STRATEGIC PLANNING AND PERFORMANCE GROUP

REGIONAL REPORTING TEMPLATE FOR SOCIAL CARE AND CHILDRENS DELEGATED DIRECTED STATUTORY FUNCTIONS

PERFORMANCE MANAGEMENT AND ASSURANCE REPORT

For Year end 31 March 2022

NHSCT

Contents

REPORTING TEMPLATE INDEX

SECTION 1 – EXECUTIVE SUMMARY

- to be completed by Executive Director of Social Work (inc signature & date)

SECTION 2 – PROGRAMME OF CARE SUMMARY & DATA

- To be completed for each Programme of Care by the Social Work Leads for that Programme
- Data returns 1-6 & 9 for each Programme should follow the Programme of Care Summary
- Data Return 7 Social Work Workforce – to be submitted within a specified, separate timeframe
- Data Return 8 AYE – to be submitted within a specific, separate timeframe
- Data Return 10 Corporate Parenting – to be completed by the Family & Childcare Programme of Care (this is for the 6 month periods 1st April – 30th September and 1st October – 31st March)
- Data Return 11 Learning and Development Accountability – to be submitted within a specific timeframe
- Ensure complete reporting of all Data Returns **(nil returns or non-applicable must be reported)**

1 EXECUTIVE SUMMARY

Executive Director of Social Work:

……..
Please provide a high level summary overview which must include:

1.1 Executive Director of Social Work Statement of the Governance arrangements in place for safe and effective social work and social care services across the Trust

Social work services occupy a unique position in the Northern Health and Social Care Trust by virtue of the range of statutory powers and duties, which direct and inform the provision of services in both Children's and Adult Programmes of Care.

During this reporting period the Trust has maintained its responsibilities for exercising, on behalf of the Department, the statutory functions which are delegated by virtue of authorisations made under the Health and Personal Social Services (Northern Ireland) Order 1994 (the 1994 HPSS Order). The Trust has also continued to meet its statutory obligation to put and keep in place arrangements for monitoring and improving the quality of social work services, which it provides to individuals and the environment in which it provides them.

Accountability is a key element in the Trust's discharge of DSFs. The Executive Director of Social Work presents twice yearly to Trust Board regarding the Annual and Interim Statutory Function reports this includes the 6 monthly Corporate Parenting Reports. It is the Executive Director of Social Work and Assistant Director of Social Work Governance responsibility to provide professional Leadership and to ensure the maintenance of professional Standards and regulatory issues pertaining to the delegated statutory function, I can confirm there are mechanisms in place within each division to assure that this is the case. The Trust has a Social Care Governance meeting that meets 8 times per annually, specifically focusing on the Social Work Workforce and on the delivery of Social Work Services. The Executive Director of Social Work chairs this meeting and areas of development, improvement and risk relating to delegated statutory functions are progressed in this forum.

A number of emerging pressures and risks associated with delegated statutory functions have arisen during this reporting period; a process has been further developed to escalate and address these matters through the Trusts integrated assurance framework. Emerging pressures and risks associated with statutory functions are reported directly into the Trust's Standard's and Compliance Committee, the Executive Director of Social Work and Assistant Director of Social Work Governance are members of this committee. Highlights are then progressed into the Trust's Risk and Assurance Group, which is the mechanism for preparing and delivering information to the Trust Assurance Committee and Trust Board. Consequently all emerging pressures and risks associated with the delivery of statutory functions continue to be preseneted throughout the Trust's Integrated

Assurance Framework and shared with Executive Directors, Operational Directors and Non-Executive Directors.

Throughout this reporting period I am satisfied that the delegated statutory functions are properly implemented and managed within all programmes of care. This includes ensuring:

- Legal and professional responsibilities are assigned and necessary systems and procedures are in place
- Compliance with all statutory, regulatory and professional requirements
- All staff responsible for the discharge of DSFs have access to relevant training, professional support and supervision
- The maintenance and operation of an efficient data collection system and provision of data and reports to the Department as required
- When statutory functions are impacted there are implementation of actions, including improvement plans, to improve the safety, quality and effectiveness of social work services
- The Department is informed, at agreed intervals, on the Trust's performance in respect of DSFs, including early notification of risks, resource pressures, legal challenges, and proposed actions to address
- Timely action is taken to address and/or prevent the escalation of any identified issues that affect our ability to deliver statutory functions.

1.2 Statement of the Executive Director of Social Work's assessment of the Trust's performance in effectively and efficiently delivering directed delegated statutory functions during the reporting period

There are a number of emerging pressures and risks associated with the delivery of our statutory functions. These areas are listed below in section 1.4, actions taken to control / mitigate risk and maintain professional assurances in each of these areas are detailed at section 2.7.

A steady rise in the number of families in need of social work intervention, pressures on mental health services for children, and a rise in domestic violence, placement challenges, reduced domiciliary care capacity and poverty have all resulted in increased demand for our social work services leading to the areas noted below in section 1.4 being detrimentally impacted.

Social Work Workforce issues in Health & Social Care have been reported in Delegated Statutory Functions (DSF) reports since 2015. This Statutory Functions report highlights that social work staff shortages are having a significant impact on the Trusts ability to deliver statutory functions.

Frontline Social Work Teams continue to report increased pressures due to rising demand and complexity of need across all Social Work service areas.

In children's services workforce difficulties are reported in recruitment and retention, work is ongoing to strengthen the supply, recruitment and retention of social workers with the objective of meeting the needs of the workforce and securing a stable

workforce to deliver safe, high quality social work services. Reducing unnecessary or unmanaged turnover and stabilising the workforce is critical to improving outcomes for staff and making safe staffing an active priority. The Trust continues to progress work on normative caseloads and has implemented a trust wide social work transfer scheme to improve retention and develop new way of supporting staff who wish to work in a different programme of care and/ or work location.

Without further external supply we continue to move social work staff around the system. We have placed an increased focus on retaining experienced social workers to help address the current supply challenges, and to retain knowledge, skills and expertise within the profession. Work is ongoing to consider how we also help to address specific retention challenges that are reported within front line children's services, such as consideration of a new skill mix in FSIT and development of hybrid admin / support functions.

There continues to be major gaps between supply and demand and this has prompted the development of a range of initiatives within Trust to increase supply and improve retention, such as increased university places and a pilot to offer more employment based options via the Open University.

Caseload pressures including caseload size and complexity as well as rising numbers of unallocated cases have impacted on service delivery. In addition, the rising numbers of looked after children, and placement shortages across the spectrum i.e. fostering / residential care remain a source of significant pressures for Social Work services in Woman Children's and Families. The Trust has taken a number of steps to address the impact these pressure areas have on the delivery of our statutory functions, as outlined in section 1.5 of the Executive summary and section 2.1b of the Family and Childcare narrative.

Concerns have been raised by the judiciary regarding delays linked to staff turnover in children's services and there have been increases in waiting lists for parenting capacity assessments in family centres.

There are reports, on increasing levels of domestic violence, child abuse, social isolation, mental health difficulties and rising levels of poverty and deprivation, which now require additional social work intervention and impact on our current caseloads within Woman Children's and Families.

Urgent work is being undertaken to reduce the number of unallocated cases and outstanding reviews, across all programmes to provide greater levels of support for inexperienced staff, and enable social workers to spend time that is more direct with families and service users.

Pressures on suitable placements for children and young people goes hand in hand with the increase in the number of children becoming looked after. We have seen an increase in the number of children and young people placed in unregulated accommodation, this has a direct result on the lack of suitable placements, creating a perfect storm for the social work workforce, meaning local teams are reliant on emergency bespoke arrangements which require increased staffing, monitoring and social work interventions.

During this reporting period the Trust has had 5 DHR cases and 2 CMR notifications (awaiting the final decision to be made at SBNI Board which will be held in June). The SW Management teams continue to use a systematic process for investigating and learning from these incidents. The key aim from this is to improve service user safety and reduce the risk of recurrence, not only within the reporting SW team, but across the Trust as a whole.

The Trust continues to operate a number of learning groups that are actively taking forward improvements within the following practice areas which connect to elements of our statutory functions:

- Think Family Approaches
- Sharing to Safeguarding Protocols
- Carer's Assessments
- Risk Assessments in Adult Services
- Domestic Violence Training
- Improved interagency working with PSNI
- Adult Protection
- Escalation processes for repeat MRAC & DV referrals

In order to improve assurance reporting the Assistant Director for Family Support and Children's Safeguarding and the Assistant Director for Social Work Governance have established a new process to share the recommendations and early learning across the organisation, whilst also escalating any risks or controls that require immediate implementation. The two teams prepare a quarterly learning report which is tabled at the trusts Patient Quality and Safety Network, the report is then escalated into the Trusts Safety and Care Quality Committee before being presented through to the Trust's Risk and Assurance Group which ultimately feeds Trust Assurance Committee and Trust Board.

1.3 Comment on the Trust's progress in delivering the 2019/2020 local DDSF Plan (further detail to be provided for each Programme of Care at Section 2.6)

During the previous reporting period a number of action plans were agreed between SPPG and The Northern Health and Social Care Trust Social Work Leads. I am pleased to report that the majority of actions have now been completed and closed at end year action plan meetings.

There are 4 areas that remain in amber status and will subsequently carry forward into this reporting period.

1. Learning Disability - Ongoing Resettlement of service users from Muckamore Abbey Hospital to bespoke placements in community
   The Trust has seen a significant reduction in the number of service users requiring resettlement plans. The Trust continues to update SPPG at agreed intervals, on the progress for those service users who have been unable to transition into a community placement.
2. Early Years - Outstanding Inspections.

These have reduced significantly during the reporting period and the service is confident that compliance will be reached in the coming months.

3. Fostering – Unregulated Placements
   The Trust continues to implement an action plan to reduce numbers of unregulated placements within the fostering service.
4. Mental Health – The Trust is unable to meet demand for Mental Health inpatient beds.
   A review of the Crisis and Home Treatment function within the Crisis Response Home Treatment Service has been completed. Work is ongoing to review discharge pathways and Facilitated Early Discharge within Home Treatment

1.4 Identify the areas where the Trust has not adequately discharged their statutory functions and the actions taken to address this (further detail to be provided for each Programme of Care at Section 2.7)

Areas of emerging pressures and risk associated with the delivery of statutory functions

Children in Need

- Challenges associated with FSIT & Gateway increased referral activity (Increase of 470 Children In Need Cases. An additional 328 children were referred for assessment compared to the previous reporting period. This excludes any pre-birth referrals.)
- Increase in the total no. of unallocated cases for FSIT & Gateway at year-end period. (167 Total Unallocated > 20 working days as at 31.03.22)

Children with a Disability

- *Number of children provided with a short break during the period who became Looked After by virtue of the short break arrangement. (Data 10.3.5)* The Trust has encountered a number of challenges during this reporting period on the delivery of short breaks for Children with a Disability. (a reduction of 119 short break episodes since the last reporting period).

Fostering

- Carried forward action – unregulated fostering placements. (63 placements remaining)

Looked after Children

- There is reduced occupancy at Sea Port View (65%)
- The number of looked after children awaiting assessment from the CAMHS has increased (increase of 17 children)
- The Trust has put a number of measures in place to support children with no named social worker. (increase of 97 children)

- Statutory visit cycle and statutory review cycles have been impacted by workforce challenges
- There has been an increase in the no. of unregulated placements throughout the reporting period.(increase of 4 placements)

CAMHS

- Due to difficulties, accessing bed based services at Beechcroft, the Trust was required to accommodate 3 Looked after Children/Young People in an adult setting throughout the reporting period and 5 young people who were not looked after, but open to the CAMHS community caseload.

Early Years

- Carried forward risk – outstanding inspections. These have reduced significantly during the reporting period and the service is confident that compliance will be reached in the coming months

Leaving Care

- The number of young people awaiting allocation of a personal adviser has increased during the reporting period (Increase of 12 young people)
- 1 young person died while in receipt of Trust After Care Services during the reporting period.

Mental Health Order

- Carried forward risk – The Trust is unable to meet demand for MH inpatient beds.

Carers and Direct Payments Act

- Older People's Services have seen a marked reduction in the number of carer's assessment being accepted.

Older People

- As of 31/3/2022 66.4% of service users in Integrated Community Teams had received an annual care review. This is a deterioration in the figure of 87% from 31/3/2021. This is due to impact of COVID absence, general absence and vacancies in teams. There has also been an increase in new referrals following a decline in 2020/21.
- Reduction in Direct Payments during the reporting period.

Adult Learning Disability

- Carried forward risk - Resettlement of patients from Muckamore Abbey to bespoke placements in the community.
- The programme has encountered new challenges in the provision of day care and day opportunities. (Data 1.6)

Hospital Social Work

- Unscheduled Care has experienced unprecedented demand across both Antrim and Causeway Hospitals with significant number of attendances at ED and increased admission rates. As a result, Hospital Social Work Teams have experienced a significant increase in referrals. We have experienced episodes of extreme pressures with up to 99 Complex Patients (Antrim Area Hospital) being declared medically fit and requiring Social Work input for discharge in a single day. Whilst an episode of increased pressure historically has been felt during winter months, this is in contrast to this year, with no easement being felt.

1.5 Comment on the Trust's current workforce arrangement for both the professional leadership of delegated directed statutory functions and the operational delivery of service

The Trust maintains a requirement for an unbroken line of professional oversight between the Executive Director of Social Work and frontline Social Work Practitioners. Professional workforce arrangements are an integral part of the overall system of checks and balances that holds the Trust to account for the performance and governance arrangements within professional social work practice.

*The Trusts Social Work Supervision Policy, Standards and Criteria (Children's Services) Health & Social Care Trusts (Adopted Regional Policy) and Professional Supervision Policy for Social Work Staff Employed in Adult Services outlines the frequency, agreed framework and minimum standards for professional social work supervision.

The professional oversight arrangements ensure the Executive Director of Social Work and the Trust board of directors that there is appropriate professional advice and analysis regarding the Trust's discharge of DSF.

The professional oversight arrangements provide collective accountability for:

- Providing professional leadership on all social work and social care matters
- Ensuring appropriate internal organisational, managerial and professional arrangements are in place for the professional oversight of Social Work practice
- Maintaining open and constructive working relationships and sharing information with each other as appropriate
- Adopting a collaborative and supportive approach to clarifying and resolving issues as they arise thereby minimizing the need for escalation and/or formal intervention.

The Trust has initiated a number of proactive, collaborative approaches to recruitment difficulties, which are already underway and need to be developed further, to ensure an adequate supply of social workers and improve and strengthen the workplace supports and practice for every social worker.

The Trust is currently focusing on 4 key areas that are connected to the OSS DoH SW Workforce Review.

1. **Safe staffing levels**
   The Trust is taking part in a number of working groups to develop regional consistency, *(using agreed workforce data)* in the numbers, deployment and use of social work practitioners *(including use of title),* based on the development of a model to identify normative staffing/safe practice levels for social work services.

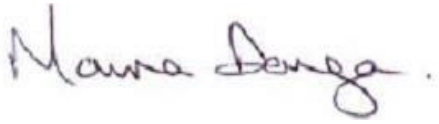
2. **Manageable / normative caseloads**
   We know workload is highly correlated with caseload size, severity and complexity of cases. High / complex caseloads has an ongoing negative workforce impact which results in depleted attrition, and results in certain service areas getting a poor reputation leading to an inability to recruit and increased service pressure. The Trust has established work to pilot an evidenced based model to measure a balanced workload for social work staff, it is anticipated that a pilot will allow social work teams to track their resource needs showing not just temporary needs but longer term caseload trends.

3. **Career progression (enhanced skill mix, salary/T&C for Social Work with families and children)**
   The Trust is considering mechanisms to implement a career-planning framework setting out pathways for career progression supported by relevant development and CPD opportunities. Consideration is being given to a pilot with the Family Intervention Service to review the career progressions pathway and develop an enhanced route to a specialist Child Protection Practitioner (B7) role within the Family Support and Intervention Service. Work has been undertaken to review skill mix and ensure teams under significant pressure are enhanced with additional B4/B5 support roles. The NHSCT has introduced a transfer policy to enable movement and redeployment of staff within the Trust.

   Frontline childcare teams remain significantly impacted by the ongoing workforce challenges, as noted above this has resulted in some emerging pressures and risks associated with the delivery of statutory functions, further work outlined in section 2.5 of the family and childcare programme report illustrates steps currently being taken to address the impact of workforce challenges on our statutory functions.

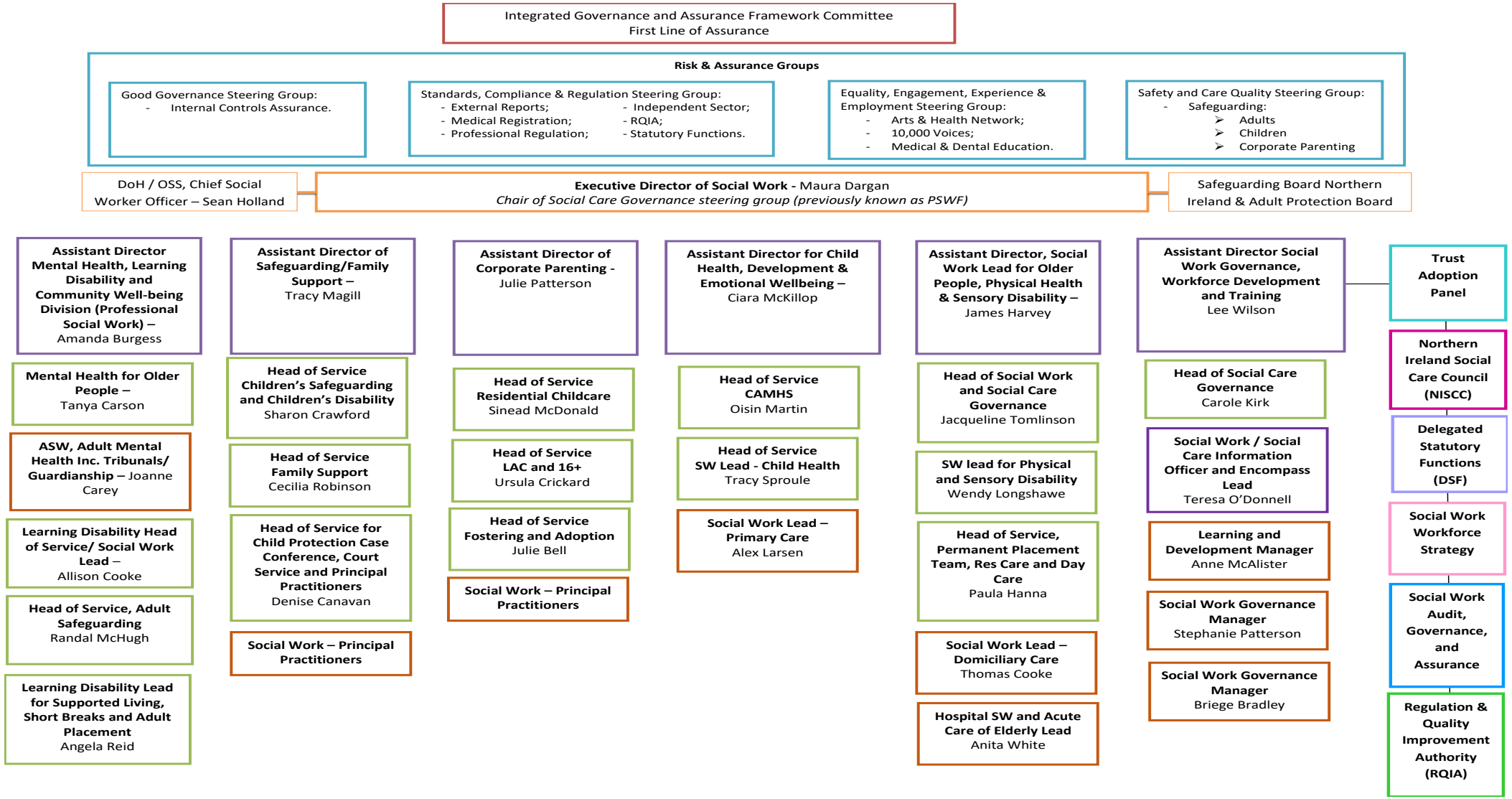
4. **Widening access to options for Employment Based pathways in Family and Childcare to improve supply**
   In order to increase supply the Trust will engage in appropriate measures to promote social work as a career choice and review the routes into the profession and develop options for leavers to return. The Trust is especially focused on reviewing pathways into social work, including, a career

progression pathway for social care workers that includes access to a social work qualification and the development of a Trust wide social work bank.



Signature
Maura Dargan
Ext Director of SW

Date 9th June 2022



= 8C SW Assistant Directors have responsibility in their individual service areas for the provision of professional leadership and expert advice to the Social Services' Workforce

= 8B SW Head of Service

= 8A SW/SC Lead

DATA RETURNS

– EACH TO BE COMPLETED FOR EACH PROGRAMME / DIRECTORATE

1 General Provisions

2 Chronically Sick and Disabled Persons

3 Disabled Persons (NI) Act 1989

4 Health and Personal Social Services Order

5 Carers and Direct Payments Act 2002

6 Safeguarding Adults

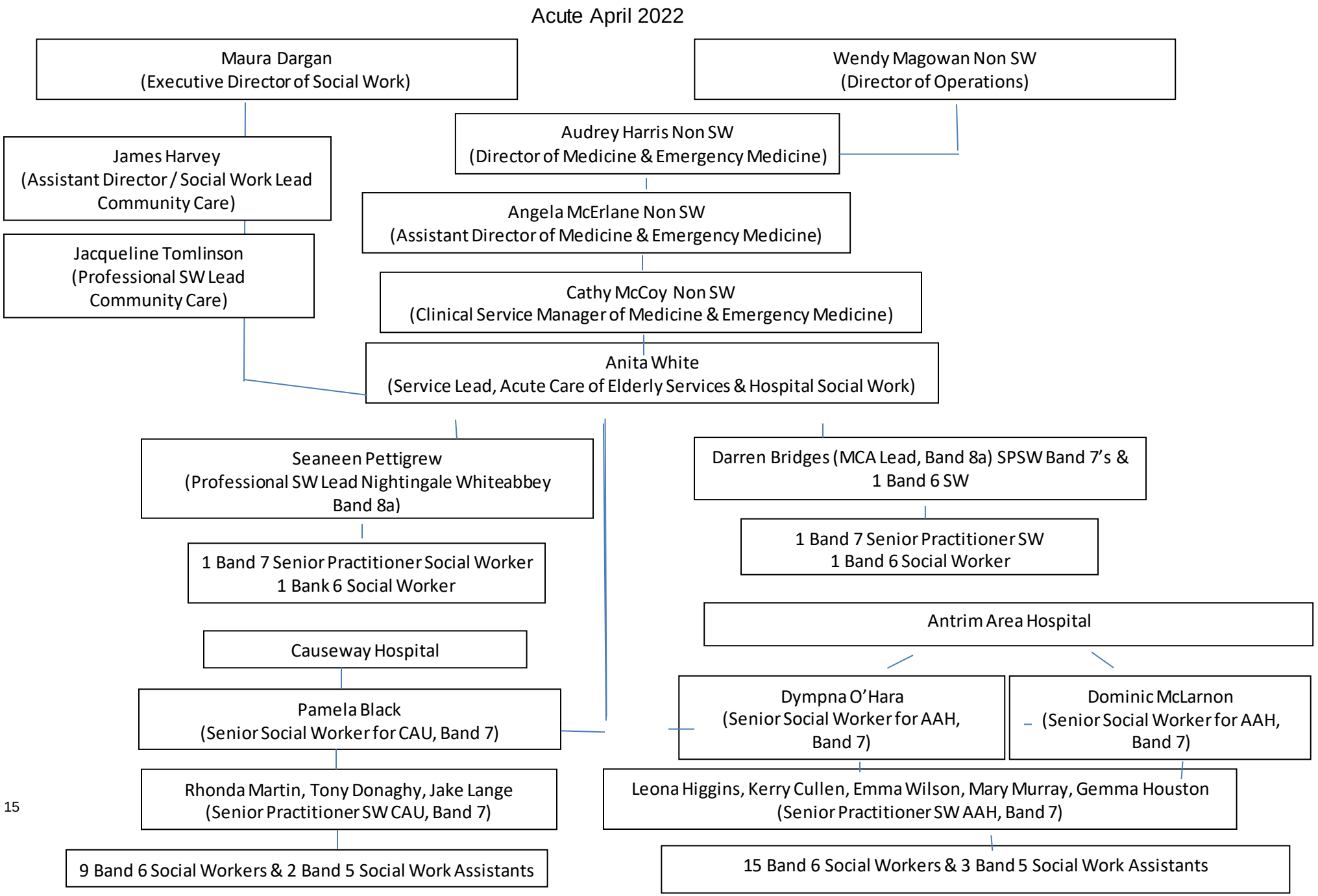
7 Social Work Teams and Caseloads

8 Assessed Year in Employment

9 Mental Health

10 Family and Child Care specific returns (CC3/02)

11 Training Accountability Report


Acute April 2022
Maura Dargan
(Executive Director of Social Work)
Wendy Magowan Non SW
(Director of Operations)
Audrey Harris Non SW
(Director of Medicine & Emergency Medicine)
James Harvey
(Assistant Director / Social Work Lead Community Care)
Angela McErlane Non SW
(Assistant Director of Medicine & Emergency Medicine)
Jacqueline Tomlinson
(Professional SW Lead Community Care)
Cathy McCoy Non SW
(Clinical Service Manager of Medicine & Emergency Medicine)
Anita White
(Service Lead, Acute Care of Elderly Services & Hospital Social Work)
Seaneen Pettigrew
(Professional SW Lead Nightingale Whiteabbey Band 8a)
Darren Bridges (MCA Lead, Band 8a) SPSW Band 7's & 1 Band 6 SW
1 Band 7 Senior Practitioner Social Worker
1 Bank 6 Social Worker
1 Band 7 Senior Practitioner SW
1 Band 6 Social Worker
Antrim Area Hospital
Causeway Hospital
Pamela Black
(Senior Social Worker for CAU, Band 7)
Dympna O'Hara
(Senior Social Worker for AAH, Band 7)
Dominic McLarnon
(Senior Social Worker for AAH, Band 7)
Rhonda Martin, Tony Donaghy, Jake Lange
(Senior Practitioner SW CAU, Band 7)
Leona Higgins, Kerry Cullen, Emma Wilson, Mary Murray, Gemma Houston
(Senior Practitioner SW AAH, Band 7)
9 Band 6 Social Workers & 2 Band 5 Social Work Assistants
15 Band 6 Social Workers & 3 Band 5 Social Work Assistants

DATA RETURN 1 – PoC / Directorate <u>POC 1 - ACUTE</u>

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	938	6478
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	843	*6787*
1.3	How many adults are in receipt of social work or social care services at 31st March?	53	221
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	53	221
1.4	How many care packages are in place on 31st March in the following categories:		
	i. Residential Home Care	0	0
	ii. Nursing Home Care	0	0
	iii. Domiciliary Care Managed	n/a	n/a
	iv. Domiciliary Non Care Managed	n/a	n/a
	v. Supported Living	0	0
	vi. 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. YES / NO YES *If no, please explain*	*n/a*	*n/a*
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	0	0
	- Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	*n/a*	*n/a*

1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	0

DATA RETURN 1 – Hospital POC 1 - ACUTE

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?	2	938	6478
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	0	843	6787
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	1	53	221

Alongside an unprecedented number of referrals the teams have been completing assessments in an increasingly complex caseload. Hospital Social Work Teams are working with patients of an aging population, with complex health and social care needs. These complexities have an impact in the effectiveness of Hospital Social Work Teams to assess and discharge patients within the PFA Targets and Guidelines. These complexities have seen cases with a significant delay in discharge with Tracheostomy Care and Brain Injury Care being two particularly challenging conditions.

