding activity data to the relevant electronic system?	Trust has achieved full implementation.	Action complete	T	June 2016

ADULT SAFEGAURDING

Originating Date	Issue	Progress	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	How is the Trust planning to apply the regional commissioning vision for adult safeguarding Gateway Services?	Option appraisal completed. Bid for additional 8A to manage Gateway service has been secured. To keep HSCB apprised of progress	Band 8a Adult Protection Gateway Manager post is with recruitment awaiting advertisement. Additional Band 7 Senior Practitioner Adult Safeguarding has been appointed, making 4.8 WTE Band 7 and one Band 6 Adult Safeguarding Nurse specialist available to the Gateway team.	T	Achieved

ADULT SAFEGUARDING

Originating date	Issue	Progress	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	The Trust has noted an increase in the number of older people referred due to concern re sexual abuse. Possible explanation?	Trust has reviewed this data, appears to relate primarily to EMI units. New thresholds mandate reporting of alleged sexual offences. To monitor closely.	New thresholds in the Regional Adult Safeguarding Policy and Procedures will result in alternative responses to the majority of client on client incidents. While sexual offences will still require screening it is anticipated that many less serious incidents will be managed under care planning and risk management.	T	Achieved
June 2016	The Trust comments on the impact of RQIA Inspections in mental health hospitals – clarification please.	Comments relate to roll out of learning from previous RQIA Inspections	Action complete	T	23 June 2016
				B	

ADULT SAFEGUARDING

Originating date	Issue	Progress	Outcome	Action by	Date completed (if not completed, carry forward)
June 2016	Trust commented on safeguarding issues emerging in prison settings. Trust continues to follow guidance on adult safeguarding in prisons issued by National Offender Management Service (NOMS)	Need to ensure that other HSC Trusts are aware of this guidance	SET has developed a draft policy 'Adult Safeguarding in NI Prison Services' to assist clinical staff when a concern is raised. It is in draft form and requires to be consulted upon with the remaining 4 Trusts and NIPS.	B	

ADULT SAFEGUARDING					
Originating date	Issue	Progress	Outcome By	Action by	Date completed (if not completed, carry forward)
June 2016	Trust commented on safeguarding issues emerging in prison settings. Trust continues to follow guidance on adult safeguarding in prisons issued by National Offender Management Service (NOMS)	Need to ensure that other HSC Trusts are aware of this guidance	SET has developed a draft policy 'Adult Safeguarding in NI Prison Services' to assist clinical staff when a concern is raised. It is in draft form and requires to be consulted upon with the remaining 4 Trusts and NIPS.	B	
June 2016	The Trust has reported very positively on the use of an Early Indicators Tool in relation to residential and nursing homes. This development and learning from the work to be shared across the system	Early Indicator audit has been completed with 5 Trust facilities and 1 Private provider. A further 3 audits are underway.	Adult Safeguarding Specialist to convene meeting with facility managers to review the Early Indicator tool, make any changes necessary and share learning.		

Appendix 2

South Eastern Health and Social Care Trust Statutory Functions 2016 /2017 DATA RETURNS

Mental Health

1 GENERAL PROVISIONS			
		<65	65+
1.1	<p>How many adults were referred for assessment of social work or social care need during the period?</p> <p>The method of accounting adults referred for social work/social care is obtained by counting the people assessed at the assessment centre, and who require community mental health services. As mental health services are multi-disciplinary, such referrals can be allocated to social workers. It is important to remember that all social workers (except hospital social workers and home treatment teams) complete initial assessments at the assessment centre (A total of 8267 referrals received by assessment centre).</p>	2380	0
1.2	<p>Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?</p> <p>The method for counting referrals for social workers is based on the number of cases on social work caseloads.</p>	908	0
1.3	How many adults are in receipt of social work or social care services at 31 st March?	859	0
1.3a	<p>How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?</p> <p>Band 3 community support workers carry small caseloads and generally co- work with the social worker. However, there are a small number of support workers who are involved with community mental health service users alongside other community mental health agencies.</p>	135	0
1.4	How many care packages are in place on 31 st March in the following categories:		
	i. Residential Home Care	4	3
	ii. Nursing Home Care	14	15
	iii. Domiciliary Care Managed	12	11
	iv. Domiciliary Non Care Managed	0	0
	v. Supported Living	106	3
1.4a	<p>How many care packages are in place on 31st March in the following categories:</p> <p>vi. Permanent Adult Family Placement</p>	0	0
	<p>For all those listed above in 1.4 provide assurance that the care management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>Everyone who presents to mental health services is individually assessed using the regional assessment and risk assessment screening tool (Promoting Quality Care). When</p>		

	supported living, residential, nursing or domiciliary care including self-directed support is required, a personalised care manager is allocated. The care manager will complete an NISAT assessment tool along with the Trust comprehensive multi-disciplinary care needs assessment. All assessments are reviewed within agreed timescales.		
1.4b	<p>Please describe how the care management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</p> <p>Please describe how the Care Management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</p> <p>All service users who are in receipt of a direct payment, self-directed support, nursing residential placements or living in supported accommodation and those receiving domiciliary support have a personalised care manager. The care manager reviews service users' six monthly or more frequently, if required. The care management team leader provides monthly supervision to all care managers and reviews training and management of caseload. All decisions regarding the service user is made with them and their family, where appropriate. The team continues to promote self-directed support (SDS). The transfer of existing individuals in receipt of direct payments to SDS continues.</p> <p>Funding decisions are made through the mental health care and support panel and in conjunction with the senior manager for community services.</p> <p>There is a multi- agency accommodation panel meeting which occurs on a monthly basis. The enables all referrals to be presented by the referring agent and discussed by the panel to identify the most appropriate level of service and support the person may require. The service user can attend should they feel they wish to do so.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Service users and their families/carer(s) are involved as much as possible, in the assessment stage of identifying care and support needs. The options of how those needs and supports can be provided are also explored with their involvement (e.g.</p>		

	via direct service/agency provider or by direct payments providing the service user with greater autonomy, if appropriate). The latter would also involve the service user and their supporter or carer being involved in the selection process of employing their own staff. The service user is then also involved, appropriately, along with their family/carer in completing reviews and future care planning in relation to their on-going needs and service/support provision.		
1.5	Number of adults provided with respite during the period	<i>PMSI return</i>	<i>PMSI return</i>
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	320	0
	- Independent sector - HOPE, SCRABO, AMH, Aware,	871	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	557	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures No waiting list for social care		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding None		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	3	0
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. There were no complaints received specifically about social workers. There was one complaint received in relation to service users expectations about what type of services could be provided. The community mental health team, endeavour to be clear with service users, as to what services can be		

	provided. Work continues through the recovery college and the assessment centre, to increase public awareness of the social work role within mental health.		
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Data for 1.5, 1.8 and 1.10 will be sourced by Board officers from existing returns.

