



30 November 2023

Via Email: cscsreviewconsultation@health-ni.gov.uk

Children's Social Care Services Consultation Response Team
Room A3.5, Castle Buildings
Stormont Estate
BELFAST BT4 3SQ

Dear Colleagues,

DEPARTMENT OF HEALTH – INDEPENDENT REVIEW OF CHILDREN'S SOCIAL CARE SERVICES IN NI

Belfast City Council welcomes the opportunity to provide input to and a formal response (enclosed) to the Independent Review of Children's Social Care Services in Northern Ireland. This response has been considered by the Council's Corporate Management Team (CMT), however, remains subject to Committee approval and full Council ratification in January 2024. We will ensure any additional commentary is submitted at that stage.

The Council endorses the report and the tangible recommendations set out within it and welcomes the strategic focus on ensuring our most vulnerable children and families are offered the best possible support and opportunity to achieve their full potential. We are very supportive of the focus on the integration of a range of necessary support for families and the emphasis in the review of the role of poverty and the need for more integrated family support to function as part of wider place-based approach to tackling family poverty. We also support the proposed strengthening of local partnerships and multi-disciplinary working across the community and voluntary sector, and we see the role of existing local area-based partnerships as a bedrock from which to develop a deeper and more systemic relationships that can better identify and support vulnerable families and children.

Supporting children and young people to fulfil their potential and tackling family poverty is at the heart of the Belfast Agenda, the community plan for Belfast, our Corporate Plan and is embedded in the Council's provision of support to citizens and communities within Belfast. We are committed to supporting our children and young people and ensuring they are empowered, safe, happy, achieving at each stage of life and able to play their part and confidently participate in civic life and grow to become our future leaders. The Council works collaboratively with multi-agency partners, including the Belfast Area Outcomes Group (BAOG) to meet the specific social and economic needs of children, young people and their families and helps to address the many challenges they face.

Contd/

JOHN TULLY

Director of City & Organisational Strategy

City Hall, Belfast, BT1 5GS | Tel: 028 9027 0239 | Web: <http://www.belfastcity.gov.uk>



Whilst a detailed response to the specific questions posed in the consultation document is enclosed, please find a brief summary of some the key points raised for consideration:

- We are supportive in principle of the core recommendation to introduce a region-wide single focused children's and families Arms-Length Body (ALB+), that will provide the required degree of leadership and delivery focus for children and families.
- We also see the benefits of positioning and developing this as a cross-departmental joint government initiative (e.g., DoH, DfC etc) with the right mix of leadership, resources and powers to enable the creation of area, local and community-based partnerships, which can deliver the right blend of integrated support required to support children and families.
- We believe that there is potential to develop the approach further, for example in strengthening links to support for housing and income poverty, which are fundamental stability factors for all families, especially vulnerable families and their children.
- Conceptually this follows the approach that is being taken across government with Housing First as a shared priority across Departments, so there is potential for shared learning.
- In change management terms, we suggest this provides the opportunity to present an ALB+ as an important and progressive development that is a partnership 'of Government' and at local level 'of Health and Social Care Trusts' and at community level 'with communities' that requires their full and ongoing support and engagement. This manages the risk that an ALB+ is perceived as an extraction, or breakaway development which could be disadvantageous in terms of leadership and staff engagement.
- In designing the new ALB+ approach, structures and composition, due consideration is given to how this can take account and build upon existing community planning structures and council services/ provision. This in turn would avoid potential duplication and help maximise the contribution and commitment of cross-sectoral/ inter-agency partners.
- We are currently updating our Belfast Community Plan, the Belfast Agenda, which aligns with the implementation of the review timeframes. We are keen to test key concepts and recommendations within the review through collaborative work we are taking forward through the Belfast Area Outcomes Groups (BAOG) and Community Planning structures. We would welcome the opportunity to discuss this further to explore how that could look in tangible terms.



Belfast
City Council

The Council welcomes the opportunity to continue to engage with you and work in partnership to successfully deliver the recommendations of the review.

We hope you find this response both useful and informative, if you have any queries in respect of the points raised, please feel free to contact me or my colleague Karen Anderson-Gillespie @ andersonkaren@belfastcity.gov.uk.

Yours faithfully

A handwritten signature in black ink, appearing to read 'John Tully'.

JOHN TULLY

Director of City & Organisational Strategy

Independent Review of Children's Social Care Services

Initial Consultation on the recommendations

CSCS Review

Public Consultation Response Paper

(Print Version)



Department of
Health

An Roinn Sláinte
Máinnystrie O Poustie

CHILDREN'S SOCIAL CARE SERVICES REVIEW CONSULTATION QUESTIONNAIRE

About You

The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice.

When completing this section, you only need to answer the questions that are relevant to you.

1. Are you responding

- as an individual? (Please complete questions 2-6)
 - on behalf of an organisation? (Please complete question 7)
- (Required)

2. About You – An individual

Are you a child / young person (under the age of 18)?