Delirium and confusion have also proven to create challenging circumstances for discharge. This has been evident in discharge to Residential and Nursing Care, with many facilities unable to provide adequate supervision to potential residents as result of the requirement to isolate. This prompted Care Homes to request additional staffing for discharge, which has proven difficult given ongoing staffing levels and isolation due to COVID-19.

COVID-19 has also had an impact on the number of referrals received by the Hospital Social Work Teams, with new pathways opened to manage those who are COVID-19 positive or exposed. This included patients who were unable to return to their own care homes due to risk of exposure, as well as those who may be unable to return to their family home due to clinically vulnerable relatives at home.

Domiciliary Care has also been impacted through COVID-19, with limited availability at times due to staff isolation. This has had an impact on the availability of packages of care, with an increased number of patients requiring referral to Intermediate Beds as a result. This has, understandably, been met regularly with resistance from patients and families keen to return home. This has resulted in Hospital Social Work having to complete two separate social work assessments for discharge, this would not be reflected in the statistics, as this would be an individual referral.

COVID-19 related absence within the Hospital Social Work Teams has also proven a challenge, with Teams regularly working with reduced staffing due to isolation or COVID-19 related illness. This has created a difficult scenario for staff, with an increased number of referrals, complexity of work and regularly pursuing multiple pathways for discharge, with less staff availability.

The implementation of the Mental Capacity Act (NI) 2016 has also resulted in increasing pressures on the Hospital Social Work Teams, both through Short Term Detentions and Trust Panel Applications. Almost 1200 patients were referred to be considered for assessment for a Short Term Detention 2021-2022 (not included in the

above statistics), with approximately 250 Short Term Detentions Authorised and approximately 250 Incomplete at the point of discharge.
Furthermore, the Hospital Social Work Teams have noted the challenges in completing Trust Panel Authorisations whilst trying to meet PFA targets for discharge. This significant piece of work has added additional pressure to Hospital Social Workers, ensuring their practice is compliant with the legislation, whilst balancing increasing hospital demands.
Given the additional pressures related to COVID-19 the Nightingale Hospital in Whiteabbey was established as a Regional Unit to assist during the pandemic, providing 14-day intensive rehabilitation, whilst complying with PFA Discharge Targets. This Unit has been managed within the Northern Health and Social Care Trust. The Hospital Social Work Team within Whiteabbey have experienced the same challenges as their colleagues in Antrim and Causeway Hospitals, with Staffing, Domiciliary Care Provision, multiple pathways for discharge planning, and increased complexity of cases all impacting on their delegated statutory functions."

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

DATA RETURN 1 – Acute Hospital (general setting) POC 1 - ACUTE

1 GENERAL PROVISIONS – ACUTE HOSPITAL (GENERAL SETTING)				
		<18	18-65	65+
1.1	How many adults or children were referred to Hospital Social Workers for assessment during the period?	2	938	6478
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period? (Assessment is to include screening). **Please note it is expected that the response for sections 1.1 & 1.2 will be the same**	0	843	6478
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	1	53	221

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate <u>POC 1 - ACUTE</u>

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	1	0
2.2	Number of adults known to the Programme of Care who are:		
	Blind	n/a	n/a
	Partially sighted	n/a	n/a
		n/a	n/a
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	n/a	n/a
	Deaf without speech	n/a	n/a
	Hard of hearing	n/a	n/a
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	n/a	n/a

DATA RETURN 3 – PoC / Directorate POC 1 - ACUTE

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.	n/a
	Number of Disabled people known as at 31st March.	n/a
3.2	Number of assessments of need carried out during period end 31st March.	n/a
3.3	Number of assessments undertaken of disabled children ceasing full time education.	n/a

DATA RETURN 4 – PoC / Directorate POC 1 - ACUTE

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	Nil
	Total expenditure for the above payments	Nil
4.2	Number of TRUST FUNDED people in residential care	n/a
4.3	Number of TRUST FUNDED people in nursing care	n/a
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	n/a

DATA RETURN 5 – PoC / Directorate POC 1 - ACUTE

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**	**41**	**126**
5.2	Number of adult individual carers assessments completed during the period	**0**	**8**	**29**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**33**	**97**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**n/a**	**n/a**	**n/a**
5.5	Number of young carers offered individual carers assessments during the period.		**0**	
5.6	Number of young carers assessments completed during the period		**0**	
5.7	Number of young carers receiving a service @ 31st March		**n/a**	
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March		**n/a**	
	(b) Number of new approvals for direct payments during the period 1st April – 31st March		**n/a**	
	(c) Number of adults receiving direct payments @ 31st March		n/a	
5.9	Number of children receiving direct payments @ 31st March		n/a	
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?		n/a	
5.10	Number of carers receiving direct payments @ 31st March		n/a	
5.11	Number of one off Carers Grants made in-year.		**0**	
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate POC 1 – ACUTE

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	n/a	n/a
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	n/a	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	n/a	n/a
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	n/a	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	n/a	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	n/a
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	n/a

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	n/a
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	n/a

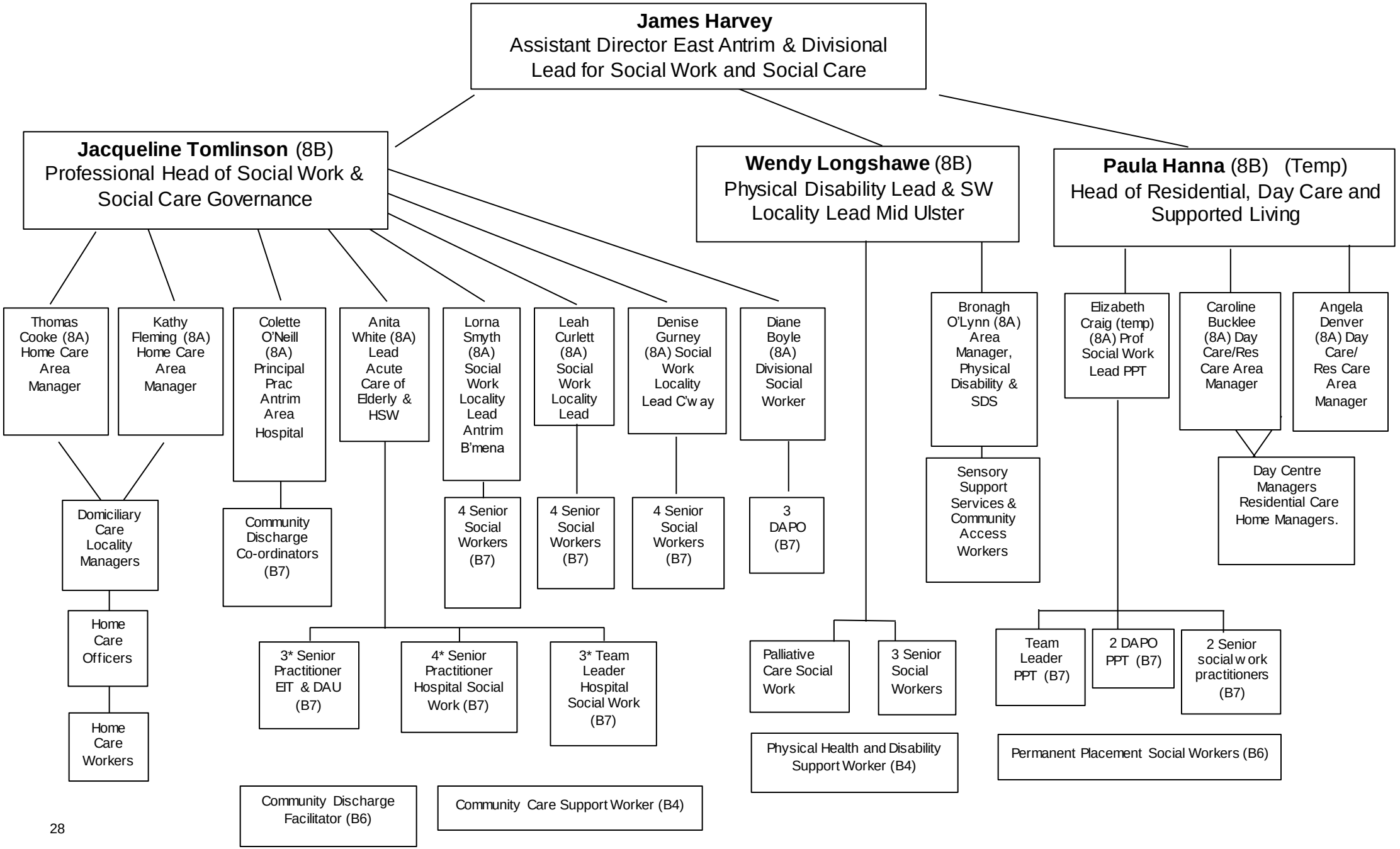
Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	n/a
9.6.a	New applications for Guardianship during period (Article 19(1))	n/a
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	n/a
9.6.c	How many were Guardianship Orders made by Court (Article 44)	n/a
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	n/a
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	n/a
9.6.f	Number of Guardianships accepted by a nominated other person	n/a
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	n/a
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	n/a

Discharges as a result of an agreed multi-disciplinary care plan	
Lapsed	
Discharged by MHRT	
Discharged by Nearest Relative	
Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	n/a
9.7.a	Number of Approved Social Workers removed during period	n/a
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	n/a

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 yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	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 31st March	n/a
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	n/a
	(b) Treatment as an out patient	n/a
	(c) Treatment by a specified medical practitioner	n/a
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	n/a
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	n/a


James Harvey
Assistant Director East Antrim & Divisional Lead for Social Work and Social Care
Jacqueline Tomlinson (8B)
Professional Head of Social Work & Social Care Governance
Wendy Longshawe (8B)
Physical Disability Lead & SW Locality Lead Mid Ulster
Paula Hanna (8B) (Temp)
Head of Residential, Day Care and Supported Living
Thomas Cooke (8A) Home Care Area Manager
Kathy Fleming (8A) Home Care Area Manager
Colette O'Neill (8A) Principal Prac Antrim Area Hospital
Anita White (8A) Lead Acute Care of Elderly & HSW
Lorna Smyth (8A) Social Work Locality Lead Antrim B'mena
Leah Curlett (8A) Social Work Locality Lead
Denise Gurney (8A) Social Work Locality Lead C'way
Diane Boyle (8A) Divisional Social Worker
Bronagh O'Lynn (8A) Area Manager, Physical Disability & SDS
Elizabeth Craig (temp) (8A) Prof Social Work Lead PPT
Caroline Bucklee (8A) Day Care/Res Care Area Manager
Angela Denver (8A) Day Care/ Res Care Area Manager
Domiciliary Care Locality Managers
Home Care Officers
Home Care Workers
Community Discharge Co-ordinators (B7)
4 Senior Social Workers (B7)
4 Senior Social Workers (B7)
4 Senior Social Workers (B7)
3 DAPO (B7)
Sensory Support Services & Community Access Workers
Day Centre Managers Residential Care Home Managers.
3* Senior Practitioner EIT & DAU (B7)
4* Senior Practitioner Hospital Social Work (B7)
3* Team Leader Hospital Social Work (B7)
Palliative Care Social Work
3 Senior Social Workers
Team Leader PPT (B7)
2 DAPO PPT (B7)
2 Senior social work practitioners (B7)
Physical Health and Disability Support Worker (B4)
Permanent Placement Social Workers (B6)
Community Discharge Facilitator (B6)
Community Care Support Worker (B4)

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Elder Care

2.1	**Named Officer responsible for professional Social Work**
2.1a	**Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff** **Highlight any vacancies and the action taken to recruit against these.** See above. No management vacancies.
2.1b	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.** Please refer to 4 key areas within section 1.5 of the executive summary. Data 7 includes all workforce vacancy information.

2.2	**Supervision arrangements for social workers**
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes/No** YES **If not, outline the remedial action taken to address this**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool** **No** **If not, outline how the Programme of Care is managing current capacity, demand and workforce availability** The Division continues to use the Social Work Dashboard on the NHSCT QlikView Application. This app provides live information on team case load size, weekly referrals and Social Work review activity. Senior Social Workers can use the app to ascertain individual Social Work capacity and referral activity. The application is used within supervision and weekly allocation meetings.

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	Care Management Audit • BSO internal audit carried out of Care Management between September - November 2021 • Limited assurance obtained • Action plan is in place to address with monthly Care Management meetings in place Service User Case file audits • Care plans and review records continue to be audited on a monthly basis Adult Protection file audits • Protection and joint protocol records continue to be audited on a monthly basis Patient Flow - Community Beds • BSO internal audit carried out in relation to Patient Flow in Community Beds • Limited and satisfactory assurance obtained • An action plan is in place Carer's Assessments Teams are completing and meeting their statutory function regarding carer's assessments. Social work teams have continued to populate a caseload excel tool to gather these informal carers assessment which are not possible to count via E-Systems. There has been a reduction in Carer's Assessments offered (see Data Return 5). This is linked to COVID impact and the fact that Carer's Assessments are offered at point of review (see below). Care Management Reviews As of 31/3/2022 66.4% of service users in Integrated Community Teams had received an annual care review. This is a deterioration in the figure of 87% from 31/3/2021. This is due to impact of COVID absence, general absence and vacancies in teams. There has also been an increase in new referrals following a decline in 2020/21, which has been prioritised along with critical work. There are Locality Action Plans in place to address deficits with specific work completed to recruit to difficult to fill posts.

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.**
	NT-SAI-21-116 - A Domiciliary Care Home Care Worker (HCW) accessed the home of a service user for a scheduled call but was unable to locate the service user. The HCW contacted the Home Care On-Call Manager who was unable to find the service users' information held in the Trusts' Client Held Records preventing contact with the Next of Kin (NOK). The service user was subsequently located in a neighbour's garden and had sadly, passed away. A Learning alert was shared across all domiciliary care providers and Trust Community Teams. In addition, Community Teams validated information held on SOSCARE and this will be validated twice annually by Community Team Managers. Protocols to support On-Call Home Care Managers are being developed
2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	2021/22 has seen a substantial increase in the number of Adult Protection referrals from 352 in 2020/21 to 457. Figures in 2020/21 had declined probably associated with the impact of COVID-19. The increase in referrals in 2021/22 indicates a return to the trend of rising referral rates as COVID-19 restrictions have eased. The rise is greater than the trend of previous years which indicates awareness of the risk of harm and the need for protection is growing and as a consequence more referrals are being made. The increase in awareness may have been influenced by public and professional learning from the findings in Muckamore Abbey, Dunmurray Manor and the Domestic Homicide Reviews in the NHSCT. There has been a subsequent increase in the number of referrals progressing to the investigation stage from 200 in 2020/21 to 255 in 2021/22. The number of Joint Protocol Consultations remains the same as last year at 45. The percentage of investigations carried out under Joint Protocol has risen from 9.5% in 2020/21 to 10.2% in 2021/22. The percentage of PSNI only investigations has dropped from 6.5% in 2020/21 to 3.1% in 2021/22. The percentage of single agency NHSCT investigations in 2021/22 was 86.7% indicating a slight increase from the figure of 84% in 2020/21. There has been no significant change in the proportion of referrals by category of abuse from last year's data. Physical abuse remains the largest category of abuse followed by financial abuse

DATA RETURN 1 – PoC / Directorate ELDER CARE

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	0	7229
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	0	4456
1.3	How many adults are in receipt of social work or social care services at 31st March?	0	5835
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	0	1574
1.4	How many care packages are in place on 31st March in the following categories:		
	vii. Residential Home Care	*0*	*360*
	viii. Nursing Home Care	*2*	*900*
	ix. Domiciliary Care Managed	0	2401
	x. Domiciliary Non Care Managed	0	600
	xi. Supported Living	*0*	*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. YES / NO YES *If no, please explain*		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	0	210
	- Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	0	349

1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	0	3

DATA RETURN 2 – PoC / Directorate <u>ELDER CARE</u>

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	n/a	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	n/a	n/a
	Partially sighted	n/a	n/a
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	n/a	n/a
	Deaf without speech	n/a	n/a
	Hard of hearing	n/a	n/a
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	n/a	n/a

DATA RETURN 3 – PoC / Directorate ELDER CARE

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.	**n/a**
	Number of Disabled people known as at 31st March.	**n/a**
3.2	Number of assessments of need carried out during period end 31st March.	**n/a**
3.3	Number of assessments undertaken of disabled children ceasing full time education.	**n/a**

DATA RETURN 4 – PoC / Directorate ELDER CARE

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£0
4.2	Number of TRUST FUNDED people in residential care	255
4.3	Number of TRUST FUNDED people in nursing care	641
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	65

DATA RETURN 5 – PoC / Directorate ELDER CARE

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**	**1738**	**1141**
5.2	Number of adult individual carers assessments completed during the period	**1**	**678**	**510**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**1060**	**631**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**0**	**0**	**336**
5.5	Number of young carers offered individual carers assessments during the period.			**0**
5.6	Number of young carers assessments completed during the period			**0**
5.7	Number of young carers receiving a service @ 31st March			**n/a**
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March			**983**
	(b) Number of new approvals for direct payments during the period 1st April – 31st March			**76**
	(c) Number of adults receiving direct payments @ 31st March			**170**
5.9	Number of children receiving direct payments @ 31st March			**n/a**
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?			**Not available**
5.10	Number of carers receiving direct payments @ 31st March			**24**
5.11	Number of one off Carers Grants made in-year.			**234**
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate ELDER CARE

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	n/a	n/a
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	n/a	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	n/a	n/a
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	n/a	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	n/a	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	n/a
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	n/a

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	n/a
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	n/a

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	n/a
9.6.a	New applications for Guardianship during period (Article 19(1))	**n/a**
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	**n/a**
9.6.c	How many were Guardianship Orders made by Court (Article 44)	**n/a**
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	**n/a**
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	n/a
9.6.f	Number of Guardianships accepted by a nominated other person	n/a
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	n/a
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

Discharges as a result of an agreed multi-disciplinary care plan	n/a
Lapsed	
Discharged by MHRT	
Discharged by Nearest Relative	
Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	n/a
9.7.a	Number of Approved Social Workers removed during period	n/a
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	n/a

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? Nil If yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	**20**

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 31st March	n/a
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	**n/a**
	(b) Treatment as an out patient	**n/a**
	(c) Treatment by a specified medical practitioner	**n/a**
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	**n/a**
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	**n/a**

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Physical and Sensory Disability

2.1	**Named Officer responsible for professional Social Work**
2.1a	**Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff** **Highlight any vacancies and the action taken to recruit against these.** Structure included above.
2.1b	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (i.e. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.** Please refer to 4 key areas within section 1.5 of the executive summary. Data 7 includes all workforce vacancy information.

2.2	**Supervision arrangements for social workers**
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework Yes**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool No** **If not, outline how the Programme of Care is managing current capacity, demand and workforce availability.** Qlickview dashboard used to review referrals and individual social work capacity.

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	<u>Provision of Specialist Tinnitus Support</u> Due to withdrawal of contract from RNID the Trust is working in partnership with regional colleagues source alternative options. <u>Self-Directed Support Audit</u> • BSO internal audit carried out Internal Self Directed Support audit between May -July 2021 • Satisfactory assurance was obtained

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.**
	None to PD
2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	No issues identified

DATA RETURN 1 – PoC / Directorate PHYSICAL & SENSORY 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?	1445	942
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	926	483
1.3	How many adults are in receipt of social work or social care services at 31st March?	1202	83
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	23	3
1.4	How many care packages are in place on 31st March in the following categories:		
	xiii. Residential Home Care	*16*	*3*
	xiv. Nursing Home Care	*85*	*8*
	xv. Domiciliary Care Managed	450	0
	xvi. Domiciliary Non Care Managed	112	0
	xvii. Supported Living	*1*	*0*
	xviii. 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. YES / NO YES *If no, please explain*		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	117	0
	- Independent sector	6	0

1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	*120*	*0*
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	*0*	*0*

DATA RETURN 2 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

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	262	309
	Partially sighted	117	131
	Visually Impaired	230	578
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	89	26
	Deaf without speech	119	47
	Hard of hearing	613	1466
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	22	123

DATA RETURN 3 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

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.	**2387**
	Number of Disabled people known as at 31st March.	**1285**
3.2	Number of assessments of need carried out during period end 31st March.	**1409**
3.3	Number of assessments undertaken of disabled children ceasing full time education.	**narrative**

DATA RETURN 4 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	0
	Total expenditure for the above payments	£0
4.2	Number of TRUST FUNDED people in residential care	18
4.3	Number of TRUST FUNDED people in nursing care	88
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	0

DATA RETURN 5 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

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**	**658**	**222**
5.2	Number of adult individual carers assessments completed during the period	**0**	**222**	**65**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**436**	**157**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**0**	**178**	**0**
5.5	Number of young carers offered individual carers assessments during the period.	**0**		
5.6	Number of young carers assessments completed during the period	**0**		
5.7	Number of young carers receiving a service @ 31st March	**n/a**		
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March	**112**		
	(b) Number of new approvals for direct payments during the period 1st April – 31st March	**23**		
	(c) Number of adults receiving direct payments @ 31st March	**145**		
5.9	Number of children receiving direct payments @ 31st March	**n/a**		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	**Not available**		
5.10	Number of carers receiving direct payments @ 31st March	**11**		
5.11	Number of one off Carers Grants made in-year.	**56**		

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate PHYSICAL & SENSORY DISABILITY

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
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	n/a	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	0
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	n/a

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	0
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	n/a

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

Guardianships (Article 18)

9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

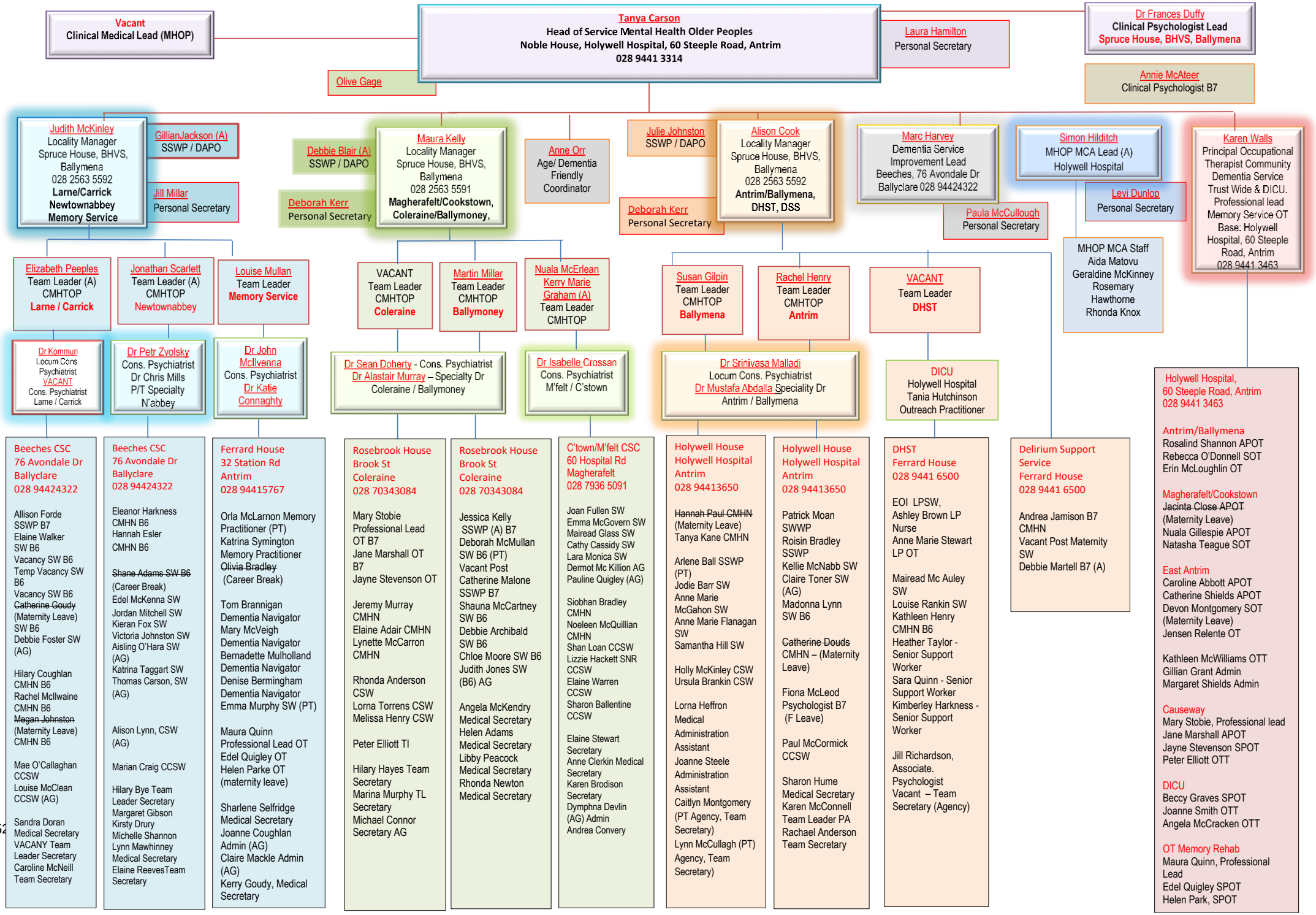
Discharges as a result of an agreed multi-disciplinary care plan	0
Lapsed	0
Discharged by MHRT	0
Discharged by Nearest Relative	0
Total	0