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	<p>How many adults or children were referred to Hospital Social Workers for assessment during the period?</p> <p>This is the total number of hospital admissions within the Trust in the last year and this has increased by 113 (12%). There has been a decrease in Length of stay with the further development of the Home treatment team/acute services. Hospital social workers attend all team assessment meeting.</p>	0	927	0
1.2	<p>Of those reported at 1.1 how many assessments of need were undertaken during the period?</p> <p>This is the total number of persons cared for by hospital social workers. Increase from last year of 41%. Explanation for this could link to having a full complement of staff and the increase in admissions as above.</p>	0	626	0
1.3	<p>How many adults or children are on Hospital Social Workers caseloads at 31st March?</p> <p>The hospital social worker attends all team assessment meetings and would frequently input into the patients multi-disciplinary care.</p>	0	112	0

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

Data Return 2: Nil return
 Data Return 3: Nil Return

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	5
	Total expenditure for the above payments	£120
4.2	Number of TRUST FUNDED people in residential care	4
4.3	Number of TRUST FUNDED people in nursing care	30
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	3
4.5	How many occasions in-year has the Trust been called upon to support emergency support centres (ESC)?	0

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	0	405	16
5.2	Number of adult individual carers assessments undertaken during the period.	0	184	7
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March This is the number of carers offered a service by CAUSE, not the number of contacts.	0	226	0
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments undertaken during the period.	3		
	Number of young carers who received support, advice and guidance as part of the Think Family, Think Child Pilot project.	93		
5.7	Number of young carers receiving a service @ 31 st March	2		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	0 Some Direct Payments transferred to Self-Directed Support		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	0		
	(c) Number of adults receiving direct payments @ 31 st March	7		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 st March	16		
5.11	Number of one off Carers Grants made in-year.	105		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
The collation of carer's information has significantly improved from October 2016 and the figures from this date are accurate and demonstrate a considerable increase in the offering and uptake of carer's assessments.				
The increase in one off carers assessment has been promoted consistently throughout				

the year to teams and the appointment of the mental health carer support worker in February 2017 has increased the number completed each month.

The personalised care management team have been transferring people on direct payments to self-directed support and therefore the number has decreased but number of SDS has increased.

Day attendances have increase due to the development of a different ethos of recovery and service being delivered in sessions/groups. Greater number of people receiving these services.

Data return 6: Suspended

Data return 7: Suspended

Data return 8: See composite report

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	200	94
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	124	42
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	6	2
	<p>There have been no issues raised in relation to completion of Form 2 or completion of ASW Risk Assessment Reports.</p> <p>There has been a significant increase overall (24%) in the number of applications for assessment being completed by Trust and regional emergency social work service (RESW) ASW staff, compared to last year.</p> <p>The increased number of ASW applications is due to the growth in referrals for assessment. The latter is related, in part, to the increased number of Form 5s being initiated along with request by GPs in the community for assessment under the Mental Health (NI) Order (1986).</p> <p>This may have implications for future service needs and provision under the Mental Capacity Act 2016, in terms of workforce development, as the figure does not include the number of</p> <ul style="list-style-type: none"> i) consultations with ASWs by GPs which did not proceed to a formal assessment under the Mental Health (NI) Order (1986) or ii) the number of additional Form 5s (Holding Power) that could potentially have required ASW involvement but which did not progress to that stage (36 in this year). <p>Trust ASWs do continue to make appropriate efforts to consult with the nearest relative following assessments,</p>		

	<p>prior to completing any necessary forms. In cases where this is not possible at the time of assessment this is recorded and the nearest relative is subsequently advised by phone or in writing of the assessment and the outcome.</p> <p>The Trust ASW Lead is contacted by ASWs to discuss difficulties in making contact with the nearest relative.</p> <p>The RESWS has continued to indicate they do not respond to requests for assessments involving Form 5, as the person is in a place of safety. This could have implications if the individual requires medication and they are not in agreement, or if they require transfer to a more secure environment. There may be deprivation of liberty issues to consider.</p> <p>The Trust suggests that RESWS should respond by completing the assessment. A discussion on this matter involving all Trusts at a regional level would be beneficial to aid clarity.</p> <p>Clarity and guidance around geographical boundaries, continues to be problematic in relation to access of GP. There were a number of issues in relation to assessing patients with a learning disability under the Mental Health (NI) Order (1986) this year. A regional protocol is required for situations in relation to lack of GP and bed space in Muckamore Abbey Hospital.</p> <p>In relation to securing PSNI support, there is difficulty in gaining support until the individual being assessed actually commits an assault when PSNI will then respond.</p> <p>The Trust has arranged an inter-agency workshop in May 2017 to include the various services which may be involved in admission to hospital under the Mental Health (NI) Order 1986. This may support shared understanding of each other's roles, responsibilities, in co-ordinating the process of assessment and admission under MHO.</p>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1	
	<p>The number of applications has increased by 100% compared to last year. This is due to the nearest relative taking a more active role in the process (in line with Article 5(1) (a) Mental Health (NI) Order 1986) and receiving guidance from the ASW. In all cases an ASW</p>		

	<p>was involved.</p> <p>The ASW will attend to give the nearest relative support and guidance in relation to the assessment and detention process and the completion of forms.</p>	
9.1.d	<p>Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.</p> <p>Whether it is discharge from detention under the Mental Health (NI) Order 1986 or discharge from inpatient care, efforts are made to involve the nearest relative where practicable.</p> <p>The Trust attempts to promote working in partnership with patients and their families, throughout the inpatient stay being afforded any individual. This obviously includes attempting to keep the nearest relative updated and apprised of progress, as would be agreed with the patient. To that end the nearest relative and/or other family are afforded the opportunity to meet with medical, nursing and social work staff throughout the inpatient period. This includes attendance at ward reviews and involvement in discharge planning along with the patient.</p> <p>It is not always practical to contact the nearest relative or other family seven days prior to a discharge date. The potential to discharge a patient from detention may not necessarily be known seven days in advance.</p> <p>It may be necessary and/or prudent to review care planning arrangements and arrange discharge from hospital sooner than originally estimated or planned. This may be due to the need to provide a bed for an individual detained under the Mental Health order or due to the patient deciding to discharge themselves from hospital, having been regarded to voluntary status at some stage.</p>	Yes

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	111
9.2a	Of these, how many resulted in an application being made?	76
	<p>It has been noted that there has been an increase in the number of voluntary admissions to hospital in the last year in terms of least restrictive practice, which subsequently required assessment under the Mental Health order. The reasons were attuned to concerns for their mental state.</p>	