- Yes
- No

3. Are you a child / young person with care experience?

- Yes
- No
- Prefer not to say

4. Have you ever engaged with family and children's social care services? If yes, in what capacity? (Examples include - as a: foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive)

- Yes
- No

If yes, please specify below.

5. Do you work with children or families in a social care capacity?

Yes

No

6. If you answered yes to question 5 do you work in:

Statutory Health and Social Care Sector?

Voluntary or community sector?

Education?

Other?

Prefer not to say

If other, please specify:

This is the end of this section for those answering as an individual.

7. If you are responding on behalf of an organisation, please provide the name of the organisation.

Organisation Name

Belfast City Council

Chapter 1 – Guiding Principles

This group of recommendations have been categorised as Guiding Principles. They are intended to provide a general steer on how implementation of the Review’s recommendations should proceed. One is specific to foster care. There are a total of 8 recommendations in this group as follows:

Recommendation 1: Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children’s services are organised and delivered. *(See Chapter 1, pages 36 – 38, paras 1.45 – 1.51)*

Recommendation 4: There is the need for more help for families to assist them to care well for their children. *(See Chapter 2, pages 51 - 53, paras 2.27 – 2.31)*

Recommendation 5: Now is the time for action to tackle the difficulties for children and families and for children’s social care described in the TOR and within this report, and the action needs to be taken without drift or delay. *(See Chapter 3, pages 55 – 58, paras 3.1 – 3.14)*

Recommendation 6: In deciding how to respond to this Review there should be a wide and inclusive consultation which draws on the wisdom of all who have experience and engagement with and within children’s social care. *(See Chapter 4, pages 61 – 72, paras 4.1 – 4.56 and Chapter 18, page 269, paras 18.9 – 18.10)*

Recommendation 26: Foster carers should be recognised and positioned as valued members of the children’s social care workforce. *(See Chapter 13, pages 190 – 191, paras 13.13 – 13.16)*

Recommendation 29: Do not allow the privatisation of care of children. *(See Chapter 13, page 195, paras 13.33 – 13.34)*

Recommendation 50: The difficulties facing children’s social care services need to be tackled with pace. *(See Chapter 18, page 272, para 18.20)*

Recommendation 51: There should be a wide consultation on the proposals and recommendations from this Review. *(See Chapter 18, page 269, para 18.9)*

General views are being sought on the recommendations within this group. A specific question is asked in relation to recommendation 29.

Consultation Questions

Q1. Do you agree with the categorisation of these recommendations as guiding principles? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes

No

Undecided

Comments

There is a considerable void in both financial and human resources within the social care industry, and as the report states there is a 'political vacuum' and until these issues are addressed there is little hope of the recommendations 'guiding' anything.

The report highlights underfunding, oversubscription, continued and consistent increase in workload, funding cuts for the Community and Voluntary Sector (as a result of financial constraints), the inability to recruit social workers and the burn out of existing social workers, all which have resulted in a system that is no longer functional or fit for purpose.

The recommendations listed represent a mixture of extremely valuable declarations of intent (R4,6) specific actions (R26,29), and a description of contextual reality (R1,5,51). There are three main themes in the proposed recommendations/ guiding principles:

- i. The contextual reality of NI given its size is an opportunity - The council feels that while NI is not large, the geographical characteristics of the region should not be used as a principle. Furthermore, there are a number of challenges that need to be acknowledged when dealing with the geographical concept extensions of NI, such as the differentiation of geographical community boundaries and the functions of local authorities, in comparison to areas where the proposed model is already in place (i.e., local authorities in England and Scotland)
- ii. There is a current need to address the reform due to a number of inefficiencies in the current model combined with additional pressures.
- iii. There are some actions that will benefit the overall development of the review (R4,26,29 etc..).

Whilst we support and commend the need for guiding principles, we feel that categorising eight of the recommendations as guiding principles could create a hierarchy of importance between the recommendations made, with the others becoming secondary by default. It's important that where applicable all the recommendations are used to help inform the development of a set of guiding principles for the implementation plan. The guiding principles should be used to address the challenge and the decision-making process.

The re-imagining of service delivery under the review will require behavioural changes as well as a fundamental cultural shift. Placing a number of values as principles (underpinned by the review itself) would be beneficial in the implementation of the actions derived from the document, for example:

- a) Placing lived experiences at the centre of the process.
- b) Transparency
- c) Accountable leadership
- d) Collaboration
- e) Adaptability to NI structures

We believe that adopting broader concepts/ values will highlight that all the recommendations are important in their own right and will influence a shift in the change needed to deliver the outcomes that the review seeks to achieve.

As a guiding principle, we agree that all carers and individuals working to support children and families should be recognised and valued as part of the workforce, as well as foster carers.

Q2. Are you content with the proposal to adopt the principles to guide future reform in this area of service provision? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

- Yes
- No
- Undecided

Comments

As per above, the Council would welcome broader principles/ values to guide the implementation of the review. These must be informed by all the

recommendations and used to address the challenges and aide the decision-making process. The current guiding principles reflect the reality of the current state as opposed to enabling the transformational change required to create a better future state.