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	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)	1

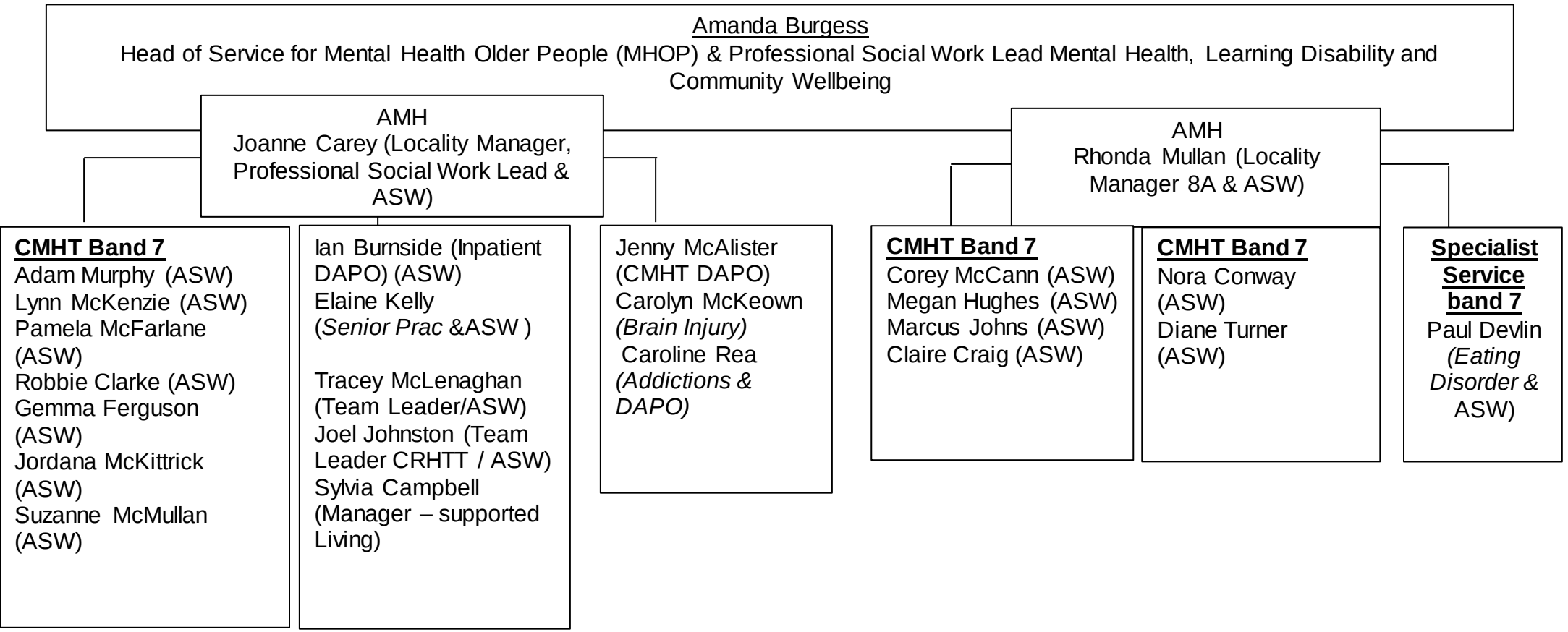
9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? Nil If yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	**3**

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 31st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	0
	(b) Treatment as an out patient	0
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	0


Vacant
Clinical Medical Lead (MHOP)
Tanya Carson
Head of Service Mental Health Older Peoples
Noble House, Holywell Hospital, 60 Steeple Road, Antrim
028 9441 3314
Olive Gage
Laura Hamilton
Personal Secretary
Dr Frances Duffy
Clinical Psychologist Lead
Spruce House, BHVS, Ballymena
Annie McAteer
Clinical Psychologist B7
Judith McKinley
Locality Manager
Spruce House, BHVS, Ballymena
028 2563 5592
Larne/Carrick
Newtownabbey
Memory Service
GillianJackson (A)
SSWP / DAPO
Jill Millar
Personal Secretary
Debbie Blair (A)
SSWP / DAPO
Deborah Kerr
Personal Secretary
Maura Kelly
Locality Manager
Spruce House, BHVS, Ballymena
028 2563 5591
Magherafelt/Cookstown,
Coleraine/Ballymoney,
Anne Orr
Age/ Dementia Friendly Coordinator
Julie Johnston
SSWP / DAPO
Deborah Kerr
Personal Secretary
Alison Cook
Locality Manager
Spruce House, BHVS, Ballymena
028 2563 5592
Antrim/Ballymena,
DHST, DSS
Marc Harvey
Dementia Service Improvement Lead
Beeches, 76 Avondale Dr
Ballyclare 028 94424322
Paula McCullough
Personal Secretary
Simon Hilditch
MHOP MCA Lead (A)
Holywell Hospital
Levi Dunlop
Personal Secretary
MHOP MCA Staff
Aida Matovu
Geraldine McKinney
Rosemary Hawthorne
Rhonda Knox
Karen Walls
Principal Occupational Therapist Community Dementia Service
Trust Wide & DICU.
Professional lead
Memory Service OT
Base: Holywell Hospital, 60 Steeple Road, Antrim
028 9441 3463
Elizabeth Peeples
Team Leader (A)
CMHTOP
Larne / Carrick
Jonathan Scarlett
Team Leader (A)
CMHTOP
Newtownabbey
Louise Mullan
Team Leader
Memory Service
VACANT
Team Leader
CMHTOP
Coleraine
Martin Millar
Team Leader
CMHTOP
Ballymoney
Nuala McErlean
Kerry Marie Graham (A)
Team Leader
CMHTOP
Susan Gilpin
Team Leader
CMHTOP
Ballymena
Rachel Henry
Team Leader
CMHTOP
Antrim
VACANT
Team Leader
DHST
Dr Kommuri
Locum Cons. Psychiatrist
VACANT
Cons. Psychiatrist
Larne / Carrick
Dr Petr Zvolsky
Cons. Psychiatrist
Dr Chris Mills
P/T Specialty
N'abbey
Dr John McIlvenna
Cons. Psychiatrist
Dr Katie Connaghty
Dr Sean Doherty - Cons. Psychiatrist
Dr Alastair Murray – Specialty Dr
Coleraine / Ballymoney
Dr Isabelle Crossan
Cons. Psychiatrist
M'felt / C'stown
Dr Srinivasa Malladi
Locum Cons. Psychiatrist
Dr Mustafa Abdalla Speciality Dr
Antrim / Ballymena
DICU
Holywell Hospital
Tania Hutchinson
Outreach Practitioner
Holywell Hospital,
60 Steeple Road, Antrim
028 9441 3463
Beeches CSC
76 Avondale Dr
Ballyclare
028 94424322
Allison Forde SSWP B7
Elaine Walker SW B6
Vacancy SW B6
Temp Vacancy SW B6
Vacancy SW B6
~~Catherine Goudy~~ (Maternity Leave) SW B6
Debbie Foster SW (AG)
Hilary Coughlan CMHN B6
Rachel McIlwaine CMHN B6
~~Megan Johnston~~ (Maternity Leave) CMHN B6
Mae O'Callaghan CCSW
Louise McClean CCSW (AG)
Sandra Doran Medical Secretary
VACANY Team Leader Secretary
Caroline McNeill Team Secretary
Beeches CSC
76 Avondale Dr
Ballyclare
028 94424322
Eleanor Harkness CMHN B6
Hannah Esler CMHN B6
~~Shane Adams SW B6~~ (Career Break)
Edel McKenna SW
Jordan Mitchell SW
Kieran Fox SW
Victoria Johnston SW
Aisling O'Hara SW (AG)
Katrina Taggart SW
Thomas Carson, SW (AG)
Alison Lynn, CSW (AG)
Marian Craig CCSW
Hilary Bye Team Leader Secretary
Margaret Gibson
Kirsty Drury
Michelle Shannon
Lynn Mawhinney Medical Secretary
Elaine ReevesTeam Secretary
Ferrard House
32 Station Rd
Antrim
028 94415767
Orla McLarnon Memory Practitioner (PT)
Katrina Symington Memory Practitioner
~~Olivia Bradley~~ (Career Break)
Tom Brannigan Dementia Navigator
Mary McVeigh Dementia Navigator
Bernadette Mulholland Dementia Navigator
Denise Bermingham Dementia Navigator
Emma Murphy SW (PT)
Maura Quinn Professional Lead OT
Edel Quigley OT
Helen Parke OT (maternity leave)
Sharlene Selfridge Medical Secretary
Joanne Coughlan Admin (AG)
Claire Mackle Admin (AG)
Kerry Goudy, Medical Secretary
Rosebrook House
Brook St
Coleraine
028 70343084
Mary Stobie Professional Lead OT B7
Jane Marshall OT B7
Jayne Stevenson OT
Jeremy Murray CMHN
Elaine Adair CMHN
Lynette McCarron CMHN
Rhonda Anderson CSW
Lorna Torrens CSW
Melissa Henry CSW
Peter Elliott TI
Hilary Hayes Team Secretary
Marina Murphy TL Secretary
Michael Connor Secretary AG
Rosebrook House
Brook St
Coleraine
028 70343084
Jessica Kelly SSWP (A) B7
Deborah McMullan SW B6 (PT)
Vacant Post
Catherine Malone SSWP B7
Shauna McCartney SW B6
Debbie Archibald SW B6
Chloe Moore SW B6
Judith Jones SW (B6) AG
Angela McKendry Medical Secretary
Helen Adams Medical Secretary
Libby Peacock Medical Secretary
Rhonda Newton Medical Secretary
C'town/M'felt CSC
60 Hospital Rd
Magherafelt
028 7936 5091
Joan Fullen SW
Emma McGovern SW
Mairead Glass SW
Cathy Cassidy SW
Lara Monica SW
Dermot Mc Killion AG
Pauline Quigley (AG)
Siobhan Bradley CMHN
Noeleen McQuillian CMHN
Shan Loan CCSW
Lizzie Hackett SNR CCSW
Elaine Warren CCSW
Sharon Ballentine CCSW
Elaine Stewart Secretary
Anne Clerkin Medical Secretary
Karen Brodison Secretary
Dymphna Devlin (AG) Admin
Andrea Convery
Holywell House
Holywell Hospital
Antrim
028 94413650
~~Hannah Paul CMHN~~ (Maternity Leave)
Tanya Kane CMHN
Arlene Ball SSWP (PT)
Jodie Barr SW
Anne Marie McGahon SW
Anne Marie Flanagan SW
Samantha Hill SW
Holly McKinley CSW
Ursula Brankin CSW
Lorna Heffron Medical Administration Assistant
Joanne Steele Administration Assistant
Caitlyn Montgomery (PT Agency, Team Secretary)
Lynn McCullagh (PT) Agency, Team Secretary)
Holywell House
Holywell Hospital
Antrim
028 94413650
Patrick Moan SWWP
Roisin Bradley SSWP
Kellie McNabb SW
Claire Toner SW (AG)
Madonna Lynn SW B6
~~Catherine Douds~~ CMHN – (Maternity Leave)
Fiona McLeod Psychologist B7 (F Leave)
Paul McCormick CCSW
Sharon Hume Medical Secretary
Karen McConnell Team Leader PA
Rachael Anderson Team Secretary
DHST
Ferrard House
028 9441 6500
EOI LPSW,
Ashley Brown LP Nurse
Anne Marie Stewart LP OT
Mairead Mc Auley SW
Louise Rankin SW
Kathleen Henry CMHN B6
Heather Taylor - Senior Support Worker
Sara Quinn - Senior Support Worker
Kimberley Harkness - Senior Support Worker
Jill Richardson, Associate. Psychologist
Vacant – Team Secretary (Agency)
Delirium Support Service
Ferrard House
028 9441 6500
Andrea Jamison B7 CMHN
Vacant Post Maternity SW
Debbie Martell B7 (A)
Antrim/Ballymena
Rosalind Shannon APOT
Rebecca O'Donnell SOT
Erin McLoughlin OT
Magherafelt/Cookstown
~~Jacinta Close APOT~~ (Maternity Leave)
Nuala Gillespie APOT
Natasha Teague SOT
East Antrim
Caroline Abbott APOT
Catherine Shields APOT
Devon Montgomery SOT (Maternity Leave)
Jensen Relente OT
Kathleen McWilliams OTT
Gillian Grant Admin
Margaret Shields Admin
Causeway
Mary Stobie, Professional lead
Jane Marshall APOT
Jayne Stevenson SPOT
Peter Elliott OTT
DICU
Beccy Graves SPOT
Joanne Smith OTT
Angela McCracken OTT
OT Memory Rehab
Maura Quinn, Professional Lead
Edel Quigley SPOT
Helen Park, SPOT

Adult Mental Health Professional Social Work Structure March 2022



Professional Social Work Structure March 2022
Mental Health Division
Acute Services

Amanda Burgees (Assistant Director of Social Work) ASW)

Joanne Carey (ASW)
CMHT Locality Manager / Social Work lead CMHT
8A

Ian Burnside (Inpatient DAPO & ASW)
Senior Social Work Practitioner

4 x Band 7 ASW

Joel Johnston
CRHTT Team Leader and ASW

5 x Band 7 Senior Practitioner/ASW

2. PROGRAMME OF CARE SUMMARY – Mental Health and Older People

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	<u>Audits</u> • Care Management • Service user feedback is encouraged and service is keen to give consideration with input from service users as to how this can be further improved. • MHOP service continues to work in partnership to implement learning from the Home Truths - Dumurray Report

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.**
	<u>Impact on the discharge of Statutory Functions</u> **The Covid19 Pandemic** • The Covid19 Pandemic impacted on the discharge of statutory functions, despite this assurance can be provided that the statutory functions have been maintained over the course of the pandemic by dedicated SW staff. • Covid risk assessments were required in undertaking Assessments, Care Planning and Reviews and activity with carers. MHOP adopted a range of methods to interact with Services users and carers when face to face was not possible due to a service users level of vulnerability (Tel/ WhatsApp/ zoom) • Covid related absence • Designated lead role for the Northern Trust Care Home support and dissemination of covid related information • Level of support carers required during this period – unable to visit loved ones in care homes/ limited availability of placements / carers taking on increased caring responsibility in an attempt to shield loved ones from risk of infection. • Development of a robust system to manage the increase in the number of bespoke 1-1 packages of care within care placements • Supporting families coping with loss **<u>PARIS</u>** Implementation of Paris on 01/03/2021 – this was embraced by all staff however as with all new recording systems this has taken some time to embed. Paris facilitates immediate access to up to date information thus increasing patient /service user safety and governance allowing 24/7 access to records. **<u>Mental Capacity Act</u>** MHOP has a significant high number of Deprivation of Liberty authorisations in place – New authorisations/ 6 monthly/ annual reviews/

	Tribunals - This has and continues to place significant pressure on the service. **Care Homes of concern** MHOP service continues to work closely with RQIA / Adult safeguarding Team/ Other Divisions to monitor the quality of care provided within care homes – this is a significant pressure **Datix** MHOP service continues to comply with Datix recording however recognises there is more work to be done – Given our SU's level of vulnerability Datix entries are increasing – Managers have increased oversight of incidents and management plans. It was recognised the Trust's governance structure re reviewing and effectively managing risks identified via Datix was poor and needed to be more robust. In response the Trust has devised an action plan to mitigate these concerns.
2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	Reduced footfall into care homes by family / Trust staff may result some AS issues not being highlighted. MHOP do receive a high number of AS APP1 referrals, a significant number are screened out as per AS policy and subsequently managed under Alternative Care Planning therefore the number progressing to section 3 of AS APP1 is reduced. This is resource intensive for the service.

2.2	**Supervision arrangements for social workers**
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework** **Yes**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool** **Yes**

DATA RETURN 1 – PoC / Directorate MHOP

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	57	2579
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	*52*	*2517*
1.3	How many adults are in receipt of social work or social care services at 31st March?	*11*	*1325*
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	*9*	*1219*
1.4	How many care packages are in place on 31st March in the following categories:		
	xix. Residential Home Care	*5*	*142*
	xx. Nursing Home Care	*13*	*739*
	xxi. Domiciliary Care Managed	97	724
	xxii. Domiciliary Non Care Managed	24	181
	xxiii. Supported Living	*3*	*0*
	xxiv. 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. YES / NO Yes *If no, please explain*		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	4	161
	- Independent sector	0	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	*Nil*	*Nil*

1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	4	127
	- Independent sector	*0*	*0*
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	*0*	*7*

DATA RETURN 1 – Hospital MHOP

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	102
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	*0*	*0*	*102*
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	*0*	*0*	*18*

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate MHOP

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	2	16
	Partially sighted	5	346
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	0	10
	Deaf without speech	2	2
	Hard of hearing	4	477
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

DATA RETURN 3 – PoC / Directorate MHOP

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.	**n/a**
	Number of Disabled people known as at 31st March.	**n/a**
3.2	Number of assessments of need carried out during period end 31st March.	**n/a**
3.3	Number of assessments undertaken of disabled children ceasing full time education.	**n/a**

DATA RETURN 4 – PoC / Directorate MHOP

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	Nil
	Total expenditure for the above payments	Nil
4.2	Number of TRUST FUNDED people in residential care	314
4.3	Number of TRUST FUNDED people in nursing care	574
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	44

DATA RETURN 5 – PoC / Directorate MHOP

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**	**840**	**766**
5.2	Number of adult individual carers assessments completed during the period	**0**	**603**	**503**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**237**	**263**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March			
5.5	Number of young carers offered individual carers assessments during the period.	**0**		
5.6	Number of young carers assessments completed during the period	**0**		
5.7	Number of young carers receiving a service @ 31st March	**n/a**		
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March	**348**		
	(b) Number of new approvals for direct payments during the period 1st April – 31st March	**41**		
	(c) Number of adults receiving direct payments @ 31st March	**120**		
5.9	Number of children receiving direct payments @ 31st March	**n/a**		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	**Not available**		
5.10	Number of carers receiving direct payments @ 31st March	**97**		
5.11	Number of one off Carers Grants made in-year.	**309**		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate MHOP

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		n/a
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)		n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)		n/a
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)		
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	NB: Information combined within Adult Mental Health data apart from 9.9 which is reported below	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	

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

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	
9.6.a	New applications for Guardianship during period (Article 19(1))	
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	
9.6.c	How many were Guardianship Orders made by Court (Article 44)	
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	
9.6.f	Number of Guardianships accepted by a nominated other person	
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

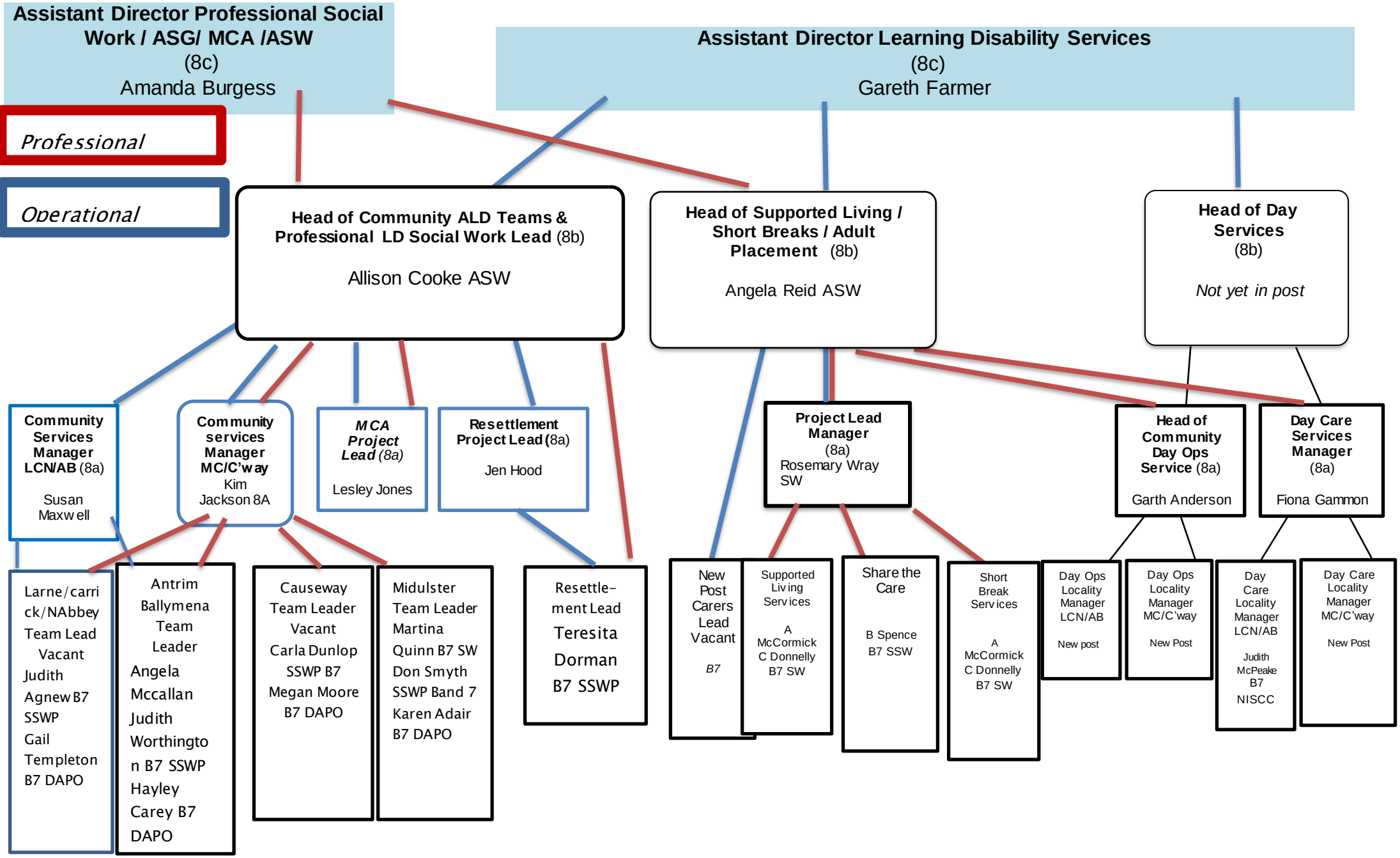
Discharges as a result of an agreed multi-disciplinary care plan	
Lapsed	
Discharged by MHRT	
Discharged by Nearest Relative	
Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	
9.7.a	Number of Approved Social Workers removed during period	
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	

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 yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	65

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 31st March	
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	
	(b) Treatment as an out patient	
	(c) Treatment by a specified medical practitioner	
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	

Accountability Structure Adult Learning Disability Services DSF 2022



2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Adult MH

2.1	**Named Officer responsible for professional Social Work**
2.1a	**Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff** **Highlight any vacancies and the action taken to recruit against these.** Structure included above No management vacancies reported.
2.1b	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (i.e. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.** Please refer to 4 key areas within section 1.5 of the executive summary. Data 7 includes all workforce vacancy information.

2.2	**Supervision arrangements for social workers**
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework** **Yes**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool Yes/No** **If not, outline how the Programme of Care is managing current capacity, demand and workforce availability** All referrals are received via the Central Referral Management System (CRMS). This system is a one point of entry for referrals into the Adult Mental Health Services and leads to triage and allocation. Caseloads continue to be categorised on Paris. The new Paris system launched on 01/03/2021. Adult mental health continue to implement a risk stratification framework for caseload management, enabling the weighting process in terms of required frequency, duration and complexity of intervention (RAG rating) as well as incorporating categories of care within brief intervention, secondary acute and secondary recovery.

	Supervision templates are designed to reflect caseload category of case and support Team Leaders and staff members to have knowledge of the range of work undertaken. This identifies complex work such as Adult Safeguarding, Investigating Officer, Designated Adult Protection Officer, Appropriate Adult, ASW Assessments, and Comprehensive Promoting Quality Care. Information is used by Team Leaders to determine capacity and manage workload of individual Social Workers.

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	ASW Annual Monitoring Audit ASW annual monitoring is underway and scheduled to be completed by the end of April 2022, this will provide assurance that the ASW's in MH Division are meeting the required standards. Letters confirming this will in due course be issued to each of the ASW's

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period, that directly relates to the Trusts discharge of their statutory functions.**
	None that relates directly to the discharge of statutory functions within the Mental Health and Older People Teams.

2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	Domestic Homicide Reviews Domestic Homicide Reviews (DHRs) were established on a statutory basis under Section 9 of the Domestic Violence, Crime and Victims Act (2004) E & W and now in Northern Ireland. Tragically during the reporting period, Domestic Homicide Reviews affecting 3 services users from within Mental Health Services were carried out. The first of the 3 Domestic Homicide Reviews has been finalised with a number of recommendations including a review of safeguarding processes. Specifically in relation to the Mental Health Service we have been tasked with reviewing the Inter-Agency Policy and to further develop the role of the Mental Health Champions and Domestic Violence Champions across all teams, The Addictions Services will review their interface with Children's Services and consider cross-programme training on the impact of addiction on families. Addictions Services will also review their initial engagement with referred individuals to include those who are reluctant to engage. The Think Family Social History tool and the Think Family Risk Assessment should be further developed within the Trust to improve identification of escalating risk to family members by those who domestically abuse. Covid 19 Pandemic The Covid19 Pandemic continues to impact on the discharge of statutory functions, despite this assurance can be provided that the statutory functions have been maintained over the course of the pandemic by dedicated Social Work staff. Covid risk assessments were required in undertaking Mental Health (NI) Order Assessments, Initial Assessments, Safeguarding Investigations, Care Planning and Reviews and activity with Carers. Across the MH Division a range of methods were used. Where a face to face intervention was not possible virtual contact for example WhatsApp/Zoom or use of telephone were utilised. Challenges There was an increase in requests for assessments during the reporting period from 227 to 290. The number of admissions resulting from this did not increase significantly. Due to difficulties, accessing bed based services at Beechcroft, the Trust was required to accommodate 3 Looked after Children/Young People in an adult setting throughout the reporting period and 5 young people who were not looked after, but open to the CAMHS community caseload.