	<p>Presentation with illicit drug use, possibly causing psychosis, has had similar implications.</p> <p>Not all Form 5 (Holding Power) completions are progressed to involve GP and ASW for assessment. Some are allowed to lapse while others are withdrawn earlier where the patient has become more settled and is agreeable to remain as a voluntary patient. Therefore the overall figure of ASW assessments and reports completed will not involve all Form 5s initiated.</p> <p>Imminent discharge during Holding Power period (48hrs) can present difficulty for timely assessment by ASW and GP. The issue of deprivation of liberty may ensue and also have implications in relation to breach of human rights.</p> <p>On occasion ASWs have been contacted when the holding power period (48hrs) is shortly due to lapse. This creates difficulty for the ASW in having sufficient time to complete their assessment appropriately and also for the patient, who may require early intervention (medication and/or more secure setting facility) or who ultimately, may not be assessed as requiring detention.</p> <p>This practice may also be raised at the directorate multidisciplinary forum/interface involving medical and nursing staff. They will also be discussed at ASW fora to remind ASWs of the need to explore a patient's detention more fully. The "NI Local Enhanced Service" (NILES) can facilitate such requests however, boundary issues remain. In one such instance ASW Lead liaised with HSCB to advise of difficulties.</p>
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ASW Applicant reports		
9.3	Number of ASW applicant reports completed	118
9.3.a	How many of these were completed within 5 working days	115
	<p>The delay in some reports being provided was due to staff becoming unwell, unplanned leave or pressures from own workload. The need for ASWs to provide the ward with as much information as possible and the completion of form MHO-A at the time of admission has been addressed and reinforced with ASW staff. It is a standing agenda item for ASW forum.</p> <p>ASWs are also reminded at ASW Trust and peer-group fora of the need to have reports completed as per policy. Sector ASW monitoring staff also remind AWSs of this need.</p> <p>On occasions reports are not coming through to the ASW lead within the five day timeline, but are being provided to the RMO and ward. The centralised record keeping will help alleviate this difficulty, as all reports are now forwarded directly by each ASW</p>	

	<p>to the ASW lead.</p> <p>ASWs are required to complete an ASW report/risk assessment in all cases where they are involved in an assessment, and not just those culminating in an Application for Admission under Article 4 (MHO) e.g. voluntary admission or alternative care plan where admission to hospital is not the outcome.</p> <p>There has also been a change in relation to the process involved in collating ASW statistics and reception of reports, which may have delayed some reports getting to the current ASW lead.</p> <p>The process of providing ASW Risk assessment report, their proofing has been reviewed with ASWs. A centralised reporting system is now in place whereby all ASW reports are forwarded to the ASW lead. A central record of all ASW activity is now held ASW reports are also now centrally proof read.</p> <p>Not all reports from the Regional Emergency Social Work Service are received within the time scale and not all reports are completed fully which accounts for a greater number of reports being delayed. This has been addressed at consultations between the Trust ASW lead and manager of ASW with RESWS.</p>	
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Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed.	1
9.4.a	Number of completed reports which were completed within 14 days	1
	This is a positive development on last year's figures both in the number of occasions the Nearest Relative has been the applicant and the completion of subsequent social circumstances reports within the specified time frame.	

Mental Health Review Tribunal

9.5	Number of applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	4	4	0	0	0
	Patient	36	18	0	9	1
	Nearest Relative	1	1	0	0	0
	Other	0	0	0	0	0
	Total	41	23	0	9	1

Of the applications submitted by patients (36), 6 were subsequently withdrawn by the applicant.

Some applications (5), were received after the patient had already been re-graded to voluntary status.

The above figures relate to applications to MHRT. However, the tribunal application submitted in the latter part of this period may not be actioned as it takes a number of weeks to process the application and arrange a date for the tribunal to sit

Tribunals have continued to be more adversarial. Frequently the focus, by the patient's legal representative is primarily on due process at the time of detention and subsequent at renewal of forms, rather than on exploring the health reasons and risk issues for detention to continue.

9.5.a	This is intentionally blank
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Guardianships (Article 18)																																						
9.6	Number of Guardianships in place in Trust at period end	3																																				
9.6.a	New applications for Guardianship during period (Article 19(1))	1																																				
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0																																				
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0																																				
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	1																																				
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	3																																				
9.6.f	Number of Guardianships accepted by a nominated other person	1																																				
9.6.g	Number of MHR hearings in respect of people in Guardianship																																					
	<table border="1"> <thead> <tr> <th>Requested by</th> <th>Number MHRT requested</th> <th>MHRT Hearings completed</th> <th>Number of patients re-graded > 6 weeks before hearing</th> <th>Number of patients re-graded < 6 weeks before hearing</th> <th>Number unexpectedly discharged by MRHT</th> </tr> </thead> <tbody> <tr> <td>Trust</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Patient</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nearest Relative</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>2</td> <td>2</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6 weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT	Trust	2	2	0	0	0	Patient	0	0	0	0	0	Nearest Relative	0	0	0	0	0	Other	0	0	0	0	0	Total	2	2	0	0	0	
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Patient	0	0	0	0	0																																	
Nearest Relative	0	0	0	0	0																																	
Other	0	0	0	0	0																																	
Total	2	2	0	0	0																																	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)																																					
	<table border="1"> <tbody> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td>1</td> </tr> <tr> <td>Lapsed</td> <td>0</td> </tr> <tr> <td>Discharged by MHRT</td> <td>0</td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1</td> </tr> </tbody> </table>	Discharges as a result of an agreed multi-disciplinary care plan	1	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	1																											
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Discharged by MHRT	0																																					
Discharged by Nearest Relative	0																																					
Total	1																																					
	The Trust is awaiting the outcome of a judicial review in respect of a Declaratory Judgement in relation to a patient who remains under																																					

	<p>Guardianship.</p> <p>The MHRT had decided (2014) it could not sit to hear evidence and to give a ruling as, at the time, the Trust had not made an application for a Declaratory Judgement.</p> <p>The latter was applied for and the MHRT subsequently sat in 2016. This ruled that Guardianship should continue. However, a final decision on the Declaratory Judgement application is yet to be provided. This matter is of regional interest as the concern is that application may have to be made for Declaratory Order, in relation to all service users cared for in locked facilities and who are subject Guardianship.</p>	
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Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	2
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	21