It's very important to move at pace, and to continue the process of consultation and engagement to help inform/ shape the delivery proposals/ actions coming from the recommendations.

We agree that there is a need for more help for families (R4) but more importantly that the help is relevant, accessible and consistent, with needs.

Q3. Do you accept the position taken in connection with recommendation 29?

Yes

No

Undecided

Comments

The Council supports R29 - "Do not allow the privatisation of care of children" as there is always a danger that if this vital service is privatised, it becomes more about profit making and the services become even more fragmented.

Based on the online publication Children & Young People Now, Prof Jones author of the report notes that Northern Ireland "has largely avoided the difficulties now prevalent elsewhere in the UK, and especially in England" around the privatisation of children's residential care, which means "money is remaining in, rather than leeching from, services". He warns that privatisation leads "to poorer and less well-planned services".¹

With over 40 years' experience in social work and several published studies on privatisation of social work² Prof. Jones is well aware of the difficulties in privatisation of the social work, a process ongoing since the 1980s.

¹ <https://www.cypnow.co.uk/news/article/regional-organisation-could-fix-child-protection-crisis-northern-irish-care-review-finds>

² In whose interest? The privatisation of child protection and social work
Ray Jones, Bristol, Policy Press, 2019, 375 pp., £19.99 (paperback), ISBN 978-1-4473-5128-3

Research suggests that rather than alleviating the issues highlighted, the privatisation of child protection services would lead to more harm and further fragmentation of an already unintentionally fragmented and struggling service.

Q4. Are there further comments that you would like to make in terms of how we ensure that the guiding principles identified by the Review are being adopted?

Yes

No

Comments

The Council is not in favour of the categorisation of some of the suggested recommendations as guiding principles. The principles as they currently sit in the review are not explicit but implicit. These guiding principles should be comprehensive and relatable to all recommendations and underpin the implementation plan and the service reform required.

The report accurately describes what is in reality a failing system i.e., number of cases is overwhelming, and the current structure is unsustainable.

The Council supports the recommendations in this report, and through its role in facilitating the Community Planning process, is keen to play a supportive and collaborative role in taking them forward and a key role in governance structures as they emerge.

Chapter 2 - More Effective Family and Children's Services

This group of recommendations is intended to deliver more effective social care services for children and families in Northern Ireland. There are 18 recommendations in this group as follows:

Recommendation 2: Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty. *(See Chapter 1, pages 23-26, paras 1.1 – 1.17)*

Recommendation 22: There needs to be a re-set and re-focus for children's social care services to give a greater focus and attention to family support. *(See Chapter 12, pages 171 – 175, paras 12.12 – 12.27)*

Recommendation 23: The success and contribution of Sure Start should be recognised and, along with other family support services, expanded, including for children aged 4-10 years. *(See Chapter 12, pages 177 – 182, paras 12.34 – 12.50)*

Recommendation 25: Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift. *(See Chapter 13, pages 187 – 189, paras 13.4 – 13.12)*

Recommendation 27: The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model. *(See Chapter 13, page 193, para 13.27)*

Recommendation 28: Consideration should be given to the public sector provision of additional smaller children's homes. *(See Chapter 13, pages 194 – 196, paras 13.31 – 13.39)*

Recommendation 30: Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children. *(See Chapter 13, pages 199 – 201, paras 13.46 – 13.57)*

Recommendation 31: Extend the transition period where appropriate and necessary for young people moving to adult services. *(See Chapter 13, pages 201 – 204, paras 13.58 – 13.71)*

Recommendation 32: Introduce a region-wide transitions advice and advocacy service. *(See Chapter 13, page 202, para 13.60)*

Recommendation 33: Accommodation within the positive post-18 services needs to be expanded and more readily available. *(See Chapter 13, page 203, para 13.65 – 13.69)*

Recommendation 34: Implement the major recommendations of the Gillen Review of the family courts. *(See Chapter 13, page 205, para 13.74 – 13.79)*

Recommendation 35: Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services. *(See Chapter 13, page 208, paras 13.80 – 13.81)*

Recommendation 36: An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services. *(See Chapter 14, pages 212 – 213, paras 14.6 – 14.10)*

Recommendation 37: Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children's social care services. *(See Chapter 14, page 213, para 14.11)*

Recommendation 42: There should be the development of emotional health and well-being services separate from clinical CAMHS services. *(See Chapter 15, page 236 – 237, paras 15.50 – 15.56)*

Recommendation 43: Within Beechcroft consideration should be given as to how best to tackle the concerns about young people with challenging and confrontational behaviours being within the same hospital ward space as young people with eating disorders. *(See Chapter 16, page 247 – 250, paras 16.17 – 16.19.9)*

Recommendation 44: There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient service. If this is to continue, action should be taken to tackle the isolation of the in-patient service. *(See Chapter 16, page 250 – 251, paras 16.20 – 16.24.5)*

Recommendation 49: There is without doubt the need for increased funding and investment to respond to the increasing poverty creating difficulties for children and families and to allow them to receive the help and assistance they need. *(See Chapter 17, page 265, paras 17.26 – 17.27)*

Views are being sought on all of the recommendations in this group, with the exception of recommendation 2. Some questions are general; others are specific to individual recommendations.