	. There were also no significant changes in the number of requests for assessments for adults with a learning disability. Overall bed pressures in Adult mental health units – NHSCT bed occupation is regularly at 100% plus. This has an ongoing impact on the ASW's within the service who are required under the MHO to remain with the person until they can be admitted to hospital. ASW's are regularly working until the early hours of the morning and on occasions have had to remain with service users for up to a 48 hour period until a bed can be sourced. The interface with PSNI and NIAS can also lead to significant delays in completing an admission. On occasions PSNI have refused to attend to situations where there is risk of physical harm to the service user, the ASW or others. Work is ongoing with the local interface group to resolve these issues. There is confusion with GPs and the PSNI around the interface between MCA and MHO and the ASW service has been contacted to advise on this. The PSNI remain of the opinion that the powers within MCA relating to the Police have not been implemented. This has been raised via the Dept. of Health with the PSNI. The continued inability of Muckamore Abbey Hospital to admit adults with a severe learning disability has caused particular stresses within the learning disability ASW service. For one admission in August last year the NHSCT, following consultation with RQIA and the Dept. the Trust had to temporarily open a closed ward in Holywell to accommodate one person who could not have been safely supported in an Adult MH bed. This was staffed by community nursing staff, Holywell bank staff and community support staff. This position remained for 6 days and was not in keeping with the requirements of the legislation. It proved difficult to obtain a bed regionally and the Trust had to request RQIA and the Dept. to intervene to resolve the situation. There have also been issues with the regional CAMHS unit Beechcroft the Trust was required to accommodate 3 Looked after Children/Young People in an adult setting throughout the reporting period and 5 young people who were not looked after, but open to the CAMHS community caseload. On one occasion a Form 4 had to be completed to extend the period of conveyancing. The young person was admitted just a few hours into the extended period. However, again the ASW had to remain with the young person and this put considerable pressure on the central Hub. There have also been ongoing pressures on dementia care beds and on at least one occasion a Form 4 was being considered.

	An alternative to these situations would be to take the service user to a place of safety such as an ED department but given the very real pressures on ED departments and the profile of the service users being assessed this is not a viable alternative. The Trust will develop a protocol regarding the use of the Form 4 and each case will be reviewed.

PoC / Directorate Safeguarding Adults

6 SAFEGUARDING ADULTS

6.1	Number of adult protection referrals within the period	**SPPG to collect from PMSI**
6.2	Number of adult protection referrals within the period broken down by the following categories of abuse: (a) Financial (b) Institutional (c) Neglect (d) Physical (e) Psychological/ Emotional (f) Sexual (g) Exploitation	**SPPG to collect from PMSI**
6.3	Number of investigations commenced within the period	**SPPG to collect from PMSI**
6.4	Number of cases closed to adults in need of protection within the period	

6.5	Number of protection plans commenced within the period	**SPPG to collect from PMSI**
.6	~~Number of care and protection plans in place on 31st March~~	**Not required**

DATA RETURN 1 – PoC / Directorate Adult Mental Health

1 GENERAL PROVISIONS			
		<65	65+
1.1	How many adults were referred for assessment of social work or social care need during the period?	4274	39
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	*4039*	*35*
1.3	How many adults are in receipt of social work or social care services at 31st March?	*2141*	*111*
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	*2022*	*108*
1.4	How many care packages are in place on 31st March in the following categories:		
	xxv. Residential Home Care	15	65
	xxvi. Nursing Home Care	27	78
	xxvii. Domiciliary Care Managed	10	60
	xviii. Domiciliary Non Care Managed	3	15
	xxix. Supported Living	44	13
	xxx. 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. YES / NO Yes *If no, please explain*		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	*68*	*29*
	- Independent sector	*0*	*0*
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	*Nil*	*Nil*
1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	*0*	*0*
	- Independent sector	*0*	*0*
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	*0*	*0*

DATA RETURN 1 – Hospital Adult Mental Health

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?	7	785	38
1.2	Of those reported at 1.1 how many assessments of need were undertaken during the period?	*7*	*785*	*38*
1.3	How many adults or children are on Hospital Social Workers caseloads at 31st March?	*0*	*98*	*10*

Age is at date of referral for 1.1 and 1.2
Age at 31st March for 1.3

DATA RETURN 2 – PoC / Directorate <u>Adult Mental Health</u>

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	3	0
	Partially sighted	2	3
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	3	0
	Deaf without speech	4	0
	Hard of hearing	3	5
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	0	0

DATA RETURN 3 – PoC / Directorate Adult Mental Health

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.	**n/a**
	Number of Disabled people known as at 31st March.	**n/a**
3.2	Number of assessments of need carried out during period end 31st March.	**n/a**
3.3	Number of assessments undertaken of disabled children ceasing full time education.	**n/a**

DATA RETURN 4 – PoC / Directorate <u>Adult Mental Health</u>

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	94
	Total expenditure for the above payments	£12,517
4.2	Number of TRUST FUNDED people in residential care	69
4.3	Number of TRUST FUNDED people in nursing care	94
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	2

DATA RETURN 5 – PoC / Directorate <u>Adult Mental Health</u>

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**	**404**	**54**
5.2	Number of adult individual carers assessments completed during the period	**1**	**298**	**41**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**106**	**13**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**0**	**373**	**48 1**
5.5	Number of young carers offered individual carers assessments during the period.	**5**		
5.6	Number of young carers assessments completed during the period	**5**		
5.7	Number of young carers receiving a service @ 31st March	**n/a**		
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March	**78**		
	(b) Number of new approvals for direct payments during the period 1st April – 31st March	**8**		
	(c) Number of adults receiving direct payments @ 31st March	**23**		
5.9	Number of children receiving direct payments @ 31st March	**n/a**		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	**Not available**		
5.10	Number of carers receiving direct payments @ 31st March	**4**		
5.11	Number of one off Carers Grants made in-year.	**306**		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate <u>Adult Mental Health</u>

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	281 (10 under 18)	n/a
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	193	n/a
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	1	n/a
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	1	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	Yes	

Use of Doctors Holding Powers (Article 7)		
9.2	How many times did a hospital doctor use holding powers?	91 (4 under 18)
9.2a	Of these, how many resulted in an application being made?	34

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	281
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	Yes

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	1

9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	Yes

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	46

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))	4
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	3
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))	2
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	2
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	1
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

Discharges as a result of an agreed multi-disciplinary care plan	2
Lapsed	0
Discharged by MHRT	0
Discharged by Nearest Relative	0
Total	2

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	4
9.7.a	Number of Approved Social Workers removed during period	8
9.7.b	Number of Approved Social Workers at period end (who have fulfilled requirements consistent with quality standards)	50

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 yes, please provide number and advise on any issues presenting 10 under 18s requiring an admission for assessment. In 3 cases difficulties in accessing regional beds with 1 resulting in use of Form 4 to extend conveyancing period. Conveyancing happened within the next 24 hours.	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	6

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 31st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	0
	(b) Treatment as an out patient	0
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	**0**

9 The Mental Capacity (NI) Act, 2016

Panel Applications (during the year) *(to be collected from2022/23 onwards)*		
9.14	Total number of Trust Panel Applications	SPPG will source from DoH MCA team
9.15	Number of Interim Authorisations	SPPG will source from DoH MCA team
9.16	Number of Full Authorisations	SPPG will source from DoH MCA team
9.17	Number where work has started but not completed	SPPG will source from DoH MCA team
9.18	Total number of cases not yet referred to Attorney General	SPPG will source from DoH MCA team
9.19	Do you have sufficient numbers of staff to carry out TP Formal Assessments of Capacity (Form 1)? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.20	Do you have sufficient numbers of staff to make TP Best Interests determination (Form 2)? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.21	Do you have sufficient numbers of medical practitioners to complete TP medical reports (Form 6)? Yes / ~~No~~	

	If no, please provide brief explanation of action taken	

Trust Panels *(to be collected from2022/23 onwards)*		
9.22	Do you have sufficient numbers of Trust Panel members to cover first applications (Form 5)? Yes ~~/ No~~ If no, please provide brief explanation of action taken	
9.23	Do you have sufficient number of Trust Panel members to cover Trust Panel Extension applications (Form 16)? Yes ~~/ No~~ If no, please provide brief explanation of action taken	

Extensions *(to be collected from2022/23 onwards)*		
9.24	Total number of Extension Authorisations **(during the year)**	SPPG will source from DoH MCA team
9.25	Number referred to RT	SPPG will source from DoH MCA team
9.26	Number Not referred to RT	SPPG will source from DoH MCA team
9.27	Number of Cases outstanding	SPPG will source from DoH MCA team

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

Short Term Detention Authorisations *(to be collected from2022/23 onwards)*		
9.31	Work started but not completed **(during the year)**	SPPG will source from DoH MCA team
9.32	Total Number of short term detention authorisations.	SPPG will source from DoH MCA team
9.33	Do you have sufficient numbers of staff to carry out STD Formal Assessments of Capacity (Form 1)? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.34	Do you have sufficient number of staff to make STD Best Interests determination (Form 2)? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.35	Do you have sufficient numbers of medical practitioners to complete STD medical reports (Form 6)? Yes / ~~No~~	

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

Live Cases (during the year) *(to be collected from2022/23 onwards)*		
9.37	Total No. Live Trust Panel / Extension Authorisations	SPPG will source from DoH MCA team
9.38	Total No. Live Short Term Detention Authorisations	SPPG will source from DoH MCA team

Training *(to be collected from2022/23 onwards)*		
9.39	Do you have sufficient number of staff trained to operate DoLs? Yes / ~~No~~ If no, please provide brief explanation of action taken	

Trust Panels *(to be collected from2022/23 onwards)*		
9.40	Do you have sufficient number of Trust Panel members to cover first applications (Form 5)? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.41	Do you have sufficient number of Trust Panel members to cover Trust? Yes / ~~No~~ If no, please provide brief explanation of action taken	

Rule 6 reports and participation at hearings when required *(to be collected from2022/23 onwards)*		
9.42	Do you have sufficient number of staff to meet the Review Tribunal deadlines for Rule 6 requests? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.43	(Section 3) MCA section 50 – Do you have sufficient number of staff to ensure all one year extensions are referred to the Attorney General? Yes / ~~No~~ If no, please provide brief explanation of action taken	
9.44	Can you confirm that you have authorisations in place for those people who require one or more emergency provisions are in place and clearly recorded? Yes / ~~No~~ If no, please provide brief explanation of action taken	

Please outline any other risks or issues with regard to compliance with the Mental Capacity Act?
As new parts of the Act come into force including S48 (mandatory referrals) and S50 (six monthly reviews of subsequent extensions) the pressures on the existing staff to remain compliant with the legislation has increased greatly. The NHSCT is moving towards having a centralised service with 6 x B7 staff being responsible for carrying out the assessments for applications and extensions. The Trust currently has 2 permanent B7s to do this (1 current vacancy covered by EOI) 2 x B7s via EOI and 1 x 8A and 1 x B7 to complete STDA in the acute hospitals. Recruitment for the additional 4 x B7s funded through the IPT is in process. It is also clear that a dedicated number of 8A staff are required to carry out the operational tasks of allocating work to staff and medics, to track and notify named workers of extensions, referrals to AG and RT and the subsequent need for Rule 6 reports. This will ensure good governance regarding quality of forms, training requirements and will provide outreach to the community and private sector providers to ensure that the rights of individuals to be protected under the MCA are upheld. Currently the NHSCT are funded for 3 x 8As – 1 operational lead and 1 implementation lead, 1 based in acute hospital to complete MCA work there. The increasing requests for oral hearings by the RT also result in additional pressures on the named workers and their line managers.

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate:- Learning Disability

2.1	Named Officer responsible for professional Social Work
2.1a	**Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff** **Highlight any vacancies and the action taken to recruit against these.** Structure included above Data 7 includes B7 management vacancies for LD services.
2.1b	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.** Please refer to 4 key areas within section 1.5 of the executive summary. Data 7 includes all workforce vacancy information. **ASW** • Ongoing challenge of lack of LD bed to admit a patient to when assessed under the MHO. • An assessment under MHO in August 21 resulted in a patient not having a bed to be admitted to and subsequently spent a number of days in a ward in Holywell supported by learning disability nurses from community teams. This raised a number of governance concerns for the Trust. After escalation to RQIA and the Dept. of Health re this situation, a bed was secured in Dorsey ward in Craigavon. • The number of LD admissions have reduced this year, mainly due to the use of the emergency beds in Hollybank and Woodford Park. • In this reporting year LD services have relied on Holywell Hospital Adult Mental Health Service providing a bed for those in need of a hospital admission **MCA impact** • Completing legacy day care applications for DOLS, Extension reports, Rule 6 reports and attending subsequent Tribunals has increased the workload across all teams. • Staff are working additional hours to complete work in the timescales required which may not continue to be sustainable Use of Agency staff to backfill, Bank staff and staff from across LD services are being utilised to meet MCA demands

2.2	Supervision arrangements for social workers
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework** **Yes**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool No** **If not, outline how the Programme of Care is managing current capacity, demand and workforce availability** • Team caseloads and individual social work caseloads continue to be monitored through supervision process • SOSCARE Teams provide caseload reports which are reviewed monthly by Team Managers and this determines level of work each individual has assigned • The Community LD Teams do not operate a waiting list and all referrals are prioritised and actioned in adherence with the LD Operational Policy. • Teams utilise the Regional RAG rating criteria to assist with the demand of meeting individual need and to target resources to those in the greatest need. This system is regularly reviewed to take account of the increasing change of needs of individuals to enable teams to respond. • Individuals placed in permanent residential or nursing care can be referred to the Permanent Placement Team for onward care management processes. However due to the demand on the PPT, referrals from LD may have to wait for some time to be accepted and can only be accepted if the placement is stable so staff frequently do not feel it is appropriate to make the referral. This adds to the numbers of care managed caseloads carried by community LD teams.

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	Care Management Audit across Adult services While it was acknowledged that Covid had a significant impact on the way care management reviews were conducted during the reporting year, the Trust accepted the recommendations from the audit and a Care Management steering group has been set up. The steering group meets bi monthly and the Terms of Reference has been agreed. Allison Cooke is the LD representative on the group which is chaired by Mr Lee Wilson AD and Ms Gill Murphy AD. The overarching purpose of the group is to ensure all divisions; • Are accountable for Trust wide delivery of the Care Management Guidelines • Ensure the Trust Multi-disciplinary teams remain focused on achieving Care Management Standards • Deliver on the recommendations from the audit. Service user forums are integral to Learning Disability Services and the group meet every 2 months, mostly still by Zoom, however plans are to move to face to face when it is safe to do so. The service user forum plan to recruit new members in this incoming year as numbers of attendees had dropped, so this has been a challenge at times. The service user forum has reviewed a number of easy read documents in use in the LD teams and assisted in making amendments to documents when new information is needed, i.e. the DOLS section of care plans needed updated and this was shared with the group for comment and approval. Professional Supervision audit Recommendations shared and actioned.

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period that directly relates to the Trusts discharge of their statutory functions.**
	Serious Adverse incidents • **6** SAIs notified in relation to LD service users. **2** of these were in relation to a serious crime committed by a person with LD towards a member of the public. • **1** further SAI has been placed on hold. **Mental Health Review Tribunals** • NHSCT have provided a supplementary report for BHSCT for 2 tribunals held in Muckamore Abbey Hospital in regard to detained patients, The MHRT upheld the detention. **Judicial Reviews** • Trust received 4 Pre action Protocol letters (PAP) • 3 reports provided for DLS with evidence that the Trust were making every effort to discharge patients with new placements being made available. **Outcome** 3 x Judicial Reviews did not proceed 1 of the patients died. **RQIA** **Buildings Based day services** All buildings based centres have had inspections in line with RQIA standards. Those with QIP recommendations are noted below. **Antrim AC** – 15th November 2021 with 2 QIPs: • (Ref Regulation 24 (4) d….the registered person shall make adequate arrangements regarding more robust recording of weekly fire tests. **Action. Weekly alarm system will be checked each Monday morning and recorded in appropriate documentation. In absence of manager a designated staff member will be appointed to ensure this process is completed.** • 2. Ref Standard 13.4. - The registered person shall ensure that staff have completed training on and can demonstrate knowledge of adult safeguarding. This relates specifically to transport.

	Action. Transport manager has agreed to confirm when relevant training has been completed. **<u>INSPIRE Satellite Unit</u>** – 26th October 2021 • 1 recommendation: SVA training for drivers – **completed December 2021.** **<u>Mountfern</u>** – 26th July 2021, • 1 recommendation: outstanding estates work which is now complete. **<u>Supported Living Short Breaks RQIA inspections</u>** All six statutory services received an inspection as per RQIA standards with the following two only having QIP recommendations **<u>Hollybank SBS 9/21</u>** – • fire doors should not be left propped open and risk assessments to be noted on in-house care plans **<u>Ellis Court SBS</u>** 10/21 – • display pictorial menu All QIP actioned
2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	During the 2021/2022 reporting period Adult Learning Disability Services evidenced a 205% increase in Adult Safeguarding Referrals across the four locality areas. The most common type of abuse concluded during the 2021/2022 reporting period was Physical which accounted for 36.6% of referrals received and the most common location where abuse occurred was from Service Users living in their own home which accounted for 35.6% of the overall referrals received. It was noted that a number of sexual abuse referrals were received including where the capacity of the service user was assumed and/ or assessed as having capacity and they did not wish to make complaints. In many of these situations, they straddled into aspects of Domestic Violence, with concerns of Coercive control. This leads to a moral dilemma however ensuring that the service user has appropriate education and information to make informed choices minimises the risks involved. The implementation of the new Domestic Violence Legislation will hopefully provide additional powers to intervene and protect in these situations.

DATA RETURN 1 – PoC / Directorate 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?	516	80
1.2	Of those reported at 1.1 how many adults commenced receipt of social work or social care services during the period?	194	7
1.3	How many adults are in receipt of social work or social care services at 31st March?	1939	199
1.3a	How many adults are in receipt of social work support only at 31st March (not reported at 1.4)?	1567	0
1.4	How many care packages are in place on 31st March in the following categories:		
	xxxi. Residential Home Care	54	21
	xxii. Nursing Home Care	144	26
	xxiii. Domiciliary Care Managed	28	75
	xxiv. Domiciliary Non Care Managed	7	19
	xxv. Supported Living	138	38
	xxvi. Permanent Adult Family Placement	34	1
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. YES / NO Yes *If no, please explain*		
1.5	Number of adults provided with respite during the period	*PMSI return*	*PMSI return*
1.6	Number of adults known to the Programme of Care in receipt of Centre based Day Care		
	- Statutory sector	659	92
	- Independent sector	1	0
1.6a	Number of adults known to the Programme of Care in receipt of Day Opportunities	621	23

1.7	Of those at 1.6 how many are EMI / dementia		
	- Statutory sector	0	0
	- Independent sector	0	0
1.8	This is intentionally blank		
1.9	How many of this Programme of Care clients are in HSC Trust funded social care placements outside Northern Ireland?	*0*	*0*

DATA RETURN 2 – PoC / Directorate LEARNING DISABILITY

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	6	X
2.2	Number of adults known to the Programme of Care who are:		
	Blind	63	4
	Partially sighted	56	16
2.3	Number of adults known to the Programme of Care who are:		
	Deaf with speech	17	1
	Deaf without speech	26	3
	Hard of hearing	92	30
2.4	Number of adults known to the Programme of Care who are:		
	Deaf Blind	5	2

DATA RETURN 3 – PoC / Directorate LEARNING DISABILITY

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.	**596**
	Number of Disabled people known as at 31st March.	**2138**
3.2	Number of assessments of need carried out during period end 31st March.	**83**
3.3	Number of assessments undertaken of disabled children ceasing full time education.	**0**

DATA RETURN 4 – PoC / Directorate LEARNING DISABILITY

4 HEALTH AND PERSONAL SOCIAL SERVICES (NI) ORDER 1972;
Article15, Article 36 [as amended by Registered Homes (NI) Order 1992]

4.1	Number of Article 15 (HPSS Order) Payments	8
	Total expenditure for the above payments	£325
4.2	Number of TRUST FUNDED people in residential care	73
4.3	Number of TRUST FUNDED people in nursing care	205
4.4	How many of those at 4.3 received only the £100 nursing care allowance?	1

DATA RETURN 5 – PoC / Directorate LEARNING DISABILITY

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**	**143**	**35**
5.2	Number of adult individual carers assessments completed during the period	**0**	**85**	**18**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**58**	**17**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**n/a**	**n/a**	**n/a**
5.4	Number of adult carers receiving a service @ 31st March	**0**	**143**	**34**
5.5	Number of young carers offered individual carers assessments during the period.	**0**		
5.6	Number of young carers assessments completed during the period	**0**		
5.7	Number of young carers receiving a service @ 31st March	**n/a**		
5.8	(a) Number of requests for direct payments during the period 1st April – 31st March	**64**		
	(b) Number of new approvals for direct payments during the period 1st April – 31st March	**35**		
	(c) Number of adults receiving direct payments @ 31st March	**257**		
5.9	Number of children receiving direct payments @ 31st March	**n/a**		
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	**Not available**		
5.10	Number of carers receiving direct payments @ 31st March	**153**		
5.11	Number of one off Carers Grants made in-year.	**91**		
Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.				
Commentary				

PLEASE ENSURE A SEPARATE RETURN IS COMPLETED FOR EACH PROGRAMME

DATA RETURN 9 – PoC / Directorate LEARNING DISABILITY

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	9	2
9.1.a	Of these how many resulted in an application being made by an ASW under (Article 5.1b)	7	2
9.1.b	How many assessments required the input of a second ASW (Article 5.4a)	0	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. **YES / NO** *If no, please explain*	Yes	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	9
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	Yes

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	0
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	n/a

Mental Health Review Tribunal		
9.5	Number of applications to MHRT in relation to detained patients	2

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	

Discharges as a result of an agreed multi-disciplinary care plan	0
Lapsed	0
Discharged by MHRT	0
Discharged by Nearest Relative	0
Total	0

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	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)	10

9.8	Do any of the returns for detention and Guardianship in this section relate to an individual who was under 18 years old? Nil If yes, please provide number and advise on any issues presenting

9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	7

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 31st March	3
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	0
	(b) Treatment as an out patient	3
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	1
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	1

DATA RETURN 8 – PoC / Directorate – NHSCT

8 Assessed Year in Employment

Assessed Year in Employment (AYE) 2021-2022
Return for Employers year ending 31/03/2022

1. 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 2021 to 31st March 2022. 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 AYEs that were in post at any time during the year and those who are still in post at 31st March 2022. 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	**Job setting**	**Total no of AYEs supported during the period 1/4/21 to 31/3/22**	**Total number of AYEs as at 31/3/22**
1	Gateway	2	0
2	Family support/intervention team	15	11
3	Looked after team	5	2
4	Fostering team/ (Family Placement)	0	0
5	Adoption	0	0
6	Leaving and after care	0	0
7	Children's disability	2	0
8	Residential child care	4	1
9	Early years	0	0
10	Other Children's (CAMHS/Autism)	0	0
11	Hospital social work – children / materni	0	0
12	Hospital social work - adults	1	0
13	Older people	7	0
14	Mental health	8	4
15	Health and Physical disability (Adults)	7	7
16	Sensory impairment	0	0
17	Learning disability	4	4
18	Safeguarding adults	0	0

19	Other (Adult)	0	0
	Total number of AYEs	**55**	**29**

2. Of the Total AYEs employed, describe their employment status?

Table 2 **Employment Status**	**During year 1/4/21 to 31/3/22**	**At 31st March 2022**
Permanent	21	21
Temporary	14	1
Recruitment agency	20	4

3a.

Standard	**Yes**	**No**
Audit of min. 25 AYE Files	□	
Summary of Learning	□	
Evidence of a Personal Development Plan (PDP)	□	
Evidence of Induction	□	
Record & Analysis of 10 days training	□	
Evidence of Assessment of harm/abuse & work plan	□	
Evidence of risk assessment & management plan	□	
Evidence of application & evaluation of at least 2 methods/models of SW intervention to promote change	□	
Evidence of AYE reflection on their practice at mid-point appraisal	□	
Evidence of line manager feedback at mid-point appraisal	□	
Evidence of PDP at mid-point appraisal	□	
Evidence of AYE reflection on practice at final appraisal	□	
Evidence of Line manager feedback at final appraisal	□	
Evidence of appropriate AYE forms signed by Designated Signatory	□	
Feedback from Line Managers & AYE's	□	

3b. please provide a narrative on how you have complied with the standards as noted above or mitigated any challenges?