	<p>Commentary</p> <p>This has become of concern for the Trust in recent months due to;</p> <ul style="list-style-type: none"> i) The level of sick leave among staff who are ASW qualified ii) Reduction in the number of available ASW qualified staff to provide the service iii) Some ASW staff are restricted in terms of availability due to their not being full-time staff and demands of other work commitments iv) The loss of ASW qualified staff v) Insufficient ASW staff in training <p>The Trust been successful in being able to maintain the service. Through continued stringent efforts to carry out its approved social work statutory duties.</p> <p>The Trust has referred ASW service provision to the directorate risk register to maintain focus on the need to ensure safe and efficient service provision.</p> <p>The Trust has three sectors, with each sector having its own dedicated ASW team providing services under the Mental Health Order. It has been necessary, on occasion, to request ASWs cover outside their usual sector. This has caused anxiety due to unfamiliar geography and services available in these sectors.</p> <p>An exploration of ASW workforce needs and options continues, to ensure future capacity and implications of the pending Mental Capacity Order 2016 with regard to training needs and additional responsibilities.</p> <p>Two staff, from adult mental health, are nominated for ASW training in the</p>
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	<p>coming year, starting in September 2017. Nominations from other programmes of care are being sought to increase the skill and experience mix to include learning disability, older people services and children's services. It is hoped to increase the number of those going forward for ASW training to five per year. This should support increasing the number of ASWs and offsetting staff retiring over forthcoming years.</p> <p>An options paper has been considered taking into account the age range of current ASW availability and pending staff retirements. It had been agreed to continue to provide an ASW service with current arrangements, until the impact of the pending Mental Capacity Bill 2016 can be fully determined. This will most likely widen the role and responsibilities of the ASW and require updated training of current ASWs. However, we may need to explore alternative service provision options sooner rather than later.</p> <p>The GAIN audit of regional ASW activity (01 August to 31 October 2015 incl.) has identified areas which continue to need exploration and greater inter-agency collaborative working. The Trust is promoting better inter-agency working convening working groups involving PSNI, ambulance service and the various departments within the Trust healthcare provision; in an effort to provide a forum where implementation of the Mental Capacity Order 2016, along with any concerns and practice issues, can be explored expediently. This has been and will remain a focus for discussion in our ASW forum and peer-group supervision.</p>
9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>Detention:</p> <p>Master G (16yrs). Detained under Article 4.</p> <p>Master G who had been avoiding school and self-isolating. Presented in almost catatonic state and very difficult to communicate with. Previously having been sociable and engaged with many friends. Had reduced food and fluid intake over a period of time which became more intense. Greatly reduced personal care. Parents had made efforts to support and manage at home, with CAMHS input. Master G was not reasonably able to care for and ensure his personal safety, well-being or to manage his affairs. An Article 4 Application for assessment under Mental Health (NI) Order (1986) with Form 1 completed by Parent. ASW in attendance to provide support and guidance.</p> <p>Ms N (15yrs). Detained under Article 4.</p> <p>Ms N was inpatient in adolescent unit. Form 5 completed. Previous periods of serious self-harm incidents also having involvement with child and adolescent mental health service. History of illicit substance use and reporting she owes money to drug dealers. Had been regraded to voluntary status with view to</p>

discharge. Ms N began to severely self-harm and was adamant she wanted to leave hospital to end her life.

Master C (17yrs). Detained under Article 4, (2 episodes).

Master C was inpatient in adolescent unit. Placed himself at risk by climbing on to rooftop and throwing objects at staff and PSNI. Previous involvement with PSNI and history of aggression towards others. Reports voices directing him to carry out acts of aggression and referring to thoughts of self-harm. Assessment indicated continued risk to himself and others.

Miss C (17yrs). Detained under Article 4.

Miss C has a history of eating disorder and was assessed in the family home. CAMHS already involved. History of using illicit substances. Had attended emergency department and was admitted to high dependency ward absconded from there and returned home. Determined to lose more weight with expressions of life-not-worth-living. Significant risks identified for patient: risk of deliberate self-harm, no insight displayed and unwilling to accept medical support. Parents felt unable to provide level of monitoring, protection and support required due to recent unsettled behaviour.

Master O (17yrs). Detained under Article 4.

Master O has historical diagnosis of ADHD and poor concordance with prescribed medication. Already inpatient in adolescent unit. Nursing staff reported patient presenting in a bizarre manner toward family members for considerable period. Found to be: responding to 'voices', aggressive towards his mother, not maintaining personal hygiene, not eating without encouragement and rambling. Immediately prior to admission to hospital he had been found to be isolating himself in his flat, without electricity and had not eaten for 48 hours, with significant deterioration in his personal care. Historic behaviours noted again following admission to young people support service, his presentation gave significant cause for concern.

A history of drug and alcohol misuse makes it unclear if his presentation was a drug induced psychosis, nevertheless his presentation clearly required a full assessment and he was refusing to remain in hospital.

Master H (13yrs). Detained under Article 4

Master H has a diagnosis of learning disability diagnosis of ADHD (known to disability services). Some indication of being at risk of adverse reaction from others due to inappropriate (sexualised) language and behaviour towards others, both male and female. Reported episodes of physical aggression towards others.

Master H an inpatient in learning disability unit. Initial voluntary admission related to Master H referring to his wish to complete suicide by cutting and hanging or jumping from a height. He had also spoken of thoughts of stabbing his mother and was found standing over her while she was in bed with a knife

in his hand. Form 5 completed with follow-up assessment by GP and ASW.

Miss B (17yrs). Detained under Article 4

Miss B has an eating disorder and was being treated in psychiatric children's hospital on a voluntary basis. She was admitted after she tried to run away from home and had plans to take an overdose and run in front of a car. She attempted to leave contrary to medical advice on a number of occasions and was expressing suicidal plans which she stated she was going to act upon. A Form 5 was completed in respect of Miss B.

Miss B reported that she has had suicidal thoughts since her previous discharge. These suicidal thoughts intensified over a number of weeks. She ran away from home stating her intention to take an overdose or throw herself in front of traffic. Her mother intervened and she was admitted on a voluntary basis to an adolescent mental health unit. Miss B initially reported she had a few good days but suicidal feelings increased. She attempted to leave on two occasions and was subsequently detained, a Form 5 was completed. Miss B reported that her main issue was that she was overweight and felt worthless about herself. She felt her situation was hopeless and didn't want to go on with her life the way it was. Miss B continues to have suicidal thoughts and stated that she would act on them if she was able to leave.

Master J (16yrs). Detained under Article 4.

Master J has history of involvement with Children's services and more recently CAMHS. Query use of illicit drugs. He had become more self-isolating and engaging in acts placing him at risk. Noted to have been responding to hallucinations and obsessive traits. On assessment he alluded to thoughts of 'life-not-worth-living' and his wish that he could end his life. Risk level too high for family to continue to try to manage him at home. Refusing to be admitted to hospital for further assessment in a safer environment.

Miss K (17yrs). Detained under Article 4.

Miss K already inpatient in adolescent facility. History of self-mutilation and overdose. Wishing to leave hospital but very guarded in what she wished to disclose. Staff concerned due to presentation as inpatient and interaction with others. Previous history of absconding.

Master Q (16yrs). Detained under Article 4.

Master Q has history of illicit substance and alcohol use: aggression towards elderly relatives, demanding nature, poor sleep pattern and appetite were reported. Some query of psychotic features in terms of responding to auditory command hallucinations related to previous and more recent acts of self-harm.

Guardianship

There were no under 18 guardianships

9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	
	<ol style="list-style-type: none"> 1. For service users in sheltered/supported living accommodation, the named residential keyworker monitors the savings level in any account/general office account and ensures same stays below SSA thresholds. This is supported by the Trust's general office, on behalf of Corporate Appointee, working closely with the named worker. 2. Independent agencies could review the costs that the office of care and protection (OCP) charge for their services as some of the service users may not, fairly, be said to have agreed to these, and may wonder over time what has happened to their money and may see the staff member as part of a fraudulent conspiracy. 3. OCP could usefully produce some user friendly leaflets for service users and their families [potential controllers]. 4. Continued consideration of the directive "Safeguarding Service Users Finances" will ensure individual's affairs are managed appropriately and have access to necessary funds to help support themselves. 	