Q5. Do you agree with the decision by the Department of Health to implement, through an already established programme board, recommendations 25, 28, 30, 33 and 49?

Yes

No

Undecided

Comments

The Council feels that this approach seems reasonable and suggests that specific accountability mechanisms should be agreed as the delay in the review of foster care policies and legislation will take time.

Whilst the process of review is taking place, a number of children will be at risk. Currently there is a continued lack of foster care and the long process in place is forcing some foster carers to take children into their homes without the proper approval and matching process being carried out.

We would suggest that mitigating transitional arrangements are put in place to navigate from the current unsustainable operating situation, until a more fit for purpose approach is viable, following completion of the policy and legislative review.

We welcome the additional recommendations, which help address some of the current “gaps” in service provision (R28,33), but additional actions will need to be developed as part of a robust consultation and engagement process and agreed by the board.

Q6. Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?

Yes

No

Comments

Please refer to Q5 above. The policy and service update will certainly be beneficial when completed but until then, there is still a huge number of children that are not receiving a suitable service and carers are under pressure.

Q7. Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support? (Recommendation 22)

Yes

No

Undecided

If you selected yes, how might the reset be best achieved/delivered?

The Council believes that the navigation route is well set out in section 12.18 of the report. We welcome R22 and agree that resetting the balance from a child protection to a child centred approach will require a realignment of family support mechanisms.

The golden thread in the current context where child protection seems to override interventions, leaves practitioners with very little resource to act in mitigating situations that could lead to a child protection issue. Furthermore, it also creates a very lineal and restrictive set of actions to take once gateway teams get involved, due to a lack of planned interventions in place.

Changing this culture will require shared outcomes, the offer of additional relevant services, co-design approaches and joint delivery with the third sector and other practitioners. It is clearly about “mobilising” and more importantly “resourcing” the work with families, agencies, statutory organisations, and the voluntary and community sectors.

As explained in the review document, the efforts (both human and financial) invested in case reviews should at least be mirrored, both in terms of constitution

and resourcing, with collaborative reviews of services in particular areas to families at risk.

We would welcome the opportunity to play a key role in enabling these conversations at a local level, were partners, as part of Community Planning structures, can collaboratively provide an “alternative” route for children that might be at risk of becoming “case review material”. We also believe that the same services should be tailored to address the needs of children that have entered the child protection route. We agree that there should be an increased focus on family support, and less use of terms such as intervention or “troubled families”. The range of services offered should fall under the umbrella term “family support”.

We agree that the range of support services should aim, where possible, to be locally based and accessible, easy to navigate and attention given to destigmatise the uptake of help. Venues, where possible, should be used by the whole community and offer a welcoming space that people can use and enjoy as well as access vital help and support.

Q8. Do you agree that Sure Start should be expanded so that children (age 0-3) and families outside current Sure Start catchment areas can avail of Sure Start services? (Recommendation 23)

Yes

No

Undecided

If you selected yes, should expansion be targeted for those outside catchment areas and, if so, how?

Yes, the Council agrees that families that fall outside of catchment areas should be able to access services if the need is there.

Furthermore, there is a huge gap in service provision for children and families outside sure start age. This needs to be addressed by either expanding the age target or by creating continuation/ transition projects after Sure Start.

If targeted based on need, how should children be identified to Sure Start projects?

Council is aware of current structures, such as the Locality Planning Groups that could potentially feed referrals, if provided with adequate resources.

Sure Start offer some fantastic programmes and support for families. It would be great if they were accessible to everyone.

What difference do you consider expansion would make?

Council believes that expansion would make a significant difference and would lead to an increase in the number of mums and families supported through those important early years and create a healthier and more positive experience for vulnerable families who face multiple inequalities and are struggling to cope.

How might this expansion of services be achieved using the existing 38 Sure Start projects?

Q9. Do you agree that the provision of Sure Start services should be extended to older children, i.e., aged 4 to 10? (Recommendation 23)

- Yes
- No
- Undecided

If you selected yes, should provision be targeted and, if so, how?

Council would also suggest that plans are also introduced to address the gap in children aged 10 to 14 (youth work age), creating a natural and seamless pathway of interventions and services for children of all ages.

Which services/support should be available for children aged 4 to 10 through Sure Start?

We would suggest that the services/ support on offer should be in line with those suggested by the United Nations Convention on the Rights of the Child (UNCRC), in comparison with the level of those fully accessing those rights. These will inevitably be different, for different children, in different areas, so it is important that key areas of prioritisation are agreed and reviewed regularly.