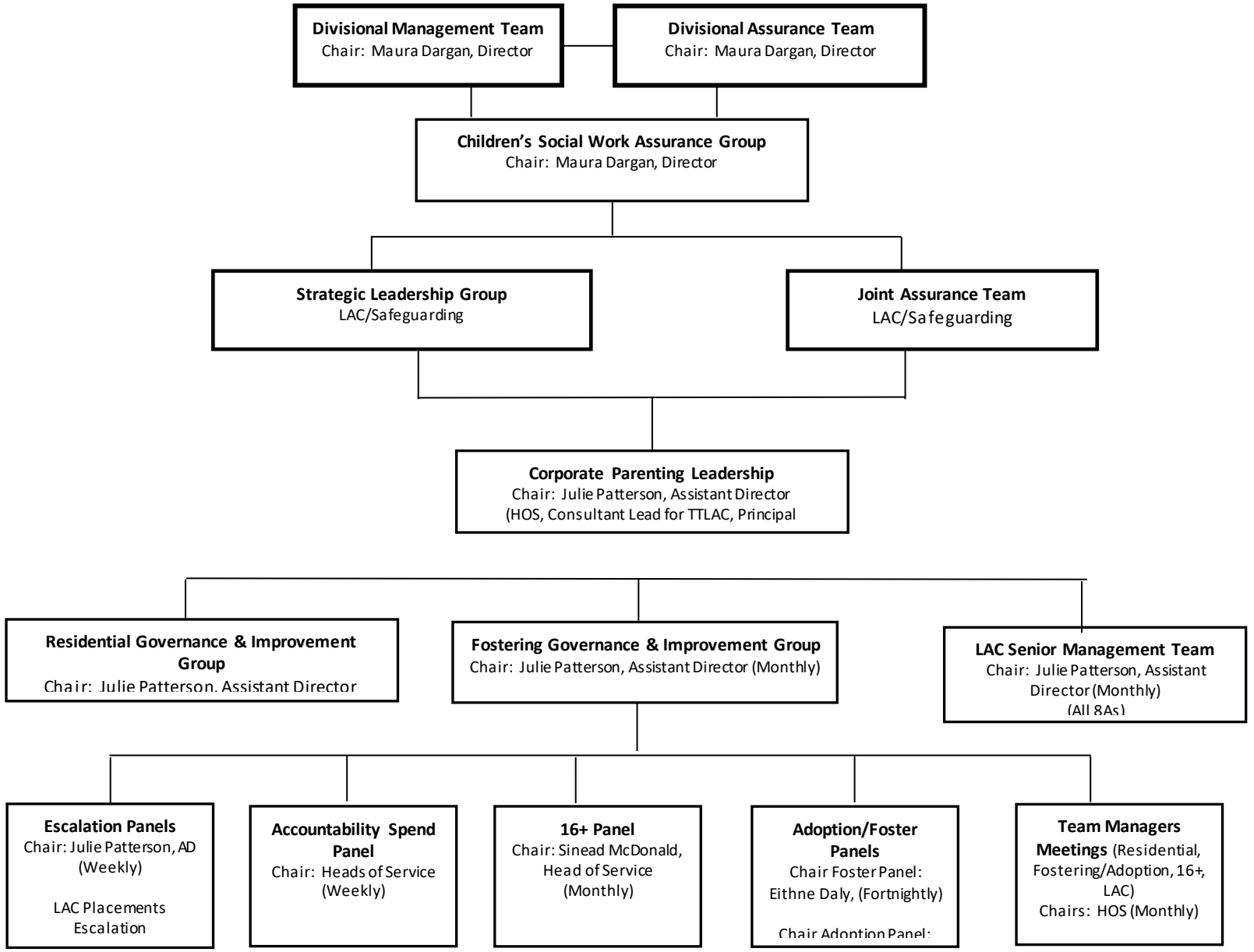
Each AYE social worker (SW) is allocated a professional supervisor who assesses their knowledge, skills and values in respect of the social work role and process. Assessment of the AYE Social Worker's practice against the six key roles is incorporated into the formal supervision process to record and verify professional confidence and competence. Reviews are completed at six months and eleven months and the AYE social worker also completes reflective summaries at the mid-point review and final appraisal.

The Trust uses the audit of AYE SWs portfolios to ascertain the level of compliance with the NISCC standards. The Trust also uses questionnaires with AYE staff and professional supervisors to obtain feedback about AYE processes within the Trust. Responses are used to inform the development and improvement of AYE processes. Feedback from AYE Social Workers and professional supervisors is positive and affirms that processes are effective.

A Learning and Development Officer has responsibility for co-facilitating AYE forums, in collaboration with Operational Managers. This forum supports AYE staff to meet the NISCC standards regarding professional development days and due to the pandemic they have taken place using video conferencing technology (Zoom). This technology also allowed supervision and mentoring sessions to carry on unimpeded despite the restrictions imposed by the pandemic such as working from home or self-isolation.

The mentoring programme, introduced in 2020 to support AYE social workers during the early stage of the pandemic was stepped down early in 2021. However, to ensure AYE staff received the support they required when teams were facing higher than usual levels of sickness, group mentoring sessions were then introduced. This took place monthly and topics included induction, portfolio requirements, theories and methods, and motivational interviewing. A self-evaluation tool was used at the beginning and the end of this initiative and this is still being evaluated.

NHSCT CORPORATE PARENTING ASSURANCE FRAMEWORK



Safeguarding/Family Support Service Structure

Tracy Magill, Assistant Director

PA Carol Catherwood (028 9442 4899)

Ciara O'Kane
Signs of Safety Implementation Officer
028 9442 4600 x332407

Amiee Colhoun
Senior Practitioner Signs of Safety Team

Cecilia Robinson, Head of Service for Family Support & Intervention

Sec: Abi Weatherup (028 9442 4600)

Ciara Ciarns — *Service Manager* — **028 9442 4600**

- **Intensive Support Team** — Braid Valley Hospital Site — Jim Weir — **028 2563 3717**
- **Intensive Support Team Antrim** — Francis Turley — **028 9448 1750**

Aileen Quinn — *Service Manager* — **028 8672 3938**

- **Magherafelt Family Support & Intervention Team** — Clare McGrath — **028 7936 6840**
- **Cookstown Family Support & Intervention Team** — Danielle McAllister — **028 8672 3938**
- **Ballymena Family Support & Intervention Team (South)** — Cathy Bloomer — **028 2563 5640**

Debbie Williams — *Service Manager* — **028 9442 4600**

- **Newtownabbey Family Support & Intervention Team (0-10)** — Andrew Bell — **028 9083 1444**
- **Carrick Family Support & Intervention Team 1** — Stephanie Robinson — **028 9331 5114**
- **Carrick Family Support & Intervention Team 2** — Sharon Campbell — **028 9331 5114**

Linzi Craig — *Service Manager* — **028 2766 1328**

- **Ballymena Family Support & Intervention Team (North)** — Laura Cummings — **028 2563 5640**
- **Ballymoney Family Support & Intervention Team** — Lauren Fleming — **028 2766 1808**
- **Coleraine Family Support & Intervention Team** — Catherine Cooke — **028 7035 2221**

Collette McCartney — *Service Manager* — **028 9442 4600**

- **Antrim Family Support & Intervention Team 1** — Kelly Kennedy — **028 9441 6555**
- **Antrim Family Support & Intervention Team 2** — Emma Millar — **028 9441 6555**
- **Newtownabbey Family Support & Intervention Team (11-18)** — Carrie Berne — **028 9083 1444**

Joanne Best
Principal Practitioner for Family Support & Intervention
(028) 9442 4600

Sharon Crawford, Head of Service for Gateway, CDT, Whitehaven, Rainbow, Ferns and Sharing the Care

Sec: Abi Weatherup (028 9442 4600)

Jackie Bowen — *Service Manager* — **028 9034 1583**

- **Referral Gateway Team Antrim** — Catherine Woods (acting up SWSM) — **028 9442 4459**
- **Central Locality Gateway Team Toome** — Dana Devlin — **028 7965 1020**
- **South Eastern Locality Gateway Team Ballyclare** — Chantelle Hamill — **028 9442 4377**
- **Northern Locality Gateway Team** — Cathy McDevitt — **028 7032 5462**

Emma Scullion — *Service Manager* — **028 9442 4600**

- **Ballymena Children with a Disability Team** — Aimee Leslie — **028 2563 5640**
- **Magherafelt Children with a Disability Team** — Maurice Corrigan — **028 7936 6840**
- **Whitehaven Respite Unit** — Linda Guthrie & Rhona Harkness (Whitehead – **028 9335 3367)**

Sharon McNeill — *Service Manager* — **028 9442 4600**

- **Coleraine Children with a Disability Team** — Martina Boyle — **028 7035 8158**
- **Carrick Children with a Disability Team** — Emma Ferris 028 9331 5114
- **Rainbow (Praxis)** — More details to follow
- **Sharing the Care** — Alison Adair (B'mena/ Carrick/ Coleraine) — **Sec** Ruth Bristow 93315114 — **Sec** Lorna Wilson 27661840
- **The Ferns (Positive Futures)** — More details to follow

Sean Falls
Principal Practitioner for Ethnic Minorities
(028) 9442 4600

Denise Canavan, Head of Service for FAS, Early Years & Non Op Managers

(028 9442 4600)

Claire Finlay — *Service Manager* — **028 2766 1337**

- **Northern Early Years Team** — Coleraine — Ann Gault — **028 2766 1340**
- **Central Early Years Team** — Ballymena Magherafelt — Clare Evans — **028 2563 5110**
- **South Eastern Early Years Team Carrick** — Michelle Power — **028 9331 5112**
- **Court Children's Service** — Alan Henry

Joan Trengove — **028 2766 1379**

Maurice Devlin — **028 2766 1379**

Ruth Hill — **028 9442 4600**

- **Making Changes, CSE, MARAC & PPANI/LINKS** — **Melissa Spence** — **(028) 9442 8715**

Mary Toner — *Service Manager* — **028 7936 4831**

- **South Family Assessment Service** — **Newtownabbey Children's Centre Eilish Scott 028 9085 5960**
- **North Family Assessment Service** — **Causeway Children's Centre Eilish Scott 028 7032 5456**

Teresa O'Donnell
Principal Practitioner for Child Protection
(028) 9442 4600

2. PROGRAMME OF CARE SUMMARY

Programme of Care / Directorate: Family and Childcare

2.1	Named Officer responsible for professional Social Work
2.1a	**Accountability Arrangements - Please provide a copy of your Organisational Structure from Assistant Director to Band 7 Staff** **Highlight any vacancies and the action taken to recruit against these.** See structure inserted above Data 7 details management vacancies across Family and Childcare services.
2.1b	**Please highlight key Social Work Workforce planning issues, including recruitment, retention and professional roles (ie. ASW, DAPO, JP). Information provided should include level and type of vacancies and any vacancy control systems in place.** In children's services workforce difficulties are reported in recruitment and retention, work is ongoing to strengthen the supply, recruitment and retention of social workers with the objective of meeting the needs of the workforce and securing a stable workforce to deliver safe, high quality social work services. Reducing unnecessary or unmanaged turnover and stabilising the workforce is critical to improving outcomes for staff and making safe staffing an active priority. The Trust continues to progress work on normative caseloads and has implemented a trust wide social work transfer scheme to improve retention and develop new way of supporting staff who wish to work in a different programme of care and/ or work location. Under section 1.5 within the executive summary there is detail around 4 key areas that the Trust is progressing to attempt to address some of the workforce planning issues. In addition to the above the service is currently exploring the following workforce proposals to address the emerging pressures and risks associated with statutory functions. **Workforce Proposals in Family and Childcare** **1. Child Protection Practitioners:** o 3 year experienced FSIT / Gateway Practitioner progresses to CP Practitioner, given knowledge and experience in CP and holding only CP cases. o 16 currently meet that criteria in FSIT. o (Cost top up from Band 6 to Band 7 is £10k each). **2. Private Law Work:** o Extend the remit of Court Children's Team to cover all Private Law cases.

	○ Currently substantial numbers of Private Law cases in FSIT Teams. ○ (Regional work ongoing to review the role and function of Court Children's Teams). ○ Pilot to run to appoint a Band 7 to cover Private Law Work in Antrim and Newtownabbey. ○ Proposal to extend Court Children's being developed. **3. Hybrid Admin Role:** ○ Band 3 in line with Reducing Bureaucracy Work. ○ (And Hackney Model). ○ Group to develop and explore. **4. Youth Works Band 5 / Adolescent Support Workers Band 4:** ○ Realign Social Work posts to extend this role into other Teams. ○ Currently only in Antrim FSIT. **5. Domestic Violence Practitioners:** ○ Band 7 Domestic Violence Practitioners into Teams to offer services to those experiencing domestic violence. ○ To provide advice and guidance to Social Work staff in all matters relating to this. **6. Fast Track Level 3 Students in workforce:** ○ Has taken place during Covid regionally and agreed this year also. **7. Normative Case Loads in FSIT:** ○ If agreed regionally it would hopefully make FSIT posts more attractive. **8. Specialist ABE Workers for Team:** ○ Develop work alongside regional proposal to co-locate PSNI work with Social Workers.

2.2	**Supervision arrangements for social workers**
2.2a	**Please confirm that the Trust is fully compliant with the Regional Supervision Framework** **Yes**
2.2b	**Please confirm if the Programme of Care is utilising a Caseload Weighting tool** **Yes**

2.3	**Report at high level on any audits, research, outcome reports or evaluations undertaken during the reporting period, that relate to delegated directed statutory functions (bullet points only). Please ensure reference is made to the inclusion of service user involvement.**
	GAIN AUDIT February/March 2021 – Ongoing Focus of Audit is Protection LAC Guidance. We will report on the outcome in the next reporting period. PROFESSIONAL SUPERVISION AUDIT The audit sought to assure the Trust that professional social work supervision was adhering to the standards set out in the regionally agreed policy. The audit was completed collaboratively with professional social work supervisors. The audit confirmed a high level of compliance with the standards. Foster Care Chronologies Within fostering, an audit was undertaken of foster carer's chronologies held on file. This was undertaken collaboratively with the SCG office and fostering leads and was linked to an identified action point from an SAI investigation. The purpose of the audit was to help support a more robust reporting mechanism around significant events and any actions required during the review period. The outcome of the audit is that all first and third year reviews presented to Trust's foster panel require the supervising social worker to have on file a full chronology and oversight of this also required by the team leader. This will provide robust governance around continued registration and safe placement availability.

2.4	**Programme of Care to advise of any significant judgements and/or decisions derived from Serious Adverse Incidents, Case Management Reviews, Mental Health Review Tribunals, Judicial Reviews or RQIA Inspection and/or Review activity during the reporting period, that directly relates to the Trusts discharge of their statutory functions.**
	During this reporting period the Trust has had 5 DHR cases and 2 CMR notifications (awaiting the final decision to be made at SBNI Board which will be held in June). Please refer to section 1.2 of the Executive Summary where detail is held on how these reviews have escalated early learning and improvements connected to our statutory functions.
2.5	**Advise on any challenges in the provision of Safeguarding services that have arisen in this Programme of Care during the reporting period and actions taken to mitigate any difficulties.**
	We have had unprecedented levels of unallocated cases due to the scale of staffing challenges. Every effort has been made to ensure that statutory duties are being complied with and the necessary mitigations have been put in place to manage any identified risk: • Re-deployment of staff from other non-critical service areas within the Service • Increase in AYE's caseloads • Call for Appeal unfortunately didn't identify any employees who wanted to work in this area • Increased review from Operational Social Work Service Mangers and Head of Service • Risk Continuity Assessments completed • Re-allocation of Unallocated Cases to other teams. Unfortunately, the NHSCT has had a number of Domestic Homicide Reviews since September 2021. This has placed an additional strain on services already under pressure with the immense amount of time and resource that is required to complete agency checks and reviews, independent learning review reports and attendance at DHR panels and SOF meetings. This additional pressure cannot be under estimated.

Please Note: ***Information for this section will inform the Corporate Parenting Report (CC3/02)***

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

10.1 CHILDREN IN NEED		
10.1.1	How many Children in Need are there in your area as at 30th September? (exclude children on the caseloads of statutory mental health services) There has been a slight increase of 470 Children In Need Cases compared to the same period last year. The total number of Children In Need Cases for this period is 5,448.	DDSF - Children In Need Spreadsheet
	Trend analysis and commentary (Trusts must clarify how they arrive at this total figure, and reference any likelihood of double or under representation)	Data Return 10
10.1.2	Ethnic Origin of Children in Need	DDSF - Children In Need Spreadsheet
10.1.3	Religion of Children in Need	DDSF - Children In Need Spreadsheet
10.1.4	(a) How many children have been referred for an Assessment of Need during the reporting period i.e. 1st April – 30th September 4028 children were referred for assessment compared to 3716 children last year. This excludes any pre-birth referrals. (b) What was the source of referral for children referred for assessment of need during the reporting period i.e. 1st April – 30th September Similarly with last year PSNI were the predominant referral source with a total of 1372 compared to the next highest being Education (Teacher) with 457 referrals.	DDSF - Children In Need Spreadsheet
10.1.5	How many children are currently awaiting an Assessment of Need at period end by length of wait (unallocated cases including disability as at 30th September).	SPPG (PMSI)

	Source PMSI data on Unallocated cases – comes with child protection data. Due to the significant workforce issues (referenced within the Executive Summary) The Trust has seen an increase in its unallocated cases, both over and under 20 days. Risk management plans and professional oversight arrangements are in place using the regional unallocated management templates to appropriately manage the casework and prioritise need.	
10.1.6	How many of these Children in Need are Disabled and known to Trust Social Workers (by major category) at 30th September? *Ensure any specific issues are raised in the Service level summary*	DDSF - Children In Need Spreadsheet
10.1.7	Disabled children known to the Trust who left school during the reporting period and the transition plans that are in place.	DDSF - Children In Need Spreadsheet
10.1.8	How many Children in Need are currently awaiting assessment or treatment with child and adolescent mental health services as at 30th September? There were 121 Children in Need on the CAMHS (including CEIS) waiting list at 31/03/2022. Of these 93 were reviewed under Family Support Procedures and 28 were Looked After Children. (see response 10.3.10 for breakdown of LAC waiters) The figures presented in Tables 10.1.08 and 10.3.10 demonstrate a significant rise in the number of Children in Need and Looked After Children currently waiting for services from CAMHS in the NHSCT since the last report in September 2021. During this 6 month period, the number of Looked After Children waiting for services has risen from 3 to 28 whilst the number of Children in Need has risen from 52 to 93. Whilst CAMHs/CEIS continue to fully implement the stepped care model using CAPA there have been significant challenges in maintaining a model of service delivery which is aligned to the CAPA model during the reporting period. These difficulties arise within a number of contexts as set out below; Service Related Pressures Eating Disorder In common with the report tabled in September 2021, the current reporting period has witnessed ongoing service pressures within the Eating Disorder Service. The NHSCT	SPPG (PMSI)

Eating Disorder Service have increasingly encountered children and young people presenting at more advanced stages in terms of their underlying conditions and have been called upon to attend to greater levels of acuity, risk and complexity. As a consequence clinicians have been obliged to implement packages of remedial treatment which call upon greater allocation of resource in terms of nursing hours. Given this acuity of risk personnel have periodically been brought into the Eating Disorder service from other teams across the Step 2 and Step 3 structure. This has in turn served to impact the timescales associated with waiting times in other parts of the service.

Investment into the Eating Disorder Service has served to alleviate some of the pressures aggregating in this part of the service and the attached table drawn from the PTL of March 2022 demonstrates that waiting list targets in the Eating Disorder Service are within acceptable parameters. This target has been met however at the expense of other parts of the wider Step 3 and Step 2 community providing support with the loss of resource in these service areas being partly associated with the breaches in terms of the 9 week target. In addition, the introduction of fresh recruitment into the Eating Disorder service has tended to result in other parts of the CAMHS structure losing staff to these new posts.

Step 2.

The volume of referrals into the CAMHS Early Intervention Service has risen by 10.5% over the course of 2021/2022, conversely the number of children and young people being discharged from CEIS during the same period has fallen by 29% compared to the previous years figures. Consequently, caseloads within CEIS have risen by 48% when compared to the previous years figures with children and young people requiring a greater number of sessions within CEIS in response to presenting need.

The impact of reduced opportunities for face-to-face contact with children and their parents has been keenly felt within the Step 2 CEIS Service. Whilst opportunities to offer groupwork interventions using a range of online media have been successful to some extent, this option still results in a significant reduction in the number of families being recruited to any given programme of intervention.

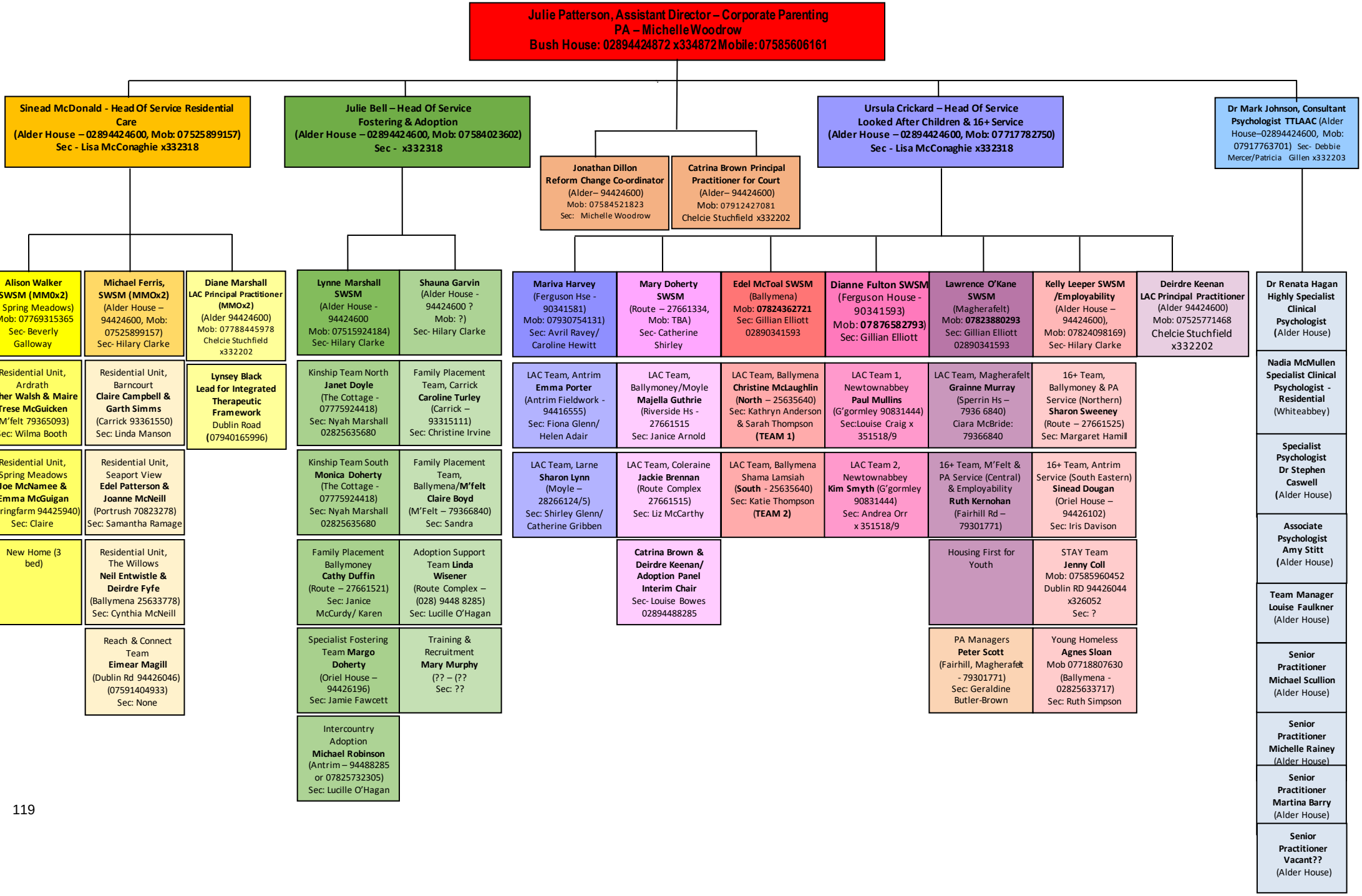
In a bid to restore some momentum to the CAPA model and to ensure that as many children and their families as possible are being seen, overtime has been approved across the Stepped Model of Care. This has been partially successful, however staff are observed to be working beyond capacity and uptake of overtime has been modest accordingly.