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

9.10	Number of supervision and treatment orders, (where a Trust social worker is the supervising officer) in force at the 31 st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as:	
	Treatment as an in-patient	0
	Treatment as an out patient	0
	Treatment by a specified medical practitioner.	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were made during the reporting period.	0
	Nothing to report.	

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Adult Physical Disability & Sensory Impairment

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	691	649
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	635	649
1.3	How many adults are in receipt of social work or social care services at 31 st March?	2412	2405
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	983	2389
1.4	How many care packages are in place on 31 st March in the following categories:		
	vii. Residential Home Care	8	1
	viii. Nursing Home Care	28	1
	ix. Domiciliary Care Managed	581 total	7
	x. Domiciliary Non Care Managed	348 total	7
	xi. Supported Living	18	0
	xii. Permanent Adult Family Placement	0	0
1.4a	For all those listed above in 1.4 provide assurance that the care management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Trust ISO procedures ensure that the Care Management process is being followed in respect to meeting service users assessed needs. Compliance with ISO procedures is audited internally on a quarterly basis and bi annually by BSI. Adult Disability Services was reaccredited by BSI in May 2016.		
1.4b	Please describe how the care management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting		

	<p>any particular difficulties being experienced and how they are being addressed.</p> <p>The care management function sits within the community teams which are led by professionally qualified social workers. Regular supervision including file audit ensures that the process is being followed. The management of absenteeism and recruitment process can result in a re-examination of care management priorities by the team leader. Adult Disability Services are currently working with Older People's Service to ensure the care management function delivers improved outcomes for service users and their families at it's core.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Views of service users, carers and families are evidenced in the assessment, care planning and review documentation in service users files. In addition, service user groups in day care and in Thompson House Hospital demonstrate how the decision making process can be impacted upon by these stakeholders' views. The introduction and promotion of self-directed support is ensuring that services users will lead the decision making, care planning and review processes. They will determine outcomes.</p> <p>Plans to extend the newly developed Carers Communication Wheel to all Disability Community Teams over the next months should see an increased uptake of carer assessments in Disability Services. By changing staff perceptions of Carer Assessment as bureaucratic we expect that they will be more likely to offer to carers in a meaningful way. Also by shifting the emphasis to <i>conversation</i> and away from <i>assessment</i> we would expect carers to be more willing to accept offers.</p>		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	140	0
	- Independent sector	55	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	142	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0

1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>The main pressure continues to be the provision of equipment e.g. shower chairs and communication aids that cost in excess of £2,000.</p> <p>There was no waiting list pressure regarding essential care provision, as this is deemed a priority within the programme.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>Adult Disability Services is developing a hub based model of day support/opportunity in the Downe sector for this service user group.</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	4	0
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>An annual audit of complaints received by Adult Disability Services is carried out twice per year. 2016/17 audit showed 78% of complaints were responded to within the required timescales with 2 complaints being re-opened to the Trust.</p>		

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

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	0	3	2
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	0	3	2
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	0	11	9

Age is at date of referral for 1.1 and 1.2

Age at 31st March for 1.3

2 CHRONICALLY SICK AND DISABLED PERSONS (NI) ACT 1978;			
		<65	65+
2.1	Details of patients less than 65 in hospital for long term (>3months) care who are being treated in hospital ward for over 65	0	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	260	304
	Partially sighted	443	1151
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	47	15
	Deaf without speech	34	13
	Hard of hearing	193	475
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	58	150

3 DISABLED PERSONS (NI) ACT 1989

Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability

3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	1563
	Number of Disabled people known as at 31 st March.	4781
3.2	Number of assessments of need carried out during period end 31 st March.	1563
3.3		
	This is now collected at 1.8.	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	1

**4 HEALTH AND PERSONAL SOCIAL SERVICES
(NI) ORDER 1972;**

Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£0
4.2	Number of TRUST FUNDED people in residential care	12
4.3	Number of TRUST FUNDED people in nursing care	37
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support emergency support centres (ESC)?	0

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.		277	53
5.2	Number of adult individual carers assessments undertaken during the period.		183	27
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?		0	0
5.4	Number of adult carers receiving a service @ 31 st March		248	53
5.5	Number of young carers offered individual carers assessments during the period.		0	
5.6	Number of young carers assessments undertaken during the period.		0	
5.7	Number of young carers receiving a service @ 31 st March		0	
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March		72	
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March		63	
	(c) Number of adults receiving direct payments @ 31 st March		225	
5.9	Number of children receiving direct payments @ 31 st March		0	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		30	
5.10	Number of carers receiving direct payments @ 31 st March		27	
5.11	Number of one off Carers Grants made in-year.		127	

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

Commentary

There was a 21% increase in the number of one off Direct Payments. There was a 23% increase in the number of carers assessments offered and a 17% increase in the numbers completed.

Data return 6: Suspended
Data return 7: Suspended
Data return 8: See composite report

9 The Mental Health (NI) Order 1986

Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	0	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	0	0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	0
	<i>Comment on any trends or issues in respect of requests for ASW assessment or ASW applications</i>		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
	<i>Comment on any trends or issues in respect of Nearest Relative applications for admissions</i>		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	0	

Use of Doctors Holding Powers (Article 7)

9.2	How many times did a hospital doctor use holding powers?	0
9.2a	Of these, how many resulted in an application being made?	0
	<i>Comment on any trends or issues on the use of holding powers</i>	

ASW Applicant reports

9.3	Number of ASW applicant reports completed	0
9.3.a	How many of these were completed within 5 working days	0
	<i>Please provide an explanation for any ASW Reports that were not completed within the requisite timescale, and what remedial action was taken.</i>	

Social Circumstances Reports (Article 5.6)

9.4	Total number of Social Circumstances reports completed.	0
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	<i>This should equate to number given at 9.1c. If it does not please provide an explanation.</i>	
9.4.a	Number of completed reports which were completed within 14 days	0
	<i>Please provide an explanation for any Social Circumstances Reports that were not completed within the requisite timescale, and / or any discrepancy between the number of Nearest Relative applications accepted and the number of Social Circumstances Reports completed, and what remedial action was taken.</i>	

Mental Health Review Tribunal

9.5	Number of referrals applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	0	0	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
	Total	0	0	0	0	0
	<i>Comment on any trends or issues in respect of Mental health Review tribunals</i>					
9.5.a	This is intentionally blank					