How would extended services for children aged 4 to 10 integrate with their attendance at pre-school/ school?

With the current mindset, where Education is completely separate from Social Services, the tension is understandable, based on different organisational interests. The fear of affecting internally agreed compliance requirements override the interests of children and young people.

The Council believes that the provision of extended services should be considered as interventions that are necessary for the normal development of a child and function of a family, in the same way that medical appointments or emergency medical interventions are integrated with school attendance.

We feel that there should be improved alignment between the aims of the Education Authority and those of Social Care Services, which will result in reciprocal benefits. Research highlights the impact that emotional resilience, play and emotional regulation has in the capacity to achieve better in academic terms. In addition, both specialist and non-specialist services can be delivered at different times. Most of the current family support work takes place either at an age where school attendance is not required and/ or outside school hours.

Another alternative is to embed services within normal school hours. Some good practice European educational system appoints a psycho-pedagogue per school. They act as an early intervention mechanism that links health, social services and education outcomes. The functions are to diagnose and identify needs (including child protection needs), propose interventions and support the school community in providing access to services for parents, teachers and pupils. The model has proven to be successful. Furthermore, some of the issues presented in R22 have been addressed with this model, as the psycho-pedagogue, acts as a sounding board with expertise and knowledge in the specific issues of children under their remit and a key enabler of inter-departmental conversation at an operational level.

What support should be available for parents/ families of children aged 4 to 10 through Sure Start?

Council believes that support should be informed by local data, research and evidence base, where available. It is also well known that the diagnosis of ASD and ADHD have increased in NI. The reason behind this, could be that a larger number of diagnostics processes have taken place or that there is more awareness of the conditions. However, this increase has not been translated into a proportional

increase in new services or adapted services via training and upskilling of staff for children and families, with children with the diagnosed condition. In fact, the barriers that diagnosed children encounter in health, education and other aspects of their lives have unfortunately increased.

The long delays by the Education Authority to deal with the statements of education are huge, with children sometimes missing the key developmental years in their lives with no support at all. And unfortunately, once support is agreed for the child, it can sometimes be irrelevant (due to the length of time taken) or insufficient as conditions have changed.

The Council believes that flexible and agile co-designed child centred services based on local knowledge and multi-agency co-operation are essential to effectively influence and make a difference to children's lives. These are similar to the key principles for determining interventions to be driven/ owned by community planning partners. As part of the community planning refresh process, community planning partners are working with the Belfast Area Outcomes Group (BAOG) to design and deliver a seamless early intervention development pathway for children in their early years so that they realise their potential to develop and thrive.

How might this extension of services be achieved using the existing 38 Sure Start projects?

The Council believes this could be extended by increasing resources and adding flexibility to both design and intervention areas.

What challenges or risks might it create/generate and how might these be overcome?

What benefits would Sure Start services bring to families with children in this age group?

Q10. How do you consider other family support services could be expanded to meet the needs of children aged 4 to 10? (Recommendation 23)

Q11. Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)

Yes

No

Undecided

Comments

Q12. Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)

Yes

No

Not sure

Comments

Q13. Do you agree that children with a disability should not automatically transition from children's services to adult services at age 18? (Recommendation 31)

Yes

No

Undecided

Comments

Yes, Council is aware that this is a very complex area of work and that every individual child will have very different levels of need. It would be good if the transition period could be flexible, where required.

Q14. What do you consider to be a suitable transition period for children and young people with a disability moving to adult services? (Recommendation 31)

Comments

Unable to comment

Q15. Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)

Yes

No

Undecided

Comments

Q16. Do you agree that a transitions advice and advocacy service is required in Northern Ireland? (Recommendation 32)

Yes

No

Undecided

Comments

Unable to comment.

Q17. How do you suggest the advice and advocacy service is provided? (Recommendation 32)

Unable to comment.

Q18. Is there scope to combine implementation of recommendation 32 with recommendation 36?

Yes

No

Undecided

Comments

Q19. Do you agree that the Gillen Review should continue to help shape civil and family justice modernisation priorities? (Recommendation 34)

Yes

No

Undecided

Comments

Not familiar with the Gillen Review

Q20. Do you agree that informal arrangements between members of the judiciary and leaders of children's social care services should be put in place as recommended? (Recommendation 35).

Yes

No

Undecided

If yes, please specify.

Q21. Do you agree that improvements are necessary in how parents who are engaged with children's social care services are supported, including through advocacy support? (Recommendation 36)

Yes

No

Undecided

Comments

Q22. Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)

Yes

No

Undecided

If yes, please specify. If no, do other mechanisms currently exist which we can draw and build on?

Q23. Is there scope to combine implementation of recommendation 36 with recommendation 32?

Yes

No

Undecided

Comments

Q24. Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children's social care services?