	Impact of Bed Capacity Issues in Beechcroft The impact of bed capacity issues in the Step 4 Regional Inpatient Service at Beechcroft was mentioned in the report tabled in September 2021. At that stage the NHSCT reported upon 2 instances where children under the age of 18 had been admitted to Beechcroft during the period being reported upon. In the intervening 6 months a further 6 children have been unable to access appropriate admissions to Beechcroft when required resulting in 4 admissions to adult mental health wards, one prolonged admission to an adult medical ward and one instance where a child was unable to be placed in Beechcroft and remained in the Regional secure Care Centre at Lakewood.	
	Trend analysis and commentary (Refers to ALL i.e. tiers 2-4 children awaiting CAMHS regardless of the pathway to the waiting list)	
10.1.9	This is intentionally blank	
10.1.10	How many of the Children in Need are Young Carers The NHSCT do not currently track this information however we will review this going forward.	Data Return 10
10.1.11	How many young people aged 16 and 17 years presented to the Trust as homeless / or were referred by NIHE to Trust as homeless during the period and their outcome *This is sourced from Client level Data returns sent into SPPG. The data is summarised into a Homelessness spreadsheet which is held in Meridio – Children's information – Homelessness.*	SPPG (Homelessness Data)
10.1.12	(a) How many Trust sponsored Day Care Places provided through any means including Article 18, Fostering or others are there for Children in Need at period end (b) How many of these children have a disability	DDSF- Children In Need Spreadsheet
10.1.13	Trust usage of Family Centre Places for interventions	DDSF- Children In Need Spreadsheet
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 section)	DDSF - Children In Need Spreadsheet
10.1.16	During the period, please provide the number of children (if any) that became subject of a Supervision / Interim Supervision Order (moved from Child Protection section)	DDSF - Children In Need Spreadsheet

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

CHILD PROTECTION *No data is required for items (10.2.1-10.2.8)– data sourced from SPPG quarterly Child protection Report.*		
10.2.1	How many children are on the Child Protection Register as at 30th September?	Quarterly CP return to SPPG
10.2.2	How many of these children have a learning disability?	Quarterly CP return to SPPG
10.2.3	How many of these children have a physical disability?	Quarterly CP return to SPPG
10.2.4	Religion of children on the Child Protection Register	Quarterly CP return to SPPG
10.2.5	Ethnic origin of children on the Child Protection Register (Note new categories now used in quarterly child protection template)	Quarterly CP return to SPPG
10.2.6	How many registrations have there been during the period?	Quarterly CP return to SPPG/Soscare Reports
10.2.7	How many de-registrations have there been during the period?	Quarterly CP return to SPPG
10.2.8	What percentage of registrations are re-registrations?	Quarterly CP return to SPPG
10.2.9	This is intentionally blank	
10.2.10	For children on the register, how long have they spent on the Register (as at 10.2.1)?	Quarterly CP return to SPPG
10.2.11	This is intentionally blank	
10.2.12	This is intentionally blank	

10.2.13	This in intentionally blank	
10.2.14	This is intentionally blank	


Julie Patterson, Assistant Director – Corporate Parenting
PA – Michelle Woodrow
Bush House: 02894424872 x334872 Mobile: 07585606161
Sinead McDonald - Head Of Service Residential Care
(Alder House – 02894424600, Mob: 07525899157)
Sec - Lisa McConaghie x332318
Julie Bell – Head Of Service Fostering & Adoption
(Alder House – 02894424600, Mob: 07584023602)
Sec - x332318
Jonathan Dillon
Reform Change Co-ordinator
(Alder– 94424600)
Mob: 07584521823
Sec: Michelle Woodrow
Catrina Brown Principal Practitioner for Court
(Alder– 94424600)
Mob: 07912427081
Chelcie Stuchfield x332202
Ursula Crickard – Head Of Service
Looked After Children & 16+ Service
(Alder House – 02894424600, Mob: 07717782750)
Sec - Lisa McConaghie x332318
Dr Mark Johnson, Consultant Psychologist TTLAAC (Alder House–02894424600, Mob: 07917763701) Sec- Debbie Mercer/Patricia Gillen x332203
Alison Walker SWSM (MMOx2)
(? Spring Meadows)
Mob: 07769315365
Sec- Beverly Galloway
Michael Ferris, SWSM (MMOx2)
(Alder House – 94424600, Mob: 07525899157)
Sec- Hilary Clarke
Diane Marshall
LAC Principal Practitioner (MMOx2)
(Alder 94424600)
Mob: 07788445978
Chelcie Stuchfield x332202
Lynne Marshall SWSM
(Alder House - 94424600
Mob: 07515924184)
Sec- Hilary Clarke
Shauna Garvin
(Alder House - 94424600 ?
Mob: ?)
Sec- Hilary Clarke
Mariva Harvey
(Ferguson Hse - 90341581)
Mob: 07930754131)
Sec: Avril Ravey/ Caroline Hewitt
Mary Doherty SWSM
(Route – 27661334, Mob: TBA)
Sec- Catherine Shirley
Edel McToal SWSM
(Ballymena)
Mob: 07824362721
Sec: Gillian Elliott
02890341593
Dianne Fulton SWSM
(Ferguson House - 90341593)
Mob: 07876582793)
Sec: Gillian Elliott
Lawrence O'Kane SWSM
(Magherafelt)
Mob: 07823880293
Sec: Gillian Elliott
02890341593
Kelly Leeper SWSM /Employability
(Alder House – 94424600),
Mob: 07824098169)
Sec- Hilary Clarke
Deirdre Keenan
LAC Principal Practitioner
(Alder 94424600)
Mob: 07525771468
Chelcie Stuchfield x332202
Dr Renata Hagan
Highly Specialist Clinical Psychologist
(Alder House)
Nadia McMullen
Specialist Clinical Psychologist - Residential
(Whiteabbey)
Specialist Psychologist
Dr Stephen Caswell
(Alder House)
Associate Psychologist
Amy Stitt
(Alder House)
Team Manager
Louise Faulkner
(Alder House)
Senior Practitioner
Michael Scullion
(Alder House)
Senior Practitioner
Michelle Rainey
(Alder House)
Senior Practitioner
Martina Barry
(Alder House)
Senior Practitioner
Vacant??
(Alder House)
Residential Unit, Ardrath
Esther Walsh & Maire Trese McGuicken
(M'felt 79365093)
Sec: Wilma Booth
Residential Unit, Barncourt
Claire Campbell & Garth Simms
(Carrick 93361550)
Sec: Linda Manson
Lynsey Black
Lead for Integrated Therapeutic Framework
Dublin Road
(07940165996)
Kinship Team North
Janet Doyle
(The Cottage - 07775924418)
Sec: Nyah Marshall
02825635680
Family Placement Team, Carrick
Caroline Turley
(Carrick – 93315111)
Sec: Christine Irvine
LAC Team, Antrim
Emma Porter
(Antrim Fieldwork - 94416555)
Sec: Fiona Glenn/ Helen Adair
LAC Team, Ballymoney/Moyle
Majella Guthrie
(Riverside Hs - 27661515
Sec: Janice Arnold
LAC Team, Ballymena
Christine McLaughlin
(North – 25635640)
Sec: Kathryn Anderson & Sarah Thompson
(TEAM 1)
LAC Team 1, Newtownabbey
Paul Mullins
(G'gormley 90831444)
Sec:Louise Craig x 351518/9
LAC Team, Magherafelt
Grainne Murray
(Sperrin Hs – 7936 6840)
Ciara McBride: 79366840
16+ Team, Ballymoney & PA Service (Northern)
Sharon Sweeney
(Route – 27661525)
Sec: Margaret Hamill
Residential Unit, Spring Meadows
Joe McNamee & Emma McGuigan
(Springfarm 94425940)
Sec: Claire
Residential Unit, Seaport View
Edel Patterson & Joanne McNeill
(Portrush 70823278)
Sec: Samantha Ramage
Kinship Team South
Monica Doherty
(The Cottage - 07775924418)
Sec: Nyah Marshall
02825635680
Family Placement Team, Ballymena/M'felt
Claire Boyd
(M'Felt – 79366840)
Sec: Sandra
LAC Team, Larne
Sharon Lynn
(Moyle – 28266124/5)
Sec: Shirley Glenn/ Catherine Gribben
LAC Team, Coleraine
Jackie Brennan
(Route Complex 27661515)
Sec: Liz McCarthy
LAC Team, Ballymena
Shama Lamsiah
(South - 25635640)
Sec: Katie Thompson
(TEAM 2)
LAC Team 2, Newtownabbey
Kim Smyth (G'gormley 90831444)
Sec: Andrea Orr x 351518/9
16+ Team, M'Felt & PA Service (Central) & Employability
Ruth Kernohan
(Fairhill Rd – 79301771)
16+ Team, Antrim Service (South Eastern)
Sinead Dougan
(Oriel House – 94426102)
Sec: Iris Davison
New Home (3 bed)
Residential Unit, The Willows
Neil Entwistle & Deirdre Fyfe
(Ballymena 25633778)
Sec: Cynthia McNeill
Family Placement Ballymoney
Cathy Duffin
(Route – 27661521)
Sec: Janice McCurdy/ Karen
Adoption Support Team Linda Wisener
(Route Complex – (028) 9448 8285)
Sec: Lucille O'Hagan
Catrina Brown & Deirdre Keenan/ Adoption Panel Interim Chair
Sec- Louise Bowes
02894488285
Housing First for Youth
STAY Team
Jenny Coll
Mob: 07585960452
Dublin RD 94426044 x326052
Sec: ?
Reach & Connect Team
Eimear Magill
(Dublin Rd 94426046)
(07591404933)
Sec: None
Specialist Fostering Team Margo Doherty
(Oriel House – 94426196)
Sec: Jamie Fawcett
Training & Recruitment
Mary Murphy
(?? – (??
Sec: ??
PA Managers
Peter Scott
(Fairhill, Magherafelt - 79301771)
Sec: Geraldine Butler-Brown
Young Homeless
Agnes Sloan
Mob 07718807630
(Ballymena - 02825633717)
Sec: Ruth Simpson
Intercountry Adoption
Michael Robinson
(Antrim – 94488285 or 07825732305)
Sec: Lucille O'Hagan

10.3 Children (NI) Order 1995		
Looked After Children		
10.3.1	Provide the current legal status for all Looked After Children at 30th September (excluding any who are LAC on that day only by virtue of a short break arrangement)	DDSF – LAC Spreadsheet
10.3.2	Religion and Ethnic origin of Looked After Children (please provide by new list of ethnic minorities)	DDSF – LAC Spreadsheet
10.3.3	Number of Looked After Children (as at 10.3.1) by type of placement at 30th September	DDSF – LAC Spreadsheet
10.3.4	Age bands and length of time looked after for all Looked After Children at period end	DDSF – LAC Spreadsheet
10.3.5	Number of children provided with a short break during the period who become Looked After by virtue of the short break arrangement	DDSF – LAC Spreadsheet
10.3.6	Number of children accommodated for 3 months or more in a hospital	DDSF – LAC Spreadsheet
10.3.7	Number of children accommodated for 3 months or more in an adult facility. For example Residential Care Home, Nursing Home, Private Hospital	DDSF – LAC Spreadsheet
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 (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)	DDSF – LAC Spreadsheet
10.3.9	How many Looked After Children have had placement moves throughout the period? Trust must provide an explanation of actions taken to reduce placement moves during the period. There has been a significant increase in the number of children who have moved twice in the reporting period from 12 – 29. This is	DDSF – LAC Spreadsheet

	due to a shortage of foster placements and children being placed on an emergency basis and requiring subsequent moves. Mitigations to manage the need for placement moves have been child specific campaigns and reviews of foster carer's placement capacity.	
10.3.10	(a) How many Looked After Children are awaiting assessment or treatment with child and adolescent mental health services at 30th September? (b) How many Looked After Children have been referred for therapeutic services and their waiting time? See commentary also in 10.1.8	DDSF – LAC Spreadsheet
	(c) Please provide actions taken to reduce waiting time. Outlined in commentary under 10.1.8	Data Return 10
10.3.11	How many Looked After Children are also on Child Protection Register at 30th September?	Quarterly CP return to SPPG
10.3.12	How many Looked After Children are Disabled by major category at period end?	DDSF – LAC Spreadsheet
10.3.13	How many Looked After Children have a Statement of Educational Needs (SEN) by school status at period end?	DDSF – LAC Spreadsheet
10.3.14	(a) Has each Looked After Child an allocated a named social worker at period end? No (b) If no, give number of children and provide an update in the service summary on current position and actions taken 101 Looked After Children do not have an allocated Social Worker in this period. This increased figure captures the total number of cases being held across the team leader level due to significant vacant posts and long-term sickness related absences. The LAC teams are currently reporting a 35.5% absence rate (inclusive of vacancies and sickness) which is impacting on capacity to allocate cases to named social workers. While the cases aligned to the team leader are not allocated in terms of receiving a dedicated named social work service, the team leader has oversight of the case and are also overseeing a duty response system for advice, support or guidance when required.	DDSF – LAC Spreadsheet

	4 of the 9 LAC teams have been reviewed under the Trust's risk register during this reporting period. Mitigations to manage this include use of Agency staff & workforce appeal and collaboration with family placement colleagues to support visits to placements.	
10.3.15	(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? No (b) If no, give number of children and provide an update in the service summary on current position and actions taken. There has been a rise also in the number of Looked After Children who did not receive a statutory visit from 3 in the last period to 14 in this period. As indicated above staffing issues such as vacancies and sick leave have impacted on the capacity to achieve statutory visiting for all LAC.	DDSF – LAC Spreadsheet
10.3.16	No. of Looked After Children Reviews held during the period	DDSF – LAC Spreadsheet
10.3.17	Was the case of each Looked After Child reviewed in line with Statutory requirements? No If No, please provide number *(in the LAC spreadsheet*) and explain actions taken to address this issue. 40 reviews were outside review timescales and as before this has been largely as result of vacancies and staff absences/sicknesses. Where posts are vacant, mitigations such as option for other staff to complete review reports on a private basis has been used to help bring reviews in line with statutory timescales.	Data Return 10
10.3.18	This is intentionally blank	
10.3.19	This is intentionally blank	
10.3.20	Is there an adequate supply of placements for children to enable placement choice? Yes/No *(If no, Please explain)*	Data Return 10

	As before, some children who are deemed appropriate to be placed in foster placements have been admitted to residential care due to lack of foster placement options. During this period the use of be-spoke placements has been required due to no immediate placement option being available at the point of the young person needing to be Accommodated.	
10.3.21	How many exceptions to the normal fostering limit were made to foster care approvals in order for a child to be placed in an emergency in the reporting period?	DDSF – LAC Spreadsheet
10.3.22	This is intentionally blank	
10.3.23	How many children are deemed to be in an inappropriate placement given their assessed needs? *(Please explain)* 9 children are reported to be inappropriate placements at the end of the reporting placement. This is broken down into 2 young people who are open to LAC & Adoption Support Teams who have been accommodated but where there is no placement available. These young people are being mangaged within be-spoke placements by the holding teams. The remainder are UASC who are also being managed within be-spoke placements by the 16+. Efforts are ongoing to identify to move on options for this group of young people.	DDSF – LAC Spreadsheet
10.3.24	Please provide the number of restraints carried out by staff on young people within **each** Home during the period.	DDSF – LAC Spreadsheet
10.3.25	Do all looked after children have a concurrent plan by the time of their first 3 month statutory LAC Review? No The Trust's Permanence Panel continues to meet on a monthly basis to monitor permanence plans for all Looked After Children. Barriers to plans being in place by the 3mth due to delays in assessments within the Court timescales as well as delays in kinship assessments being completed due to the service being on Risk Register. Cases transferring from the FSIT teams into the LAC teams where there are vacancies and absences has also contributed to delays.	Data Return 10

10.3.26	Permanency Planning for Looked After Children at period end	DDSF – LAC Spreadsheet
10.3.27	This is intentionally blank	
10.3.28	This is intentionally blank	
10.3.29	(a) How many Looked After Children are involved in offending behaviour (are formally cautioned or convicted) and (b) How many Looked After Children are suspected to use drugs and/or alcohol?	DDSF – LAC Spreadsheet
10.3.30	This is intentionally blank	
10.3.31	This is intentionally blank	
10.3.32	What progress are children making at school and what are their examination results – School Year Ended 30th June 2021 (this will be collected in September Data Return only)	DOH
10.3.33	Looked After Children, School Attendance – School Year Ended 30th June 2021	DOH
10.3.34	(a) Number of children notified to the police as having gone missing from residential or foster care for 24 hours or more? (This data will be sourced directly from the Untoward Event Report)	Untoward Events database, SPPG
	(b) How many Looked After Children have been reported to the Police for reasons ***other*** than having gone missing for 24 hours or more during the period? (This table should be completed for each Residential Facility, it is not required for Foster Carers)	DDSF – LAC Spreadsheet
10.3.35	Number of children accommodated by ELB for 3 months or more by category	DDSF – LAC Spreadsheet
10.3.36	(a) Number of Sibling groups accommodated: • Together 137	Data Return 10

	• Not accommodation together at period end 106	
10.3.37	Number of young people admitted to Secure Accommodation and the reasons for admission during the period *This data is sourced directly from Lakewood (it will be forwarded by South Eastern Trust) – after this reporting period the data will be sourced from the Regional Secure panel which is located within SPPG*	Lakewood/ Regional Panel
10.3.38	Please provide report into the operation of the Trusts Restriction of Liberty Panel *This data is collected annually and sourced from a Restriction of Liberty report (it comes in with DDSF). The data will be sources from the Regional Secure Panel going forward – panel began on 1.9.19.*	Lakewood/ Regional Panel
10.3.39	(a) During the period how many children or young people became a Looked After Child by age, gender and first placement (b) To your knowledge have any of the children admitted during the period been subject to a full Adoption Order (c) Of those children at 10.3.39(a) admitted to care during the period how many have previously been on the Child Protection Register in the last 2 years from the period end date (d) Number of Children and Young People who became Looked After during the period had a CLA1 form completed and forwarded to School? (e) Can you confirm that all the above admissions to care are properly recorded and do not include what should rightly be reported as a placement move (e.g. a fostering breakdown where the RESWS moves the child to a children's home) Yes/No	DDSF – LAC Spreadsheet
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;	DDSF – LAC

	(b) (i) Were these admissions planned, unplanned or emergency; (ii) Of those that were unplanned or emergency how many were admitted to kinship foster care? (iii) Of those unplanned or emergency admissions how many were admitted by RESWS?	Spreadsheet
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	DDSF – LAC Spreadsheet
10.3.42	(a) Of all the children and young people reported at 10.3.41 what was their destination at discharge by age and gender (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	DDSF – LAC Spreadsheet
10.3.43	This is intentionally blank	
10.3.44	(a) Please provide the total number of children that became subject of a Residence Order during the period. 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. (b) How many Residence Orders are in place at period end?	DDSF – LAC Spreadsheet
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	DDSF – LAC Spreadsheet

Note: Sections 10.3.41 to 10.3.43 should include all discharges including those reported in section 10.4

10.4 CHILDREN (LEAVING CARE) ACT (NI) 2002		
Article 34E, Article 34F		
10.4.1	Number of young people subject to Leaving Care Act by category, age and gender	DDSF-16+ Spreadsheet
10.4.2	Of those eligible young people reported at 10.4.1 give the Children Order Legal Status at period end. Age reference table will automatically update as spreadsheets completed.	DDSF-16+ Spreadsheet
10.4.3	This is intentionally blank	
10.4.4	This is intentionally blank	
10.4.5	This is intentionally blank	
10.4.6	Of the young people reported at 10.4.1 (a) What are the social worker and personal adviser arrangements in place for each category of young people? (b) Of the young people with a named personal adviser, how many have a Person Specific Personal Adviser? (c) How many do not have an up to date Pathway Plan at period end?	DDSF-16+ Spreadsheet
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?	DDSF-16+ Spreadsheet
10.4.8	Summary of failure to comply as detailed in 10.4.6, 10.4.7 at period end.	Data Return 10
10.4.9	Of the young people reported at 10.4.1 what are their living arrangements at period end? Please complete for (a) Eligible; (b) Relevant; (c) Former Relevant; and (d) Qualifying young people	DDSF-16+ Spreadsheet

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	DDSF-16+ Spreadsheet
10.4.11	Of the young people reported at 10.4.1 how many were convicted during this reporting period?	DDSF16 S/Sheet
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?'	DDSF-16+ S/Sheet
10.4.13	Of the young people reported at 10.4.1 what is their parental status at period end?'	DDSF-16+ S/Sheet
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?	DDSF-16+ S/Sheet
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.	DDSF-16+ S/Sheet

10.5 FOSTERING		
10.5.1	(a) How many foster carers are registered with the Trust at period end? How many of the carers above also provide a GEM placement? Of the carers above how many are Prospective adopters dually approved as foster carers? Of the Prospective Adopters/Dually Approved carers above how many are Concurrent Foster/Adoptive Carers? (b) Please give the number of other foster carers; (c) Please give a breakdown of the number of foster carers de-registered during the period and the reason; (d) Please advise of the recruitment process activity during the period; (e) Please give the number of regional enquirers received by the Trust	DDSF-Foster care Spreadsheet
10.5.2	For the foster carers return at 10.5.1 how many **places** are they registered for and the number of vacant places at period end. Please also provide the number of fostering households that have no child placed with them at period end.	DDSF-Foster care Spreadsheet
10.5.3	How many foster carers have annual reviews outstanding?	Data return 10
	Please provide the number of viability visits undertaken during the reporting period. (moved from 10.5.1f)	DDSF-Foster care Spreadsheet
10.5.4	Please provide specific actions being taken by the Trust to ensure outstanding reviews are completed *As per Executive Summary - A Trust action plan is in place to prioritise outstanding reviews, we have a live review grid, which highlights activity and allows teams to plan around those reviews that require immediate attention. The number of outstanding reviews continues to decrease monthly.*	Data return 10
10.5.5	What action is being taken to maintain and increase the range, diversity and supply of foster care places	Data return 10

	The Trust have recruited a B7 training and recruitment practitioner who will take up post in the forthcoming months. Part of their role will be to develop a recruitment strategy and plan to enhance the range and diversity of foster carers, including new and innovative methods of promoting fostering within Trust area .	

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 Trust have recruited a B7 training and recruitment practitioner who will take up post in the forthcoming months. Part of their role will be to develop a recruitment strategy and plan to enhance the range and diversity of foster carers, including new and innovative methods of promoting fostering within Trust area. The Trust continue to hold information sessions and a number of child specific campaigns have been promoted. The recent young refugee appeal has resulted in a significant number of enquiries; on further discussion with enquirers, it has transpired that they are interested in more general fostering and their enquiry has subsequently been transferred to fostering services for further exploration. When a foster carer leaves the service, an exit interview is conducted by a social worker independent of fostering services. Their views in relation to their fostering experience is highlighted at the Service Improvement and Governance group and any learning in relation to recruitment and retention shared and developed.	DDSF-Foster care Spreadsheet
10.5.7	How many Private Fostering Arrangements under Article 106 are in place within the Trust as at the 30th September?	DDSF-Foster care Spreadsheet
10.5.8	How many Private Fostering notifications under Article 106 has the Trust received during the period?	DDSF-Foster care Spreadsheet
10.5.9	Please provide DOB and Date notification was received in respect of each child/young person reported at 10.5.8	DDSF-Foster care Spreadsheet
10.5.10	Of the notifications received (10.5.8) how many has the Trust accepted?	DDSF-Foster care Spreadsheet
10.5.11	Of those notifications not accepted please summarise reasons and action taken by the Trust	DDSF-Foster care Spreadsheet
10.5.12	Number of appeals made during the year under Article 113	DDSF-Foster care Spreadsheet
10.5.13	Are supervisory visits undertaken in accordance with Regulation 3(1)(a) and (b) as a minimum to children privately fostered? Please provide details of any circumstances where the Regulation has not been adhered to.	DDSF-Foster care Spreadsheet
	Notifications under Regulation 4 of the Children (Private Arrangements for Fostering) Regulations (NI) 1996	

10.5.14	How many notifications has the Trust received in respect of children being adopted from abroad i.e. Intercountry Adoption within the period.	DDSF-Foster care Spreadsheet
	Please specify the child's DOB and the date the Trust received each notification	DDSF-Foster care Spreadsheet

10.6 Adoption (NI) Order 1987 Adoption (Intercountry Aspects) Act (NI) 2001		
Article 3(as amended by HPSS Order 1994), Article 11		
10.6.1	(a) Number of enquiries, by type, received by the Trust and what prompted their initial approach? (d) Please provide the waiting time from initial inquiry to commencement of training	DDSF-Adoption Spreadsheet
10.6.2	Number of domestic applications for assessment received by the Trust by civil status of applicant	DDSF-Adoption Spreadsheet
10.6.3	Number of Prospective Domestic Adopters awaiting assessment at period end, length of time waiting, and reason waiting	DDSF-Adoption Spreadsheet
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)	DDSF-Adoption Spreadsheet
10.6.5	Number of Prospective Inter-country adopters awaiting assessment at period end (to be completed by NHSCT on behalf of the region)	DDSF-Adoption Spreadsheet
10.6.6	Of all adoption assessments (both domestic and inter country) completed during the period please give details of the outcomes	DDSF-Adoption Spreadsheet
10.6.7	Number of looked after children freed for adoption and not yet placed with their prospective adopters as at 30th September; and duration of wait since freeing order as granted	DDSF-Adoption Spreadsheet
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; (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.	DDSF-Adoption Spreadsheet
10.6.9	Please provide the number of children who, at period end, had received a best interest decision for adoption and had not been placed with approved adopters (either adopters, dual approved carers including concurrent carers) and the duration of that wait	DDSF-Adoption Spreadsheet

10.6.10	How many children are in receipt of an Adoption Allowance at 30th September and how many households is this?	DDSF-Adoption Spreadsheet
10.6.11	Of the number at 10.6.10 how many commenced during the period and how many households is this?	DDSF-Adoption Spreadsheet
10.6.12	Details of recruitment, assessment, training, support for prospective adopters Analysis **Family Placement Teams** During the period 1st October 2021 - 31st March 2022, 2 'Preparing to Adopt' courses were held. The training arranged by Carrickfergus FPT had 18 applicants in attendance (5 couples and 8 singles). Ballymena FPT arranged training with 10 applicants in attendance (5 couples). There were 5 adoptive families approved in the period and 25 ongoing adoption assessments. A total of 47 adoptive families receive support following an adoptive placement on either a concurrent or dual approved basis. Within the same time frame, the Family Placement Teams have a total of 44 ongoing Post Adoption Counselling work cases and 4 PAC cases awaiting allocation. **Regional Intercountry Adoption Assessment Service** During the period 1st October 2021 - 31st March 2022, the Regional Intercountry Adoption Assessment Service (RIAAS) received 12 enquiries. Of these, 2 initial consultations were held. Training was carried out via Zoom during February 2022 with 4 couples in attendance. 1 application was received during the period from a single, female applicant who had attended training in the summer of 2021.	Data Return 10
10.6.13	Details of Post Adoption Support - this section should include data in respect of the number of and action taken in respect of placement breakdowns both pre (i.e. where adoption is the Care Plan) and post Adoption Order	Data Return 10
	Analysis **ADOPTION SUPPORT TEAM** **Narrative for the period 1st October 2021– 31st March 2022** The Adoption Support Team (AST) is a Trust-wide service, set up to support adopted children and families maintain placement stability through provision of a range of services. Most of the	

	children known to AST come from the LAC population, a vulnerable group of children who, despite achieving a permanent care plan, often need long-term support. As of 31st March 2022, **331** children/young people, up to the age of 18 years, were known to the Adoption Support Team. Of these, **216** children/young people receive a service from the team; **115** children/young people do not currently require active support. Out of the **216** that are open, the team support: • **194** adopted children/young people • **22** children who have an Adoption Care Plan The nature of support is multi-faceted and continues to develop and evolve, focusing specifically on a two stage model of: a) Early intervention (post freeing/ in 1st year of adoption to support families with the foundations around contact, narrative and reinforce the stable bonds of family life) b) The management of fragile or under strain placements **Early Intervention including Contact Plans** It is recognised that the likelihood of a successful outcome in adoption is directly linked to effective intervention and support at the early stage of the process. The team continue to implement an early intervention model for all children referred to the service by being involved as early as possible and this currently involves co-working with LAC colleagues. An early Intervention model aims to promote on-going support to devise plans to meet complex needs and to normalise post adoption support. The Foundation for Attachment group work programme which was launched in September 2021 with **8** families taking part was positive in outcome and is due to be rolled out to a wider group of families. Post adoption contact continues to be heavily supported by the team. Within the period 1st October 2021-31st March 2022 the team supported:	