Guardianships (Article 18)																																						
9.6	Number of Guardianships in place in Trust at period end	0																																				
9.6.a	New applications for Guardianship during period (Article 19(1))	0																																				
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0																																				
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0																																				
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0																																				
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0																																				
9.6.f	Number of Guardianships accepted by a nominated other person	0																																				
9.6.g	Number of MHR hearings in respect of people in Guardianship																																					
	<table border="1"> <thead> <tr> <th>Requested by</th> <th>Number MHRT requested</th> <th>MHRT Hearings completed</th> <th>Number of patients re-graded > 6 weeks before hearing</th> <th>Number of patients re-graded < 6 weeks before hearing</th> <th>Number unexpectedly discharged by MRHT</th> </tr> </thead> <tbody> <tr> <td>Trust</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Patient</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nearest Relative</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6 weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT	Trust	0	0	0	0	0	Patient	0	0	0	0	0	Nearest Relative	0	0	0	0	0	Other	0	0	0	0	0	Total	0	0	0	0	0	
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Patient	0	0	0	0	0																																	
Nearest Relative	0	0	0	0	0																																	
Other	0	0	0	0	0																																	
Total	0	0	0	0	0																																	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)																																					
	<table border="1"> <tbody> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td>0</td> </tr> <tr> <td>Lapsed</td> <td>0</td> </tr> <tr> <td>Discharged by MHRT</td> <td>0</td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td>0</td> </tr> <tr> <td>Total</td> <td>0</td> </tr> </tbody> </table>	Discharges as a result of an agreed multi-disciplinary care plan	0	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	0																											
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	<i>Comment on any trends or issues in respect of Guardianship</i>																																					

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during	0

	period	
9.7.a	Number of Approved Social Workers removed during period	0
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	0

9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>No.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	0

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

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

Adult Learning Disability

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	79	4
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	79	4
1.3	How many adults are in receipt of social work or social care services at 31 st March?	1405	171
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	134	7
1.4	How many care packages are in place on 31 st March in the following categories:		
	xiii. Residential Home Care	91	29
	xiv. Nursing Home Care	45	22
	xv. Domiciliary Care Managed	407	58
	xvi. Domiciliary Non Care Managed	99	25
	xvii. Supported Living	237	17
	xviii. Permanent Adult Family Placement	1	0
1.4a	For all those listed above in 1.4 provide assurance that the care management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular. Trust ISO procedures ensure that the Care Management process is being followed in respect to meeting service users assessed needs. Compliance with ISO procedures is audited internally on a quarterly basis and bi annually by BSI. Adult Disability Services was reaccredited by BSI in May 2016.		
1.4b	Please describe how the care management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed. The care management function sits within the community		

	<p>teams which are led by professionally qualified social workers. Regular supervision including file audit ensures that the process is being followed. The management of absenteeism and recruitment process can result in a re-examination of care management priorities by the team leader. Adult Disability Services are currently working with Older People's Service to ensure the care management function delivers improved outcomes for service users and their families at its core.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>Views of service users, carers and families are evidenced in the assessment, care planning and review documentation in service users files. In addition, service user groups in day care demonstrate how the decision making process can be impacted upon by these stakeholders' views. The introduction and promotion of self-directed support is ensuring that services users will lead the decision making, care planning and review processes. They will determine outcomes. Each sector has a TILII Group that promotes peer advocacy and the Trust also contracts with Bryson House for an advocacy service.</p> <p>Plans to extend the newly developed Carers Communication Wheel to all Disability Community Teams over the next months should see an increased uptake of carer assessments in Disability Services. By changing staff perceptions of Carer Assessment as bureaucratic we expect that they will be more likely to offer to carers in a meaningful way. Also by shifting the emphasis to <i>conversation</i> and away from <i>assessment</i> we would expect carers to be more willing to accept offers.</p>		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	458	28
	- Independent sector	185	57
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	436	0
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	10	4
	- Independent sector	15	11

1.8	Unmet need (this is currently under review)	X	X
1.8a	<p>Please report on Social Care waiting list pressures</p> <p>Given the number of service users (including children's' transfers)with highly complex needs, including challenging behaviours and forensic type presentations, there is an increased pressure to develop bespoke placements and appropriate day care/day opportunities in regard to staffing levels and physical environment.</p>		
1.8b	<p>Please identify possible new service innovations that are currently supported by non-recurrent funding</p> <p>Non recurrent funding has been received to develop day opportunities for people with a learning disability. Projects are being developed with the Orchardville Society and Stepping Stones.</p>		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	1	0
1.10	<p>Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations.</p> <p>An annual audit of complaints received by Adult Disability Services is carried out twice per year. 2016/17 audit showed 78% of complaints were responded to within the required timescales with 2 complaints being re-opened to the Trust. Senior Managers within Adult Disability Services have attended Effective Complaints Response Training to improve the quality of responses to individuals.</p>		

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

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

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

Data return 2: Nil Return

3 DISABLED PERSONS (NI) ACT 1989		
<i>Note: 'disabled people' includes individuals with physical disability, sensory impairment, learning disability</i>		
3.1	Number of referrals to Physical/Learning/Sensory Disability during the reporting period.	83
	Number of Disabled people known as at 31 st March.	1576
3.2	Number of assessments of need carried out during period end 31 st March.	83
3.3	This is intentionally blank	
	Number of referrals have increased as have the numbers of open cases.	
3.4	Number of assessments undertaken of disabled children ceasing full time education.	14

**4 HEALTH AND PERSONAL SOCIAL SERVICES
(NI) ORDER 1972;**

Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£0
4.2	Number of TRUST FUNDED people in residential care	120
4.3	Number of TRUST FUNDED people in nursing care	67
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0
4.5	How many occasions in-year has the Trust been called upon to support emergency support centres (ESC)?	0

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	0	188	94
5.2	Number of adult individual carers assessments undertaken during the period.	0	131	56
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	334	222
5.5	Number of young carers offered individual carers assessments during the period.	8		
5.6	Number of young carers assessments undertaken during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	8		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	31		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	29		
	(c) Number of adults receiving direct payments @ 31 st March	99		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	12		
5.10	Number of carers receiving direct payments @ 31 st March	48		
5.11	Number of one off Carers Grants made in-year.	196		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				
The number of one off carers cash grants has increased by 34%				

Data return 6: Suspended
 Data return 7: Suspended
 Data return 8: See composite report

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	18	0
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	17	0
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	0
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. South Eastern Trust meets its duty under Article 117.1 by ensuring that the nearest relative is part of the discharge planning process.	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	3
9.2a	Of these, how many resulted in an application being made?	3

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	18
9.3.a	How many of these were completed within 5 working days	18
	N/A	

Social Circumstances Reports (Article 5.6)

9.4	Total number of Social Circumstances reports completed.	0
9.4.a	Number of completed reports which were completed within 14 days	0

Mental Health Review Tribunal

9.5	Number of referrals applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6 weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	0	0	0	0	0
	Patient	1	1	0	0	0
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
	Total	1	1	0	0	0
9.5.a	This is intentionally blank					

Guardianships (Article 18)