(Recommendation 37)

Yes

No

Undecided

Comments

Q25. Do you agree with the plan under the Mental Health Strategy to further develop emotional health and well-being services and mental health services for children and young people? (Recommendation 42)

Yes

No

Undecided

Comments

Q26. Are there any other approaches that could be considered? (Recommendation 42)

Yes

No

Comments

Q27. Do you agree with the proposal to undertake a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility in response to the concerns raised by the Review? (Recommendation 43)

Yes

No

Undecided

Comments

Q28. Is there another approach that could be taken to address the concerns raised in connection with Beechcroft Child and Adolescent Mental Health Unit in-patient facility? (Recommendation 43)

Yes

No

Not sure

Comments

Q29. Do you agree with the Department's position in relation to the need for an in-patient facility for children with a disability? (Recommendation 44)

Yes

No

Undecided

Comments

Q30. Do you agree with the proposal to undertake a review of service provision at the Iveagh Centre in-patient facility, alongside implementation of the Strategic Framework for Children with a Disability? (Recommendation 44)

Yes

No

Undecided

Comments

Q31. Are there any other steps that you consider the Department needs to take in connection with the concerns raised by the Review? (Recommendation 44)

Yes

No

Not sure

Comments

Q32. Have you any further comments about how social care services for children and families could be improved, taking account of what the Review found?

Yes

No

Comments

Chapter 3 – Operational/Organisational Effectiveness and Efficiency

This group of recommendations is intended to deliver organisational arrangements which are focussed on children and young people at all levels, from the Department of Health through to front-line children’s social care services. There are 17 recommendations in total in this group as follows:

Recommendation 7: There is a clear and firm recommendation for a region-wide Children and Families arms-length body. So much which follows is likely to be dependent for its impact on having a regional ALB. *(See Chapter 6, Pages 113 – 116, paras 6.1 – 6.10)*

Recommendation 12: Statutory children’s and families’ social care services need to be located within an organisation where this is the primary focus of the organisation. *(See Chapter 8, pages 127 – 129, paras 8.5 – 8.9.2)*

Recommendation 13: Future arrangements need to allow the leaders of statutory children’s social services to focus on the services without the allocation of other roles and responsibilities. *(See Chapter 8, page 129 – 131, para 8.10 – 8.15)*

Recommendation 14: The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland). *(See Chapter 9, pages 133 – 138, paras 9.1 – 9.21)*

Recommendation 15: Consideration should be given to establishing a children’s and families social care division in the Department of Health. *(See Chapter 9, pages 140 – 142, paras 9.31 – 9.33)*

Recommendation 16: There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families. *(Chapter 10, page 150 – 152, paras 10.32 – 10.39)*

Recommendation 18: The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services. *(See Chapter 10, pages 150 – 152, paras 10.32 – 10.39)*

Recommendation 19: The existing children’s social care information systems should be compared and the best performing adopted as the region-wide system rather

than Encompass being developed to incorporate the integrated care records requirements for children's social care. (See Chapter 10, page 147 – 150, paras 10.17 – 10.31)

Recommendation 24: Re-arrange statutory services team structure to have more of a community focus and presence. (See Chapter 12, pages 182 – 185, paras 12.51 – 12.62)

Recommendation 38: A decision should be taken to introduce a region-wide children's and families Arms-Length Body which includes current HSCTs' statutory children's social care services along with other allied services and professions closely related to children's social care. (See Chapter 15, pages 215 - 239)

Recommendation 39: Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner. (See Chapter 15, page 226, para 15.22 – 15.23)

Recommendation 40: Within the context of developing a region-wide Children and Families ALB there should be the development of a regional care and justice centre within the Woodlands site. (See Chapter 16, page 242 – 247, paras 16.7 – 16.16)

Recommendation 41: The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland. (See Chapter 16, page 242 – 247, paras 16.7 – 16.16)

Recommendation 45: The regional Children and Families ALB should develop its own quality assurance and development processes and with independent participation within the processes. (See Chapter 16, pages 254, Paras 16.30 – 16.36)

Recommendation 46: The process, as already intended, of undertaking Case Management Reviews should be speedier and more participative. (See Chapter 16, page 256, para 16.39 – 16.40)

Recommendation 47: The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership

rather than a purchasing relationship. (See Chapter 17, page 259 – 262, paras 17.5 – 17.14)

Recommendation 48: There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets. (See Chapter 17, pages 260 – 261, paras 17.6 – 17.11)

Q33. Are you content for recommendation 14 to be considered as part of ongoing internal organisational re-design work within the Department of Health?

- Yes
- No
- Undecided

Comments

Q34. Are you content for recommendation 15 to be taken forward through the review, revision and re-issue of Departmental circulars that deal with the statutory relationship between the Department of Health and Health and Social Care Trust children’s social care services?

- Yes
- No
- Undecided

Comments

Whilst the re-issue of Departmental circulars is a valuable tool to help clarify the statutory relationships between the Department of Health and the Health and Social Care Trust, we would also recommend the use of other approaches to better align the roles and responsibilities of both organisations.

Q35. Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?