	• 31 consultations to formulate and support parties negotiate post adoption contact plans to be presented to Court • 86 direct face-to-face contacts for adopted children with their birth families including birth parents, grandparents and siblings. • 55 co-ordinated indirect letterbox contacts (Adoption Support Team involved in managing the exchanges) • 8 supported and managed virtual Zoom contacts. An annual review process is ongoing and the team have worked with families and birth parents to renegotiate and amend contact plans in line with children's changing developmental needs. Changes to contact during Covid has led to many families asking for contact to be re-assessed and reviewed more frequently that in the past. Fragile Placements The management of fragile placements has continued within AST. This has ensured a prompt and holistic assessment by trauma informed practitioners and a growing collaboration with multi disciplines. During the period 1st October 2021-31st March 2022 there were 8 children in this "fragile" category: 6 remain at home managed under Family Support procedures and where appropriate under the Signs of Safety Model. Currently 1 of these children is on the Child Protection Register and another 1 has been referred to Initial Child Protection Case Conference 1 child is in residential care, managed under LAC procedures. The plan remains rehabilitation but care proceedings have commenced as this is not imminent in short to medium term due to Child to parent Abuse and entrenched patterns of family functioning 1 child who was in secure accommodation is currently detained in hospital. Key themes in these families continue to be complex high-risk behaviours: child to parent violence, high risk of CSE, drug and alcohol misuse. Although this number (4%) is small, the input is intense and has implication for resource and capacity. Staff absence, rising caseloads and the loss of experienced staff has been of concern in recent months. Within the period 1st October 2021-31st March 2022 There were 0 new post adoption breakdowns but the team have continued to work with those who previously disrupted helping to reduce risk and support reintegration and stability. This, however, requires an	

	intensive support service including regular home visits and multi-disciplinary team meetings. There were 0 pre-adoption breakdowns in the last 6 months. Band 4 social work assistants continue to be integral in providing a diverse, practical and intensive range of support to families. 44 sessions of support from these workers were provided during the period 1st October 2021 -31st March 2022 but developing this further has been impeded by long term absence and use of agency staff. Other issues There continues to be a growing demand on the service. In the last 6 months we have had 4 children move into the area from England, 1 from South of Ireland and we have now expanded our remit to provide post adoption support for 3 Intercountry adopted children. Within the period 1st October 2021-31st March 2022, 11 children reached the age of 18 years. The team have negotiated new plans between these young people and their birth families to allow for ongoing safe contact, some with, but most without the assistance of AST. Many of these children still require support but often services are unavailable for onward referral. AST welcome the progress on the Adoption Bill and remain hopeful that post adoption support is finally gaining the legal endorsement and acknowledgement required for these families	
10.6.14	This is intentionally blank	

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 The total number of services across the sector has declined from 1158 in previous reporting year 20-21 to 1078 (-80) in this reporting year April 21- March 22. Similarly the number of places has reduced from 20202 to 19870 (-332 places).	DSF-Early Years Spreadsheet
10.7.2	Registration issues and commentary as at period end *(If any challenges or issues please provide a brief analysis)* The registration figures continues to note a further decrease of registered provisions from 1106 noted at 30.09.21 to 1078 which remains consistent with trends over past 5+ years. Childminding remains the largest loss of registered provision with 46 de-registrations within the review period and only 16 new registrations. While we do not formally collate the reasons for this reductions there continues to be a general sense from staff that Covid has impacted on the number of voluntary cessations with a number of these childminders moving to alternate employment. There were 6 closures in the group provision with 3 playgroups and 3 standalone out of school. In addition there were 3 voluntary cessations of approved Home Child Carers. There were 2 Sure Start who also closed.	Data Return 10
10.7.3	Total number of annual Inspections required, number carried out, number outstanding and time outstanding as at 31st March 2022. There was a total of 938 inspections outstanding across the sector within the reporting year April 21-March 22. 864 were completed 74 appear outstanding however this should be considered within within the wider Covid context and the agreed terms from HSCB that detailed every provider should be inspected once from April 2020 to March 2022. This is broken down further as below:-	DSF-Early Years Spreadsheet

Childminding inspections
The Trust were required to complete 670 inspections within this reporting year. This figure was taking in consideration also that there are currently 57 childminders on voluntary suspension

To date 631 have been completed with 39 identified as outstanding. However it should be noted that 37 of these have been inspected once within the agreed Covid inspection year. There are 2 outstanding as there one case that had not been reallocated when social worker had gone off sick and another where the childminder had been suspended and this suspension has only just been lifted. These 2 inspections will be completed by May 2022.

Day Nursery inspections
The Trust were required to complete 61 annual inspections within this reporting year and 44 have been completed to date. However once again taking into consideration the HSCB advice and guidance attached to Covid, the 17 Day Nursery inspections that are categorized as outstanding, in actual fact all have been completed within the agreed Covid year. None are outstanding.

Creche inspections
Out of the 22 creche inspections required within the review period 1 remains outstanding and it is a Sure Start and the program is not operating.

Playgroup inspections
104 playgroup inspections were required within this inspection period.
92 of these have been completed and while 12 appear to be outstanding, they have still all been completed in the timescale of the inspection window as per HSCB guidance (April 20-March 22)

Stand-alone out of schools inspections
52 stand-alone out of schools inspections were required during review period.
47 were completed.
5 are outstanding as per usual DSF requirements but 2 were completed in the timescales of the inspection window as per HSCB guidance (April 20-March 22) and the other 3 are not currently operating at present. 1 of the 3 providers that appears to be overdue by 2 years closed at the beginning of the pandemic and has never re-opened.

The Trust prioritized the inspections taking cognizance of the regionally agreed criteria and have completed the action plan to address the backlog incurred during Covid.

Moving forward into the next reporting year from April 22 onwards we will continue to allocate but for those teams who have 'overdue'

	inspections they need to prioritise these with the most overdue ones done first. Each team will also need to look at the annual inspections to ensure the inspections are equally distributed throughout the year to ensure there is no build-up of inspections particularly near end of inspection year at March 2023.	
10.7.4	Number of outstanding applications for each of the above categories as at 30th September? There are 10 outstanding applications 4 are within the 0-3month stage so remain within timescales 6 are waiting 4-6 months pending receipt of outstanding paperwork that has been requested. .	DSF-Early Years Spreadsheet
10.7.5	Number of current applications being assessed at period end and duration of assessment. There are 16 current applications. 0-3months-11 which are within timescales. 4-6months-1 not allocated to SW within 3 month timescale. 7-9months-1 put on hold at applicants request and 2 not allocated to SW within 3 month timescales 10-12months-1 on hold at the applicants request. .	DSF-Early Years Spreadsheet

	10.8 Complaints & Representation		
10.8.1	Does the Trust have an appropriately authorised and experienced children's complaints officer? Yes/No		Data Return 10
10.8.2	Does the Trust have an independent advocacy service for children and their families? Yes/No		Data Return 10
10.8.3	Please confirm arrangements are in place to ensure that all complaints – both formal and informal – from children and their families are recorded and dealt with?		Data Return 10
10.8.4	Please confirm whistle-blowing arrangements are in place to ensure that concerns raised by staff working in children's services are recorded and dealt with?		Data Return 10
10.8.5	This is intentionally blank		
10.8.6	This is intentionally blank		
10.8.7	This is intentionally blank		
10.8.8	This is intentionally blank		
10.8.9	This is intentionally blank		

10.9 SEPARATED CHILDREN

10.9.1	Number of separated children referred to Gateway Teams by status of children for this period (self-reported age at presentation)	SPPG Separated Children Database

DATA RETURN 5 – PoC / Directorate CHILDRENS 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**	**158**	**0**
5.2	Number of adult individual carers assessments completed during the period	**0**	**154**	**0**
5.2a	Number of adult individual carers assessments declined during the period and the reasons why	**0**	**4**	**0**
5.3	Of the total at 5.2 in how many of the assessments were the carers, caring for disabled children?	**0**	**69**	**0**
5.4	Number of adult carers receiving a service @ 31st March	**n/a**	**n/a**	**n/a**

5.5	Number of young carers offered individual carers assessments during the period.	**2**
5.6	Number of young carers assessments completed during the period	**2**
5.7	Number of young carers receiving a service @ 31st March	**Not available**

5.8	(a) Number of requests for direct payments during the period 1st April – 31st March	**n/a**
	(b) Number of new approvals for direct payments during the period 1st April – 31st March	**39**
	(c) Number of adults receiving direct payments @ 31st March	n/a
5.9	Number of children receiving direct payments @ 31st March	**194**
5.9.a	Of those at 5.8 how many of these payments are in respect of another person?	n/a
5.10	Number of carers receiving direct payments @ 31st March	**17**
5.11	Number of one off Carers Grants made in-year.	**67**

Note: sections 5.8, 5.9 and 5.10 are to be reported as mutually exclusive.

Commentary

DATA RETURN 9 – PoC / Directorate CHILDRENS SERVICES

9 The Mental Health (NI) Order 1986
Article 4 (4) (b) Article 5 (1) Article 5 (6) Article 18(5) Article 18(6) Article 115

Admission for Assessment Process Article 4 and 5		**TRUST ASW**	**RESWS ASW**
9.1	Total Number of Assessments made by ASWs under the MHO	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
9.1.c	Number of applications made by the nearest relative (Article 5.1.a)	0	
9.1.d	Can the Trust provide assurance that they are meeting their duties under Article 117.1 to take all practical steps to inform the nearest relative at least 7 days prior to discharge. **YES / NO** *If no, please explain*	n/a	

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

ASW Applicant reports		
9.3	Number of ASW applicant reports completed	0
9.3.a	*Confirm if these reports were completed within 5 working days* ***YES / NO*** *If no, please explain*	n/a

Social Circumstances Reports (Article 5.6)		
9.4	Total number of Social Circumstances reports completed. *This should equate to number given at 9.1c. If it does not please provide an explanation.*	0
9.4.a	Confirm if these reports were completed within 14 days? **YES / NO** If no, please explain	n/a

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

Guardianships (Article 18)		
9.6	Number of Guardianships in place in Trust at period end	0
9.6.a	New applications for Guardianship during period (Article 19(1))	0
9.6.b	How many of these were transfers from detention (Article 28 (5) (b))	0
9.6.c	How many were Guardianship Orders made by Court (Article 44)	0
9.6.d	Number of new Guardianships accepted during the period (Article 22 (1))	0
9.6.e	Number of Guardianships renewed during the reporting period (Article 23)	0
9.6.f	Number of Guardianships accepted by a nominated other person	0
9.6.g	Number of MHR hearings in respect of people in Guardianship (provide total number)	0
9.6.h	Total number of Discharges from Guardianship during the reporting period (Article 24)	0

Discharges as a result of an agreed multi-disciplinary care plan	
Lapsed	
Discharged by MHRT	
Discharged by Nearest Relative	
Total	

Approved Social Worker (ASW) Register		
9.7	Number of newly appointed Approved Social Workers during period	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)	0

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 yes, please provide number and advise on any issues presenting	
9.9	How many times during the reporting period has the Trust notified the Office of Care and Protection under Article 107? Please advise of any issues.	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 31st March	0
9.11	Of the Total shown at 9.10 how many have their treatment required as: (a) Treatment as an in-patient	0
	(b) Treatment as an out patient	0
	(c) Treatment by a specified medical practitioner	0
9.12	Of the total shown at 9.10 how many include requirements as to the residence of the supervised person (excluding in-patients)	0
9.13	Of the total shown at 9.10 how many of these supervision and treatment orders were **made** during the reporting period. Please advise of any issues presenting	0

DATA RETURN 11 – PoC / Directorate ALL

Please Note: Information for this section will inform the Annual Accountability Report to the Department of Health, Social Services and Public Safety

11 Accountability Report
Personal Social Services Development and Training Strategy 2006-2016 **Personal Social Services Learning and Development Strategy 2019 - 2027**

11.1 Practice Learning Opportunities		
11.1.1	PLO Investment 01.04.21 - 31.03.22	**Accountability 21-22** £280,450
11.1.2	How many PLOs have been provided by the Trust during the period?	**Accountability 21-22** £283,094 **107**
11.1.3	How many Children's PLOs have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level II: 31 Level III: 29
11.1.4	How many Adult's PLO have been provided during the period? (Trust must specify the numbers of level I, II and III placements)	Level II: 24 Level III: 23
11.1.5	*Commentary. Trust must highlight and provide explanations for any deviations from the expected PLO provision. Processes which have been implemented to ensure high quality Adult's and Children's PLO should be included in addition to specific demands on resources and achievements in year.* In 2021/22 the NHSCT provided a total of 107 social work placements. This created challenges across all divisions as teams struggled to cope with the impact of the global pandemic. However, there is a strong commitment to practice learning in the NHSCT and thanks to the dedication of our staff we were able to achieve our target numbers and maintain good standards of practice learning and provide positive learning experiences for the vast majority of our students In order to ensure that all students received a wide-ranging experience of social work practice, some of the PLO sites offered supplementary learning opportunities e.g. combining a residential placement setting with some fieldwork duties. We continue to be the largest placement provider in NI despite the fact that we do not have the largest number of teams/staff in comparison to other Trusts which has compounded some of the difficulties referred to above.	

	In 2021/22 we invested much time on streamlining and improving the quality of practice learning by introducing a number of new initiatives including: • The Introduction of a Process for Dealing with Concerns about a student or PLO • The introduction of a workshop on Preparation for Interview for final year students. • The Introduction of be-spoke Corporate Induction Training for students who had previously been on a PLO in the NHSCT. Up until this change occurred, students had been required to repeat the same induction year on year. • The Learning and Development department provided funding for every student and Practice Teacher to have access to an excellent student resource, "Social Work Connect" which improved the quality of learning through the application of theory and research to practice • The NHSCT Practice Learning Co-ordinator's have also taken a lead role in enabling students to critically reflect on their practice through the use of alternative reflective models thus enabling them to consider better, more effective ways of working, This work has resulted in managers starting to use these models with qualified staff as they see the benefits for staff and ultimately better outcomes for SU. • The Trust's L and D team are also taking the lead role in a new initiative with QUB/UU to evaluate and revise some of the academic models of critically reflective practice with the aim of making these more relevant to current issues and practice. • We also introduced a quality assurance initiative focusing on the quality of PT supervision files and recording. This works aims to standardize and improve practice to ensure more robust governance systems are in place. This work is on-going at present. We continue to provide two Student Support Workshops during each PLO period. We also facilitate focus groups at the end during which students provide feedback to the Training Manager about their overall experience. This feedback is then utilized to inform planning for the next academic year. 3 Practice Teacher and On-site Supervisor Workshops are offered during each PLO period to provide group supervision, peer support and standardise assessment practice. . Newly qualified Practice Teachers and new On-site Supervisors are required to attend mandatory Induction Training prior to commencing their roles. Refresher training is also offered each round to ensure consistent, high standards are maintained

	The Social Care Governance Department maintains a database of Practice Teachers in line with Regional Practice Learning Standards. Work has been undertaken to identify gaps in PLO provision across Divisions. The L and D Team has been actively recruiting and supporting new practice learning sites. As referred to earlier, the Covid pandemic has continued to cause many challenges which has in reality compromised the experience of the students placed during the last year .It has also created many challenges for the Learning and Development Team and operational staff. There is a sense of Covid fatigue as well as the direct impact of the virus on our students and workforce. It is a testament to the dedication and commitment of the staff involved in practice learning that the overwhelming majority of our students reported very positive experiences and achieved successful outcomes. The establishment of the Preparation for Interview Workshop is that we retain those students to form part of our workforce for the future	
11.2 Professional in Practice Training		
11.2.1	Professional in Practice Training for Social Workers Investment	**Accountability 21-22** £126,666
11.2.2	Professional in Practice Training for Social Workers Activity	**Accountability 21-22** £118,147
11.2.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address In relation to the underspend within PIP it should be recognised that we are still moving on from the Covid-19 pandemic. Given staff shortages and challenges in continuing to provide services, PIP courses was not viewed as a priority for many front line staff in the year 21/22. It is hoped that this will change as we move out of Covid and we will continue to promote the professional development of our workforce therefore the proposed expenditure will continue to meet the need for 22/23.	
11.2.4	Please confirm process in place to select candidates for professional and practice training YES There is a standardised process for identifying PiP learning and development needs of NHSCT staff. Principles applying are as follows: • Professional Supervision is the starting point for agreeing an individual's Personal Development Plan which should take account of the PSS Strategic Targets, NISCC post registration training and learning requirements, and the knowledge and skills required to undertake the job role.	

	• Individual needs are considered in the context of a strategic approach to skilling up the workforce. Having agreed individual training needs and completed a Personal Development Plan, staff complete: i) an application form for the accredited programme or the individual assessment route workshops, and ii) a PiP Application for Secondment. • There is a natural ebb and flow towards directing funding into some areas rather than others. This is reflective in operational manager's decision-making which is influenced by the service need and the strategic direction of the Trust. These are returned to the AD Governance & Workforce Development. Final decisions regarding funding for Accredited Programmes are made in the context of: • Service need/Corporate objectives.	
11.3 Learning and Development in Children's Services		
11.3.1	Investment in Learning and Development in Children's Services	**Accountability 21-22** £98,518
11.3.2	Learning and Development in Children's Services Training Activity	**Accountability 21-22** £93,500
11.3.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address Expenditure was adequate to meet the service specific needs of the workforce. The Children's Services Training Plan 2021 – 2022 was underpinned by:- - Delegated Statutory Functions Report - RQIA Inspection Reports and Recommendations - Recommendations from Serious Case Reviews and Serious and Adverse Incident Reports - Local and Regional Priorities for Action - The Reform and Modernisation of Children Services Agenda - Health and Well-Being 2026 – Delivering Together - The SBNI Neglect Strategy - Regional implementation plan for Signs of Safety - Think Family - COVID19 Guidance	

	The agreed training directory for Children's Services promoted learning and development to enable staff working with children and families to deliver services in line with best practice principles, underpinned by the NISCC Standards of Conduct and Practice (2019). Covid19 has continued to impact on the ability to safely deliver face to face training and therefore pre-recorded videos and online follow up sessions have once again been employed for a number of courses in order to ensure that staff continue to have access to learning and development opportunities in line with their professional responsibilities. Training themes this year have included Using Skills of Analysis in Assessment, Court Work Skills, Adult Mental Health – The Impact on Children, Autism Spectrum Disorder and Narrative Training. Engaging Fathers training was also commissioned for this training year in line with identified training needs however significant staffing issues across frontline Children's teams impacted on managers' ability to release staff to attend and therefore it has been agreed with the external trainers that the course will be postponed until October 2022. L&D staff also have ongoing involvement with the NHSCT Champion Project and remain actively involved in the Champion Steering Group in order to support staff in Adult Mental Health and those in Children's Services to continue to improve communication and joint working. A number of training events have been offered this year including induction training for new Champions and sessions on the Think Family Audit, Learning from CMRs and Application of Signs of Safety. In addition, online Intimate Partner Homicide Training has been made available to all Champions. Joint Protocol training continues to be a main theme for Children's Services and is delivered in partnership with PSNI. Whilst face to face delivery has been reinstated for most Joint Protocol courses, Joint Protocol Awareness continues to be delivered via pre-recorded video and follow up online session. This training is offered to frontline Children's Services staff and, in addition, a session has been provided specifically for AYE staff. The following face-to-face Joint Protocol courses were delivered in socially distanced settings: Module 1 Pre-Interview Assessment (April and October 2021) and Module 2 ABE Skills Development (October 2021). Learning and Development Officers also provided a skills development session for ABE trained social workers in January 2022 in order to address issues that are commonly encountered during formal Skills Development training and to help to increase staff confidence and competence in advance of the Trust's move to a different ABE Rota system. In addition, L&D staff have ensured operational managers are kept updated regarding all aspects of Joint Protocol training. Signs of Safety remains a main focus for Children's Services and there has been a significant amount of activity in this training year. • The 2 day course has continued to be delivered on an online basis in keeping with Covid19 safety guidance. It was delivered in April, June, September and November 2021 and again in March 2022, bringing the total of NHSCT staff trained to 686. Work is also underway to coordinate online courses planned for April and June 2022, which will allow another 80 staff to be trained.

	• Advanced Signs of Safety training was delivered in an online format by Elia staff in November 2021. 10 NHSCT staff attended, bringing the total of staff who have completed this training to 117. A second advanced Signs of Safety course was planned for February 2022 and work was undertaken to identify 12 staff members to attend, however Elia postponed the training and new dates have not yet been made available. • Signs of Safety Awareness training has again been provided for multi-disciplinary and multi-agency staff via an online video and follow up interactive session, delivered alongside a Signs of Safety Senior Practitioner, to consolidate learning. 103 people attended this training over twelve interactive sessions which were held between April 2021 and February 2022. This brings the total number of multi-disciplinary and multi-agency workers who have completed Signs of Safety Awareness to 704. A further interactive session is planned for April 2022 and plans are in place to then incorporate the training into Making Effective Referrals to Gateway. The possibility of delivering Awareness training within pre-existing occupational forums is also being explored. • As has been the case in recent years, Signs of Safety was also incorporated into Student Induction in August 2021 and January 2022 with L&D staff and a member of the SofS Implementation Team delivering information sessions to first and final placement social work students. • Additional aspects of Signs of Safety activity that L&D staff have been involved in are membership of the NHSCT Signs of Safety Implementation Group and the regional PiP/Training Sub-Group. L&D staff are also working alongside Principal Practitioners to develop an Induction E-Pack for newly appointed Looked After Children social workers. Embedded within this will be a guide to mandatory/essential/recommended training which will support discussion about learning and development between the social workers and their line managers.	
11.4 Learning and Development in Adult's Services		
11.4.1	Investment in Learning and Development in Adult's Services	**Accountability 21-22** £70,370
11.4.2	Learning and Development in Adult's Services Training Activity	**Accountability 21-22** £50,000
11.4.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address There is an underspend in Adult Services due to the move from in person training to the use of a virtual platform which reduced the costs of venues and	

	catering. The underspend has been absorbed through overspend in other areas. **Consent Capacity and MCA** The mandatory MCA training at levels 3, 4a and 5 were delivered through the use of a blended approach which consisted of narrated slides and a follow up question and answer session which was hosted on a virtual platform. A total of 172 staff were trained at the relevant levels specific to their roles under the MCA. All mandatory MCA training is in the process of being reviewed and up-dated at a regional level and any changes will be approved by the DoH (NI). It is anticipated that this review will result in level 3 being delivered using a regionally agreed E-learning platform. Level's 4a and 4 b will be merged and Level 5 will continue to be delivered on an 'as and when' basis. **Approved Social Work Re-Approval Training** The ASW re-approval programme was provided over six half days this year using Zoom, given the ongoing pandemic restrictions. It was agreed this may be more manageable for staff than three full days online training. 12 ASW's attended all sessions and 22 attended some of the sessions, these numbers reflect those staff who were due to attend mandatory re-approval training and those with an interest in a specific topic. The content of the programme was agreed with operational managers following feedback from ASW's and quality assurance exercises of ASW activity. Trust managers and external agencies and speakers facilitated the sessions and covered topics such as; Mental Capacity Act (NI) 2016, Mental Health (NI) Order 1986, Assessing SU's with an Eating Disorder, Assessing SU's under 18, Dual Diagnosis, Trauma Informed Practice, working with PSNI (Public Protection Branch and Firearms), alternative care plans and the role of Lifeline. **Community Care Division** Training on Care Management processes was delivered in 2 sessions to 46 members of staff. This included 22 social workers, 19 nurses and 5 social care staff. The training continues to build on and incorporate learning from policy reviews and recommendations from Care Management audits. This combined training continues to be delivered in partnership with Nursing Colleagues, the Finance Department, SDS representative and CBPU. The one day training course which incorporates holistic assessment, care planning and review was delivered live via zoom. **Staff Supervision in Social Care** During the training year 2021/2022 in response to the ongoing impact of the Coronavirus pandemic and subsequent restrictions on in-person training, training for supervisors of social care staff has been delivered using a blended approach of training via a pre-corded package and live discussion sessions facilitated via a virtual platform. During the period 1.4.21- 31.3.22 a total of 10 supervisors in NHSCT facilities with supervisory responsibilities for social care staff attended live discussion sessions with a Learning & Development officer following completion of supervision training. This developmental course will continue to be offered and facilitated within the incoming year. In addition, social care supervisors can also access 'Supervision Training for Social Work Staff' E-learning programme for all social work and social care supervisors within the NHSCT.

	Awareness Session AYE Social Workers - 'Effective use of Supervision' In February 2022 a support session regarding effective use of supervision was delivered to a group of 10 social workers in their assessed year of employment **Professional Supervision Training for Social Work Team Leaders/Senior Practitioners (Adult and Children's Services)** Throughout the period 1.4.21-31.3.22, due to the ongoing impact of Covid19 and during the planning phase of the draft new regional supervision policy this training was provided as an e-learning programme for supervisors within the NHSCT. During the training year 31 staff accessed (not yet completed) the Supervision Training for Social Work Staff E-learning programme and 63 staff completed it – total 94 staff. On 10th June 2021 an information session on supervisory requirements was delivered to a group of 27 first line managers within adult's and children's services. An additional cohort of 20 first line managers were provided with the training in October 21. In 2022 it is envisaged that the Professional Supervision programme of three days duration and supervision refresher training will be offered for supervisors in Adults/ Children's division in response to identified training needs. This training is complimented by the provision of a 'Supervision Training for Social Work Staff e-learning programme for all social work and social care supervisors within the NHSCT. In addition Professional Supervision refresher training postponed due to the impact of Covid19 is planned for delivery in 2022 for supervisors within adult's and children's services.	
11.5 Regulated Qualifications Framework Training		
11.5.1	Investment in Regulated Qualifications Framework Training	**Accountability 21-22** £161,851
11.5.2	Regulated Qualifications Framework Training Activity	**Accountability 21-22** £195,200
11.5.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address As per previous years, expenditure was considerably overspent due to salary and wages expenditure for the RVQ team. Allocation is, therefore, underfunded and not adequate to meet the service specific needs of the workforce.	