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

9.6.g	<p>Number of MHR hearings in respect of people in Guardianship</p> <table border="1" data-bbox="400 280 1364 929"> <thead> <tr> <th data-bbox="400 280 566 555">Requested by</th> <th data-bbox="566 280 726 555">Number MHRT requested</th> <th data-bbox="726 280 885 555">MHRT Hearings completed</th> <th data-bbox="885 280 1029 555">Number of patients re-graded > 6weeks before hearing</th> <th data-bbox="1029 280 1161 555">Number of patients re-graded < 6 weeks before hearing</th> <th data-bbox="1161 280 1364 555">Number unexpectedly discharged by MRHT</th> </tr> </thead> <tbody> <tr> <td data-bbox="400 555 566 629">Trust</td> <td data-bbox="566 555 726 629">0</td> <td data-bbox="726 555 885 629">0</td> <td data-bbox="885 555 1029 629">0</td> <td data-bbox="1029 555 1161 629">0</td> <td data-bbox="1161 555 1364 629">0</td> </tr> <tr> <td data-bbox="400 629 566 703">Patient</td> <td data-bbox="566 629 726 703">0</td> <td data-bbox="726 629 885 703">0</td> <td data-bbox="885 629 1029 703">0</td> <td data-bbox="1029 629 1161 703">0</td> <td data-bbox="1161 629 1364 703">0</td> </tr> <tr> <td data-bbox="400 703 566 777">Nearest Relative</td> <td data-bbox="566 703 726 777">0</td> <td data-bbox="726 703 885 777">0</td> <td data-bbox="885 703 1029 777">0</td> <td data-bbox="1029 703 1161 777">0</td> <td data-bbox="1161 703 1364 777">0</td> </tr> <tr> <td data-bbox="400 777 566 851">Other</td> <td data-bbox="566 777 726 851">0</td> <td data-bbox="726 777 885 851">0</td> <td data-bbox="885 777 1029 851">0</td> <td data-bbox="1029 777 1161 851">0</td> <td data-bbox="1161 777 1364 851">0</td> </tr> <tr> <td data-bbox="400 851 566 929">Total</td> <td data-bbox="566 851 726 929">0</td> <td data-bbox="726 851 885 929">0</td> <td data-bbox="885 851 1029 929">0</td> <td data-bbox="1029 851 1161 929">0</td> <td data-bbox="1161 851 1364 929">0</td> </tr> </tbody> </table>	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT	Trust	0	0	0	0	0	Patient	0	0	0	0	0	Nearest Relative	0	0	0	0	0	Other	0	0	0	0	0	Total	0	0	0	0	0	
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9.6.h	<p>Total number of Discharges from Guardianship during the reporting period (Article 24)</p> <table border="1" data-bbox="400 1041 1364 1265"> <tbody> <tr> <td data-bbox="400 1041 1098 1120">Discharges as a result of an agreed multi-disciplinary care plan</td> <td data-bbox="1098 1041 1364 1120">4</td> </tr> <tr> <td data-bbox="400 1120 1098 1158">Lapsed</td> <td data-bbox="1098 1120 1364 1158">0</td> </tr> <tr> <td data-bbox="400 1158 1098 1196">Discharged by MHRT</td> <td data-bbox="1098 1158 1364 1196">0</td> </tr> <tr> <td data-bbox="400 1196 1098 1234">Discharged by Nearest Relative</td> <td data-bbox="1098 1196 1364 1234">0</td> </tr> <tr> <td data-bbox="400 1234 1098 1265">Total</td> <td data-bbox="1098 1234 1364 1265">0</td> </tr> </tbody> </table>	Discharges as a result of an agreed multi-disciplinary care plan	4	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	0																											
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Discharged by Nearest Relative	0																																					
Total	0																																					

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

	This is adequate to enable the Trust to discharge its statutory duties.	
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used. No.	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	0
	10 Short Procedures Orders were completed.	

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

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

Primary Care and Older People

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	12	3441
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	12	2988
1.3	How many adults are in receipt of social work or social care services at 31 st March?	16	6884
1.3a	How many adults are in receipt of social work support only at 31 st March (not reported at 1.4)?	0	223
1.4	How many care packages are in place on 31 st March in the following categories:		
	xix. Residential Home Care	0	561
	xx. Nursing Home Care	4	1214
	xxi. Domiciliary Care Managed	6	2538
	xxii. Domiciliary Non Care Managed	4	2305
	xxiii. Supported Living	2	43
	xxiv. Permanent Adult Family Placement	0	0
1.4a	<p>For all those listed above in 1.4 provide assurance that the care management process is being applied in accordance with the DHSSPS Care Management HSC ECCU/1/2010 Circular.</p> <p>The care management process within the OPP programme follows guidance in accordance with above Circular. Care Managers ensure complex / high risk cases are effectively co-ordinated to ensure a timely delivery of care and services.</p>		
1.4b	<p>Please describe how the care management process is being managed in this programme with particular reference to decision making levels, review and care planning, highlighting any particular difficulties being experienced and how they are being addressed.</p> <p>Care managers work within multi-disciplinary community teams located in primary care sites. They are aligned to GP practices, except for specialist care managers for MHSOP who are aligned to each locality. Older People's Services follow ISO Social Care procedures to guide practice and ensure standardisation across the programme. Care</p>		

	<p>managers attend their own forum which meets four times per annum. Care managers also contribute to various practitioners sub-groups i.e. self-directed support. Screening and allocation of cases is made by the primary care managers. Cases which increase in complexity and require the care management process are again screened and allocated by the primary care manager. From 1st April all clients are assessed under self-directed support and work in partnership with the key worker to develop a support plan. Care is provided through direct payments, managed budget, traditional service or a mixed package of care. This has given more flexibility of care for the service user / family member. Difficulties experienced include increasing complexity of cases. Care managers are delivering care to an increasingly aging service user group with complex health needs. We have identified an increasing number of elderly partners / carers whose own needs change and are no longer available to support the service user. Care managers are responding by offering timely reassessment of need. As reviews are person centred and include carers, a discussion regarding future care planning will be considered to ensure the client's views and wishes are recorded to inform future care planning.</p>		
1.4c	<p>Please articulate how the views of service users, their carers and families are included in the decision making process, review and care planning.</p> <p>As above, the process is person centred and follows the guidance and principles as set out in the HSC Guidance. Carers and families are included (with service users consent) in all stages of the process. The service users and carers are included in the care planning and review of their care. SDS has allowed the service user / family to have greater ownership of their care through involvement in support planning and the flexibility of being more innovative in developing their care plans and means of providing this care</p>		
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care	95	471
	- Statutory sector	90	210
	- Independent sector	5	261
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	0	0

	Of those at 1.6 how many are EMI / dementia		
1.7	- Statutory sector	0	46
	- Independent sector	5	110
1.8	Unmet need (this is currently under review)	X	X
1.8a	Please report on Social Care waiting list pressures The pressure within Social Care is the inability to access care packages and we currently have 250 care packages with Brokerage who have been unable to source a Provider. Providers are stating difficulties in recruitment and retention of workforce.		
1.8b	Please identify possible new service innovations that are currently supported by non-recurrent funding Social Care response pilot in North Down & Ards. Initially an ICP project to facilitate urgent care support for a short period out of hours to expedite hospital discharge or for Enhanced Care at Home to help prevent hospital admission.		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	4
1.10	Complaints – Please describe any service change or improvement implemented or intended as a result of complaint investigations. Contract Department have recruited 2 Domiciliary Monitoring Officers to audit domiciliary care providers to ensure high quality of care is provided.	0	