- Yes

No

Undecided

Comments

Whilst faster CMR's are welcome and needed, it is important to consider other aspects of the CRM's process. It is agreed that the current CMR approach has been resource intensive, lengthy, time consuming and perceived as worrying and threatening by practitioners and managers involved with the children and families.

When incorporating more participation of workers involved with the child and family, CMR could potentially increase the elements quoted above. Extreme caution should be placed in agreeing a mechanism that will mitigate against these factors while at the same time incorporating further agents into the CMR structure.

Q36. Are you content for recommendation 47 to be considered through the Children's Social Care Strategic Reform Programme and ongoing work relating to the Department's Core Grant Scheme?

Yes

No

Undecided

Comments

The Council agrees with R47, which is also reinforced in the Cooperation Act. We welcome a fresh approach to how commissioning and service provision operates, with the opportunity to develop organic integration across sectors and build relationship at every level, all with a shared commitment and common purpose of creating better outcomes and a better experience for children and families.

Q37. Do you agree with the group of recommendations relating to the establishment of a Children and Families ALB in place of current arrangements? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

The Council is supportive in principle of the core proposal of introducing an Arms-Length Body (ALB+) to provide the required degree of leadership and delivery focus on children and families. We would suggest though that there is potential to position and develop this as a joint initiative across Departments (DOH, DOE, DFC) that can provide the right mix of leadership, resources and powers to enable the creation of both Area, Locality and Community Based Partnerships that can deliver the degree of integration of support required to support families.

Q38. If you disagree with the recommendation to establish a Children and Families ALB, do you consider that there is an alternative (to a new ALB) way to address the systemic and endemic issues identified by the Review? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

- Yes
- No
- Undecided

Comments

Q39. The Review Report identifies which services should fall within the scope of a new ALB and those which should not. Do you agree with the report's assessment of those services? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

- Yes
- No
- Undecided

Comments

Q40. Do you agree that a Children and Families ALB should be able to develop and operate its own quality assurance and development processes?
(Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

- Yes
- No
- Undecided

Comments

Q41. If you answered yes to Q40, how would these processes replace or supplement existing quality assurance arrangements, for example those managed by RQIA or statutory functions reporting to the Department of Health? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Comments

The Council believes that it is important to create a fit for purpose quality assurance arrangements relevant for the new ALB. It is also important to create the relevant accountability mechanisms within the new ALB structure.

Q42. Do you agree that a Regional Care and Justice Centre should be developed on the Woodlands site in place of the current arrangements? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

- Yes
- No

Undecided

Comments

Q43. Do you agree that the development of a Regional Care and Justice Centre on the Woodlands site should be conditional on the establishment of a Children and Families ALB? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Q44. Assuming that Lakewood could be repurposed, what services do you consider could be offered/provided on the Lakewood site? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Comments

Q45. Do you agree that there should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families? (Recommendation 16)

Yes

No

Undecided

Comments

Yes, we are supportive of the proposed strengthening of local partnerships and multi-disciplinary collaborative working across the community and voluntary sector. We see the role of existing local area-based partnerships as a bedrock from which to develop a deeper and more systemic relationship that can better identify and support vulnerable families and children. This approach has been the cornerstone of Belfast's approach to community planning.

Q46. If you answered yes to Q45, which agencies and professions do you consider should be involved in frontline teams and services to assist children and families and in what capacity? (Recommendation 16)

Comments

The Council recommends that the newly created ALB should identify need using existing structures and evidence base. Those involved in the day-to-day delivery and planning should be involved in the frontline teams. This may differ from area to area and geographical locations.

But in brief, all the social agents that have either an interest and/ or responsibility for children and young people should be involved, with cross departmental and cross-sectoral and inter-agency representation from statutory agencies, voluntary and community sector, local authorities, health, social care, speech, food, youth services, practical support, advice, Education Authority and community partnerships.

The Council would comment that careful consideration is given to defining roles and responsibilities of those involved.

Q47. Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)

Yes

No

Undecided

Comments

The Council would recommend that where possible existing structures, assets and capacity should be maximised.

Q48. If you answered yes to Q47, what is the best way to make this happen?
(Recommendation 18)

Comments

The Council believes that spending time on building trust and relationships between services and agencies is important and recommends piloting a local/ area-based approach with co-located integrated frontline teams working together to support local families and communities.

Q49. Do you agree with the proposal to reject Recommendation 19? If no, please explain why?

Yes

No

Undecided

Comments

Q50. Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)

Yes

No

Undecided

If you selected yes, what arrangements could be made?

The Council believes these arrangements could be made by creating or strengthening community networks of local resources for children and young people, identifying the gaps and meeting those demands.

What challenges might this bring?

What benefits can we expect any proposed new arrangements to deliver?

Q51. If appointed, which areas of children's policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)

Comments

Q52. Would having a dedicated Minister help to give full effect to recommendation 39, that is, give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?