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

Hospital: Ulster, Lagan Valley, Downe & Ards

1 GENERAL PROVISIONS - HOSPITAL				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	153	1105	5820
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	153	1105	5820
1.3	How many adults or children are on Hospital Social Workers caseloads at 31 st March?	19	98	460

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

Data return 2: nil return
Data return 3: nil return

**4 HEALTH AND PERSONAL SOCIAL SERVICES
(NI) ORDER 1972;**

Article 15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£0
4.2	Number of TRUST FUNDED people in residential care	515
4.3	Number of TRUST FUNDED people in nursing care	1533
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	252
4.5	How many occasions in-year has the Trust been called upon to support emergency support centres (ESC)? Fire in Alpine House Residential Home, residents initially moved to Bayview Day Centre and then transferred to Northfield Statutory Residential Home where they remained until they were able to return to Alpine House.	1

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	1	590	941
5.2	Number of adult individual carers assessments undertaken during the period.	0	191	217
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	0	0
5.4	Number of adult carers receiving a service @ 31 st March	0	0	976
5.5	Number of young carers offered individual carers assessments during the period.	0		
5.6	Number of young carers assessments undertaken during the period.	0		
5.7	Number of young carers receiving a service @ 31 st March	0		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	58		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	58		
	(c) Number of adults receiving direct payments @ 31 st March	105		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	0		
5.10	Number of carers receiving direct payments @ 31 st March	26		
5.11	Number of one off Carers Grants made in-year.	317		

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

The number of one off payments has increased by 50% 2016 – 2017. The key worker undertakes a carer's assessment and support plan in conjunction with the carer. There continues to be very positive feedback from carers regarding the benefits of the one off payment.

Data Return 6: Suspended
Data Return 7: Suspended
Data Return 8: See composite report

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		TRUST ASW	RESWS ASW
9.1	Total Number of Assessments made by ASWs under the MHO	69	14
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	55	12
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	8	2
	See commentary in mental health section 9.1b		
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	3	
	See commentary in mental health section 9.1c		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge.	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	13
9.2a	Of these, how many resulted in an application being made?	12
	See commentary in mental health section 9.2a	

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	60
9.3.a	How many of these were completed within 5 working days	60
	N/A	

Social Circumstances Reports (Article 5.6)

9.4	Total number of Social Circumstances reports completed.	3
9.4.a	Number of completed reports which were completed within 14 days	3

Mental Health Review Tribunal						
9.5	Number of applications to MHRT in relation to detained patients					
	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6 weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT
	Trust	1	1	0	0	0
	Patient	0	3	0	1	1
	Nearest Relative	0	0	0	0	0
	Other	0	0	0	0	0
	Total	1	4	0	1	1
9.5.a	This is intentionally blank					

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

9.6.g	Number of MHR hearings in respect of people in Guardianship																																					
	<table border="1"> <thead> <tr> <th>Requested by</th> <th>Number MHRT requested</th> <th>MHRT Hearings completed</th> <th>Number of patients re-graded > 6 weeks before hearing</th> <th>Number of patients re-graded < 6 weeks before hearing</th> <th>Number unexpectedly discharged by MRHT</th> </tr> </thead> <tbody> <tr> <td>Trust</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Patient</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Nearest Relative</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Other</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1</td> <td>1</td> <td>0</td> <td>0</td> <td>0</td> </tr> </tbody> </table>	Requested by	Number MHRT requested	MHRT Hearings completed	Number of patients re-graded > 6 weeks before hearing	Number of patients re-graded < 6 weeks before hearing	Number unexpectedly discharged by MRHT	Trust	1	1	0	0	0	Patient	0	0	0	0	0	Nearest Relative	0	0	0	0	0	Other	0	0	0	0	0	Total	1	1	0	0	0	
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Nearest Relative	0	0	0	0	0																																	
Other	0	0	0	0	0																																	
Total	1	1	0	0	0																																	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)																																					
	<table border="1"> <tbody> <tr> <td>Discharges as a result of an agreed multi-disciplinary care plan</td> <td>1</td> </tr> <tr> <td>Lapsed</td> <td>0</td> </tr> <tr> <td>Discharged by MHRT</td> <td>0</td> </tr> <tr> <td>Discharged by Nearest Relative</td> <td>0</td> </tr> <tr> <td>Total</td> <td>1</td> </tr> </tbody> </table>	Discharges as a result of an agreed multi-disciplinary care plan	1	Lapsed	0	Discharged by MHRT	0	Discharged by Nearest Relative	0	Total	1																											
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Discharged by Nearest Relative	0																																					
Total	1																																					

Approved Social Worker (ASW) Register

9.7	Number of newly appointed Approved Social Workers during period	0
9.7.a	Number of Approved Social Workers removed during period	1
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	5

	There is one vacancy which is currently being recruited which will enable the Trust to fully discharge its duties.
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9.8	<p>Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? If so please provide detailed explanation for each and every instance including their age and relevant powers used.</p> <p>No detentions or guardianships for individuals under 18 years of age.</p>	
9.9*	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107?	23
	<p>The main issue is Consultants and GPs are refusing to complete Form 5 financial capacity assessment required for referral to OCP. This has resulted in a delay in referral and the Trust having to seek private financial assessments completed by a Consultant external to the Trust. The Trust has been liaising with the Trust Primary Care Medical Director to get a future model where financial assessments will be completed on a private basis by four GPs covering the Trust area. The Trust is currently working with HR and contracts department to recruit into this model.</p>	

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

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

Children Services

5 CARERS AND DIRECT PAYMENTS ACT 2002

		16-17	18-64	65+
5.1	Number of adult carers offered individual carers assessments during the period.	0	113	0
5.2	Number of adult individual carers assessments undertaken during the period.	0	110	0
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	0	54	0
5.4	Number of adult carers receiving a service @ 31 st March			
5.5	Number of young carers offered individual carers assessments during the period.	26		
5.6	Number of young carers assessments undertaken during the period.	17		
5.7	Number of young carers receiving a service @ 31 st March	48		
5.8	(a) Number of requests for direct payments during the period 1 st April – 31 st March	41		
	(b) Number of new approvals for direct payments during the period 1 st April – 31 st March	41		
	(c) Number of adults receiving direct payments @ 31 st March	155		
5.9	Number of children receiving direct payments @ 31 st March	0		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	155		
5.10	Number of carers receiving direct payments @ 31 st March	155		
5.11	Number of one off Carers Grants made in-year.	139		

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

5.2 The number of carer assessments completed has slightly decreased from last year; this is due to staffing changes and sickness levels within children's disability teams. There are a number of families awaiting a carer assessment to be completed.

5.11 The number of one off carer grants made has also decreased for the above reason.