Yes

No

Not sure

Comments

Q53. Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children's Services Co-

operation Act 2015 and to champion children and families within the government of Northern Ireland?

Yes

No

Undecided

Comments

Q54. Do you have any further comments on how family and children's social care services should be organised to address the range of issues identified in the Review Report?

Yes

No

Comments

The Council notes the scale of the task in hand and the need to be cognisant of other external pressures, but we would welcome a discussion to explore the detail and opportunities of the development and delivery of an implementation plan and the timescales involved.

Chapter 4 – Workforce

This group of recommendations is intended to address the workforce challenges within children's social care services, particularly in relation to the recruitment and retention of staff. There are a total of 8 recommendations in this group as follows:

Recommendation 3: Action needs to be taken to address the children's social care workforce crisis. *(See Chapter 2, pages 49 – 51, paras 2.20 – 2.26)*

Recommendation 8: The organisations delivering children's social care services should undertake their own staff recruitment. *(See Chapter 7, pages 120 – 121, paras 7.10 – 7.14)*

Recommendation 9: Grading and banding structures need to be reviewed and revised. *(See Chapter 7, page 122, paras 7.15 – 7.19)*

Recommendation 10: Alongside a greater skills mix, re-establish the trainee social worker role and qualification route. *(See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)*

Recommendation 11: There should be a focus on staff retention. *(See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)*

Recommendation 17: There should be further development of a skills mix within children and families frontline teams and services. *(See Chapter 10, page 152 – 157, paras 10.40 – 10.54)*

Recommendation 20: Introduce a trainee social worker programme. *(See Chapter 11, pages 160 – 161, paras 11.7 – 11.8)*

Recommendation 21: Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children's social care services. *(See Chapter 11, pages 161 – 162, paras 11.9 – 11.10)*

Views are being sought on all of the recommendations in this group.

Q55. Do you have any comment to make on how we further stabilise the children's social care workforce? (Recommendation 3)

Yes

No

Comments

Q56. Given that the current shared service model (as it relates to recruitment and other corporate services) was developed to deliver greater value for money, do you consider that there are significant risks with moving away from that model as recommended? Please explain your answer. (Recommendation 8)

Yes

No

Undecided

Comments

Q57. Are there other measures that could be put in place or steps taken to address recruitment delays currently experienced within children's social care services? (Recommendation 8)

Yes

No

Undecided

Comments

Q58. Do you have any comments specific to grading and banding structures within children's social care services? (Recommendation 9)

Yes

No

Comments

Q59. Do you have any comments specific to the delivery of a greater skills mix within frontline teams? (Recommendations 10 and 17)

Yes

No

Comments

Q60. Do you have any comments specific to a trainee social worker programme, the Open University route or to widening access to social work courses more generally? (Recommendations 10 and 20)

Yes

No

Comments

Q61. Do you think that there are advantages to reintroducing a trainee scheme for social work? (Recommendations 10 and 20)

Yes

No

Undecided

If yes, please explain your reasons.

Q62. Do you have any comments to make about how we can improve retention of social workers in children's services? (Recommendation 11)

Yes

No

Comments

Q63. Do you have any comments specific to post-qualifying development programmes, in particular the proposal to link them with specialist areas of practice and with career progression within children's social care services? (Recommendation 21)

Yes

No

Comments

Chapter 5 – Making and Tracking Progress

In making the recommendations, Professor Jones placed a strong emphasis on implementation by setting a specific timetable for decision-making and framing recommendations around the need for pace. He was also concerned that children and families should continue to have a voice during implementation, in keeping with the process of the Review. There are two report recommendations which have been categorised as ‘making and tracking progress’. They are as follows:

Recommendation 52: Within six months, and the start of the New Year, decisions should be taken, and action initiated to make the significant changes necessary to tackle the long-standing systemic and endemic difficulties for children’s social care which impact on children and families and on the practitioners and managers who throughout this Review have demonstrated their commitment and their expertise but who are hampered and hindered by the current arrangements. *(See Chapter 18, page 269, para 18.10)*

Recommendation 53: There should be an annual conference, with participation by young people and parents and all who seek to provide help, to track progress and with a key role for a proposed cross-cutting Children’s Minister along with the independence of the Children’s Commissioner in facilitating the conference. *(See Chapter 18, page 272, para 18.19)*

Views are being sought on recommendation 53 only.

Q64. Are you content with the proposal to host a conference in Autumn 2024?
(Recommendation 53)

- Yes
- No
- Undecided

Comments

The Council welcomes the proposal to hold an annual conference to keep momentum going and gain some traction on delivery.

Q65. Are you content with the proposed theme of the conference?
(Recommendation 53)

Yes

No

Undecided

Comments

Q66. Are there further comments that you would like to make in terms of how we assess whether sufficient progress is being made? (Recommendation 53)

Yes

No

Comments

What next?

Following the close of the consultation, when all responses and feedback have been reviewed and analysed, a response will be published on the DoH website.

Many thanks for taking the time to respond to this consultation.