11.5.4	Confirm Trust has measures in place to ensure RQF training is embedded across the workforce YES / NO? If no, please advise on actions taken to address this The Northern Assessment Center changed from City & Guilds to the Open College Network (OCN) as the RVQ provider in 2021. The RVQ team continue to support 6 City & Guilds learners to achieve their awards prior to the closing date of May 2022. Covid 19 restrictions have eased and it is now possible for assessors to complete direct observations of practice, which is contributing positively to the completion of awards. The RVQ team continued to work with their existing City & Guild learners as follows: • Continued assessment of learners all Levels 2, 3 and 5. This includes assessment meetings with candidates, marking workbooks, cross referencing into standards and assessing self-reflective accounts at Levels 2 and 3 • Reading and assessing assignments at Level 5 • Completing direct observations of practice at all levels. • Quality assuring work both within the Trust and with partner organisations • Attending standardisation meetings • Support meetings for struggling learners • Informal workshops for all learners There have been three intakes for OCN courses in 2021-2022. Details below: <u>Registrations</u> OCN Level 2 Diploma – 18 OCN Level 3 Diploma – 15 OCN Level 5 Diploma – 4 The team provided training to provide the underpinning knowledge for the mandatory units at all Levels and some extra training for those units that are popular with learners for example Dementia training for Level 2. This training supported the learners to complete their knowledge workbooks which are part of the assessment process. The Vocational team update the training every year taking into account changes in legislation and policy and feedback from the previous year's training. They also take into account their observations around how learners answer the knowledge based questions. The assessors keep in regular contact with managers keeping them up to date as to how learners are progressing with their award; this enables them to highlight and address any problems early on. Despite the restrictions and complications due to Covid 19 a number of learners successfully completed their awards as follows: **<u>QCF Completions</u>** **Award** | **Numbers Completed**

Level 2 Diploma in Health and Social Care (NI)	14
Level 5 Diploma in Health and Social Care (Adults) Wales and NI	2
Total Completed	16

All portfolio completion has moved to the electronic Learning Assist platform. All team members have received the OCN training for assessors to allow them to assess for this awarding body.

The RVQ team delivered an extensive Adult Safeguarding and Awareness of Behaviours that Challenge Training programme to Homecare staff in order to meet the mandatory training obligations for this group of staff.

- Adult Safeguarding Homecare: 16 sessions = 390 staff trained
- Awareness of Behaviours that Challenge: 40 sessions = 375 staff trained

Team members continue to support the NHSCT Covid response by supporting staff in the Acute Sector with roles such as 'Family Liaison' and 'Track and Trace'.

The Vocational team have also assumed responsibility for planning and delivery of Safeguarding Adults Group Care training.

The team were successful in obtaining funding this year to produce an updated Awareness of Behaviours, which Challenge training product, which is completed, and in use.

The Vocational team have delivered 'Awareness of Understanding Behaviours that Challenge' training to residential units within the Trust, the residential units have all received their refresher training, planned dates have been set for refresher training. All Day Centre have now received the 'Awareness of Understanding Behaviours that Challenge' training as required, planned dates have been set for refresher training. RQIA have set this training as a requirement for Residential and Day Centres.

- Awareness of Behaviours that Challenge: 30 sessions = 286 staff trained

All the training provided by the Vocational team supports the continuing development of social care staff and the development of regulated qualifications throughout the Trust.

The External Quality Assurer completed a systems and assessment practice visit in July 2021and some of the Vocational team were involved in this inspection, the feedback from which was very positive, with the Vocational Assessment Centre being graded a 'low risk' centre.

11.6 Quality and Safety Issues (RQIA)

11.6.1	Investment in Quality and Safety Issues	**Accountability 21-22** £28,148
11.6.2	Quality and Safety Issues Activity	**Accountability 21-22** £61,000
11.6.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address Expenditure was not adequate to meet the service and specific needs of the workforce with overspend absorbed in areas of underspend. NHSCT staff working with adults with a learning disability in supported living and adult centres have availed of The Respect Training Programme during 1.4.21-31.3.22. The Respect programme, "aims to enable participants to understand the issues associated with the management of behaviours that challenges within their care setting and client group". (Report of the use of Restrictive Practice Interventions within NHSCT Adult Learning Disability, 2018. In addition to staff working with adults with a learning disability, the training is delivered to staff within Children's Disability Respite Service. Respect Instructors continue to respond to the needs of NHSCT Domiciliary Care staff who, as lone workers, are working with service users who present with behaviour that may challenge, through the provision of Respect training to Home Care staff as required. In the period 31.3.21- 01.04.22, the RESPECT training programme was delivered to a total of 398 staff within the Mental Health, Learning Disability and Community Care Division and Community Care Division. Respect *Refresher* training was delivered to 350 staff using a blend of delivery via a virtual platform for the theoretical element of training and direct delivery in-person to small groups due to Covid19 restrictions. Respect *Foundation* training was facilitated for 48 staff (Covid19 restrictions have necessitated smaller staff groups can be facilitated during Foundation training due to the physical intervention element of Foundation training - total of 398 staff. In October 2021 the recertification of Instructors was facilitated for 4 Instructors. Although the impact of Covid19 and subsequent restrictions has continued to impact significantly on the delivery of in-person training, the facilitation of a blend of training via a virtual platform/ in person, enabled Respect training to continue although in a reduced capacity during 2021-2022**.** While it was necessary to postpone refresher training in three units, due to the impact of Covid19, it is envisaged that these training sessions can be facilitated over the incoming months. The training is valued by the Trust's Corporate Governance Department as it meets the Trust's responsibility to provide Level 2 training for Social Care staff. Refresher training is provided yearly within Units to meet all RQIA mandatory requirements.	

	The Respect Steering Group monitors the need for additional Instructors to maintain the yearly training schedule. New Instructors are required within each financial year within the Learning Disability service to maintain a cohort of staff (currently seven Instructors inclusive of senior lead) to ensure the RESPECT training schedule is maintained in accordance with (BILD) ratio requirements for Respect trainers. While training for new Instructors was paused due to impact of Covid19 in 2020-2021, the training of one new Instructor was successfully completed in January 2022 in response to identified training needs. Instructors are required to attend a yearly Re-Certification Course and to submit a portfolio of their training. Instructors also avail of Supervision and attend a yearly review of practice days. The training department co-ordinates the delivery of First Aid training for all Instructors and the provision of BILD Codes Of Practice to assist in planning, developing and delivery training to minimize the use of restrictive physical interventions. In February 2020 the current cohort of Instructors successfully completed 'Emergency First Aid at Work' training as a requirement of their role in the facilitation of Respect training (3 yearly requirement). One new instructor completed Emergency First Aid at work training (22.9.21) in respect of her new instructor role. During the period 31.3.21- 1.4.22, the accreditation of two instructors was completed by Navigo, while a further two instructions were accredited by the NHSCT Senior Lead. It is envisaged the accreditation of new Instructors within the NHSCT can be facilitated by the Lead Instructor within the NHSCT in the financial year 2023/2023, in response to identified needs. **Recording Training** During the period 31.3.21- 1.4.22 a total of 42 social care staff accessed recording in social care training delivered via a virtual platform and follow up discussion sessions with a learning & development officer via a virtual platform. In the same period 48 staff accessed (not yet completed) the Recording for Social Work and Social Care Staff in Adult and Children's Services E-learning programme and 257 people completed it –total 305. In addition during this period two sessions of, 'Recording in a legal context' training was delivered to 56 social work staff within adult's and children's divisions. A further session specifically tailored to recording for staff working within the area of adult safeguarding. (DAPO/IO roles) was delivered to 24 staff in March 2022- total 80 staff. **AYE** AYE induction was delivered on 5 occasions across the period April 2021 to March 2022, this was a slight decrease from last year (8 sessions were delivered) but still a slight increase from pre pandemic years (4 sessions are normally delivered), reflective of continued recruitment of AYE social workers for both permanent and temporary posts. 36 AYE registrants availed of the training. Specific training for Line Managers and Professional Supervisors on the AYE requirements was also facilitated 3 times and again this was a slight decrease from last year when 4 sessions were delivered, 21 Line Managers availed of the training.

	The training provided information and guidance on the requirements for the AYE with a focus on NHSCT Portfolio Guidance, which was last revised in May 2020 and incorporates the minimum standards for completion of the AYE. All registrants are required to complete a portfolio during their AYE and the Social Care Governance and Workforce Development audit 100% of portfolios. Over the course of the period, 9 forums were also facilitated, which again was a slight decrease on the previous year when 14 forums were facilitated, 2 for Social Workers within Children's Services and 3 for Social Workers within Adult Services, as well as 4 for both directorates. The forums were well attended, with numbers of AYE's ranging between 9 and 28 for each session. Each forum provided specific training relevant to the registrant's area of work and was facilitated by Senior Social Workers from across various directorates within the Trust. Attendance at the forums contributes towards mandatory training and development days which must be completed by registrants during the AYE. Although the AYE formal mentorship programme was stepped down in line with the regional approach in 2021, a need to continue to provide additional support to AYE's was identified within the Trust and a 'group' mentorship programme was piloted in October 2021. The sessions took place over three months and 5 AYE's availed of the opportunity. The focus of the sessions was in relation to the portfolio requirements, specifically the 6 key roles.	
11.7 Children's Safeguarding		
11.7.1	Investment in Children's Safeguarding Training	**Accountability 21-22** £56,296
11.7.2	Investment in Children's Safeguarding Training Activity	**Accountability 21-22** £54,250
11.7.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address Expenditure was adequate to meet the training needs of the Multi-disciplinary/Multi-agency (MD/MA) workforce. All MDMA training took place via live zoom sessions and this saved a considerable amount of money in catering, mileage and venue hire. Reports continue to be positive regarding the use of Zoom in delivering the training. In addition to the scheduled programme (2021-2022) training was also provided in response to regional/ strategic developments and local need. A number of Residential Safeguarding Awareness training sessions were held to accommodate the needs of staff in this area. They took place on both mornings and evenings to suit shift patterns, and accommodate 'as and when' staff. Understanding the impact of racism was delivered to 33 staff.	

	One session on 'physical presentations that may indicate sexual abuse' was held for MD/MA staff and was attended by 34 applicants including GP's and PSNI staff. This session was recorded and it is anticipated it can be used for future training sessions. Two training sessions on safeguarding children where provided to PRAXIS staff, which were attended by 28 staff members. This training was provided at short notice in response to RQIA recommendation and as such one planned session of Safeguarding Children awareness/refresher training has been rescheduled to June 2022. A planned session on CSE level 2 training had to be changed to level 1 training as those attending had not completed the initial training, while one session of Domestic Abuse – the impact on children and families had to be rescheduled due to a conflict of calendars. Due to high levels of staff absences in February 2022 caused by Covid-19 the 'Acting as an appropriate adult' training was cancelled. The MD/MA sub-group of the Trust's Child Protection Co-ordinating Group oversees and reviews the provision of training on an on-going basis. **Domestic Violence and Intimate Partner Homicide** The NHSCT currently offer a suite of Domestic and Sexual Violence training for staff at all levels. This training is provided by ONUS with oversight from a newly established Sexual and Domestic Violence Training Sub Group. As part of a response to a total of 5 DHR's in the NHSCT within the current reporting period, the Trust have sourced and co-ordinated licences for specialist e-learning training from Dr Jane Monckton Smith on Intimate Partner Homicide Timelines. The training provides a detailed overview of the eight stages associated with abusive or controlling relationships and provides insight for staff managing risks and supporting victims. Currently a total of 300 licences have been purchased and allocated to a range of professionals within the NHSCT.
11.7.4	Of those who attended Children's Safeguarding Training, how many staff were from other disciplines or sectors? In addition to the 142 social work and 110 social care staff who attended the Multi-disciplinary Multi-Agency scheduled training, an additional 316 staff from other disciplines availed of the training from April 2021 – March 2022. Namely:- Nursing 160 Allied Health Professionals 63 Medical (including 1 GP) 9 Student Social Workers 1 Voluntary (Praxis) 27 PSNI 2 Dental 0 Education 54 Other (MOD, Youth Justice) 0

	TOTAL 569	
11.8 Adult Safeguarding		
11.8.1	Investment in Adult Safeguarding Training	**Accountability 21-22** £84,444
11.8.2	Investment in Adult Safeguarding Training Activity	**Accountability 21-22** £65,000
11.8.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address The underspend in this area can be attributed to lower numbers of staff being released to attend training due to the ongoing effects of COVID-19 and is also reflective of the majority of the training being delivered using a virtual training platform as opposed to in person.	
11.8.4	Of those who attended Adult Safeguarding Training, how many staff were from other disciplines or sectors? A total of 815 staff attended safeguarding training at all levels from Level 2 Awareness Raising, Recognizing and Responding to level 7 Achieving Best Evidence. Of these staff, 46 were categorized as Nurses, 94 were Allied Health Professionals, 5 were medical staff and 10 PSNI staff. The level 2 Awareness Raising, Recognising and Responding training was delivered to 297 staff across the NHSCT. This included 38 social workers, 1 student social worker, 38 nurses, 90 AHP, 126 social care staff and 4 medical staff. This training was delivered with a blended approach, making it more accessible to a greater number and range of staff. Staff were required to watch an audio presentation and attend a follow up Q&A live session on zoom in order to complete the training. Live zoom sessions were offered twice monthly from June 2021- April 2022 Training for line managers supporting staff involved in the safeguarding adults process (level 3) has been delivered to a total of 62 managers from across a range of facilities and teams. This training also involved a blended approach, with an online resource and follow up live Q&A sessions on zoom. Level 3 was delivered to 9 social work staff, 1 nurse, 3 AHP, 48 social care staff managers and 1 medical. Investigating Officer Training (level 4) was delivered to 24 staff. Two Investigating Officer Practice Development sessions were also facilitated and attended by 27 staff. This training was delivered to 43 social workers, 7 nurses and 1 AHP. The training was delivered live via zoom over two days and 1 half day for the practice development sessions.	

	Designated Officer training (level 5) was delivered to 4 new DAPOs in the NHSCT. This training was delivered over 1 full day, live via zoom. Joint Protocol (level 6) training was delivered to 2 new DAPOs in the NHSCT. 2 places were also provided to staff from SHSCT and WHSCT This was delivered in partnership with the PSNI and 2 PSNI staff were also trained in Joint Protocol Procedures. The Achieving Best Evidence 7 day course was delivered in September 2021. 2 NHSCT staff attended this training along with 5 PSNI staff. The Achieving Best Evidence 3 day refresher course was delivered in November 2021. 4 social workers and 3 PSNI staff attended this training The Safeguarding In Group Care training was delivered across a range of facilities in 36 sessions to a total of 381 social care staff within the NHSCT. This training was delivered live via zoom In the coming year we will continue to offer a limited number of spaces on relevant safeguarding training to our AHP and nursing colleagues and to our PSNI colleagues as required. Partnership working with the volunteer coordinator will continue over the course of the incoming year as per the NIASP training requirements.	
11.9 Leadership and Management		
11.9.1	Investment in Leadership and Management Training	**Accountability 21-22** £42,222
11.9.2	Leadership and Management Training Activity	**Accountability 21-22** £18,900
11.9.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address Expenditure was adequate to meet the training needs of the workforce. Underspend in part attributable to the impact of COVID-19. **First Line Managers Development Series** The First Line Manager Series was created in 2020 in recognition of the fact that in Women, Families and Children Division, there had been considerable movement in management posts with the appointment of new Team Leaders. The Social Care Governance, Learning, and Development Department were asked to design and rollout a programme, which would act as an Induction for First Line Managers and give them the knowledge they needed to safely fulfil their duties such as HR processes, the role of Occupational Health, finance and budget holder responsibilities.	

	The programme spans four days and runs twice a year in spring and autumn. Due to pandemic restrictions, the programme ran via zoom in 2021-2022. The Series opened up to include First Line Managers in other divisions as well as more experienced managers who expressed an interest in attending. In 2021/22 65 managers attended the series. Outside speakers have been added to the series to raise awareness of new regional and local developments. The programme is evaluated and updated after each delivery and has been evaluated positively by those who attended. One of the benefits for participants was the capacity to network and build relationships with other first line managers and key business partners. When the course moved to zoom this continued to be a benefit. To support and accompany the training content two resources were developed. The First Line Managers Guide contained information to guide line managers through the learning journey for social workers from student to team leader. To encourage reflective supervision and assist, individual and team development a reflective models resource was introduced. Managers received these developments positively. As part of the on-going development of the series, plans include streamlining the FLM series to compliment a First Line Managers Corporate Induction Series, which is being developed by Organisational Development.	
	Coaching The NHSCT has continued to promote a culture of coaching across the Trust. The focus this year has been on the provision of one to one coaching for social work and social care staff. This was in the context of the ongoing pandemic, and the NHSCT's commitment to promoting, supporting and developing staff wellbeing, confidence, new skills and competence. SSL&D officers attended various forums, training sessions and team meetings across all divisions to raise awareness of the benefits of coaching and of the opportunities available to staff within the NHSCT. Social work staff have been offered coaching on completion of their AYE year and additional 'one-off' funding was agreed through the Social Work Strategy, enabling the SSL&D team to dedicate time weekly to the provision of one to one coaching to all social work and social care staff. There was a good uptake of these opportunities and approximately 50 one to one sessions were provided in the last year. In recognition of and in response to the many changes which have occurred in the organization over the past two years the NHSCT have committed to training a further cohort of line managers in coaching. This training was scheduled to be delivered in April 2022 however this has had to be postponed due to staff absences and will now run in the Autumn of 2022.	
11.10 Programme Support		
11.10.1	Programme Support Expenditure	**Accountability 21-22** £35,185 **Activity** £37,000

11.10.2	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address Expenditure was adequate to meet the demands of training provision for the workforce with only a slight overspend.	
11.11 ACPC		
11.11.1	Investment in ACPC Training	**Accountability 21-22** £44,000
11.11.2	ACPC Training Activity	**Accountability 21-22** £65,000
11.11.3	Confirm financial position within budget, under spend or over spend. If over or under spend noted, please provide a brief summary of the reasons why and actions taken to address This expenditure is the salary for the Multi-disciplinary/Multi-agency Trainer and is in addition to the Child Protection expenditure for the delivery of training. The overspend is due to salary of full-time Band 7, top of 2021/22 pay scale, equating to £65,000 including employers costs. The trainer provides support to the NHSCT through membership of Trust and Regional Safeguarding Fora. The trainer also works closely with Principal Practitioners and multi-disciplinary operational managers to respond to emerging issues/staff training needs including addressing outcomes and recommendations of both internal and external reviews/inspections.	
11.12 Additional Allocations		
11.12.1	Investment in other Training Activity/Initiatives	**Accountability 21-22** **£27,462**
11.12.2	Other Training Activity	**Accountability 21-22** **£27,462**
11.12.3	Commentary. *Trust should include comment on each additional allocation individually including those allocations for regional initiatives or schemes and in-year additional allocations*. **Regional ASW Co-ordinator Role** Regional ASW Co-ordinator Salary (15 hpw) **Open University student placement Practice Teacher costs: for 2 Level 2 students**	

	In the 21/22 year the first round of DoH funded OU students went on their first practice learning opportunity (Jan-June 22) and required practice teaching support. Given that this was additional activity which remains unfunded it was necessary to contract with an external practice teacher and the spend relates to those fees. These costs do not reflect the additional work for SSLD teams in supporting these students as they progress through their Degree. This cost will be considered in the 22/23 financial year.
General	
11.13	In addition to those listed at 11.7 (Child Safeguarding) and 11.8 (Adult Safeguarding) how many attendees at in-service training were from other disciples within Trust or from external providers? (including voluntary, community and commercial organizations) *Insert table outlining the title of course, number of attendees and their discipline*

Title of Course	AHP	Nursing	Medical	Vol	Other
MCA Level 3	11	9			
MCA Level 3 and 4a	1	7			
MCA Level 4a	2	6			
Direct Payments		1			
Managing Complexity in Supervision		1			
Domestic Abuse and Civil Proceedings Awareness Raising		5			
Promoting Quality Care LD Addendum	2	1			
SOS Two Day Training	2	18	12		
SOS Awareness	65	36	5	9	8
RESPECT Foundation	2	1	1		
RESPECT Refresher	7	3			
Understanding the Impact of Racism on Practice	3	15			

Awareness of Behaviours That Challenge	2				
Autism Series	8	2	1		
Care Management		19			
Carer's Assessment	3	4			
Consent and Capacity	1	2			
Dementia Awareness Tier 2	4	4			
Learning Disability Foundation	1				
Level 3 Safeguarding Adults: Managers Roles and Responsibilities	3	1	1		
Makaton Workshop	1	1			
Recording Skills in Social Care	1	3			
Self-Directed Support	1	4			
Working with the Office of Care and Protection		2			
Champions Training		11			
DVRAC		1			
Domestic Abuse and Civil Proceedings Act 2021 – Awareness Raising		4			
TCI Training			1		

11.14	Removed
11.15	Identify key achievements or awards within the Trust which specifically support the delivery of the Learning and Improvement Strategy for Social Workers and Social Care Workers, 2019-2027 **ASW** x 5 candidates **NIPTTP** x 5 candidates **<u>SW Research Methods</u>:** **REM – Module 2** x 1 candidate **Dissemination of SW Research – Module 3**

	x 1 candidate **SW with Children, YP and Families** x 2 candidates **Systemic Practice and Family Therapy Foundation** x 4 candidates **Systemic Practice and Family Therapy Specialist** x 3 candidates **Substance Use Disorder** x 1 candidate **Community Development** x 2 Candidates **Adult Safeguarding** x 6 candidates **IPD** x 43 new candidates x 28 returning candidates completing further modules **Leaders in Practice** x 5 candidates **IAR** x 2 candidates
11.16	~~Describe~~ List any activities which have been undertaken in the reporting period to evaluate how learning and development activities have improved service delivery within the Trust. Trusts should comment on outcomes of such activities where applicable. ~~*(**Narrative)***~~ *Examples may include audits and evaluations undertaken* • An audit of Social Work supervision was completed by the social care governance team in collaboration with professional supervisors from across services. Results demonstrated ongoing commitment to providing professional supervision despite the challenges of the pandemic. Video conferencing technology supported supervision while staff worked from home or self-isolated. An action plan has been developed to support managers to

	address the recommendations arising from the audit. The results of the audit will also inform supervision and first line managers training. • AYE attended professional development days using video conferencing technology (Zoom). The mentoring programme, introduced in 2020 to support AYE social workers during the early stage of the pandemic was stepped down early in 2021. However, to ensure AYE staff received the support they required when teams were facing higher than usual levels of sickness, group mentoring sessions were then introduced. This took place monthly and topics included induction, portfolio requirements, theories and methods, and motivational interviewing. A self-evaluation tool was used at the beginning and the end of this initiative and this is still being evaluated. • A sample of AYE portfolios of staff completing AYE while in post in NHSCT was audited. Audit findings evidence compliance with NISCC AYE Standards, as noted in the Data 8 return.

2.6 Progress Update on DDSF Plan

This Section is for the Programme of Care to record their progress with the actions identified at the beginning of this reporting period (cross reference with section 1.3)

2.6	Issue/Action Agreed at DDSF meeting in June 2019	Progress Update at 31st March	RAG Rating
	Family & Child Care Issues		
	Issue: Unregulated placements – lack of options for young people leaving care or requiring accommodation. Action: Action Plan developed. Unregulated numbers are reducing.	Carried forward into 21/22 reporting period. Compliance with action plan remains. Numbers continue to reduce.	
	Issue: Early Years - Outstanding Inspections Action: There was a total of 938 inspections outstanding across the sector within the reporting year April 21-March 22. 864 were completed 74 appear outstanding however this should be considered within the wider Covid context and the agreed terms from SPPG that detailed every provider should be inspected once from April 2020 to March 2022.	Carried forward into 21/22 reporting period. Compliance with action plan remains. Numbers continue to reduce, Early Years' service is confident these will be addressed fully in the coming months.	
	Mental Health Issues		
	Issue: Trust unable to meet demand for Mental Health inpatient beds	Carried forward into 21/22 reporting period. Compliance with action plan remains.	

	Action: Mental Health Acute Care Reform Action Plan in place and shared with SPPG.		
	Learning Disability Issues		
	Issue: Resettlement of patients from Muckamore Abbey to bespoke placements in the community. Action: Resettlement plans shared with SPPG at agreed intervals. Good progress has been made throughout the reporting period.	The Trust continues to work with providers to secure placements in the community for those remaining in Muckamore Abbey Hospital and also to include patients who have been admitted to other hospitals across the region due to no beds being available in Muckamore Abbey Hospital. In last reporting year the Trust had 19 patients in MAH and 2 patients in other hospitals. (3 patients as of Aug 2021) The 4 patients in MAH discussed in Oct 21 progress as follows • 1 patient has been discharged November 21 to Inspire Mallusk • 1 Patient has been discharged to Priory Bohill Coleraine in Dec 21 • 1 Patient has been placed leave on trial to Positive Futures Cookstown with discharge review imminent • 1 patient is in process of transitioning to Cherryhill commencing in Dec 21 however progress to move in to accommodation full time is very slow due to staffing issues faced by provider. Braefields. Kells • 6 patients from MAH referred to provider for care and accommodation and planning underway • 1 patient from Lakeview referred to provider for care and accommodation	

		• In reach has commenced into hospital wards Building ongoing with potential date of completion being May/June 22. Issues re CCTV and families expectations as to how and where this is in situ. Inspire Mallusk • 4 patients identified for Mallusk • Provider is having recruitment issues • Senior Management team has held meetings with provider to hold to account re projections for discharges which have been moved by provider Trust facility Clogrennan. • 1 patient identified and in reach commenced Positive Futures • 1 patient referred to assess if this service can meet needs but not yet confirmed • 1 patient in Adult mental health ward has been accepted and plans being made for discharge for June 22 Fairways Coleraine • 1 Patient in Dorsey Ward Craigavon has been referred to and accepted. Aim is for June 22 • Provider has had recruitment issues which he has endeavoured to resolve Other • 1 patient identified as needing to remain in the onsite facility when it is developed • 1 patient requires a bespoke placement to support forensic needs • 1 patient in MAH has died in this reporting year.	

		• There are a total number of 14 patients remaining in MAH with 3 having no firm plan at end of reporting year. • Regular meetings are taking place between families of all those being resettled to Braefields and Mallusk to keep them up to date with progress • Trust has appointed a Resettlement Project Lead Band 8A to progress placements	

Rag Rating:
Green - Complete
Amber - Partially Complete
Red - Not complete

Where the RAG status is Amber or Red, please include further detail in Section 2.7 of this template.

2.7 Discharge of Directed DelegatedStatutory Functions

This section enables the Trust to provide more details on the issues identified by the Executive Director at Section 1.4

2.7	Summary of areas where the Trust has not adequately discharged their Delegated Directed Statutory Functions for this Programme of Care.	Please outline remedial action taken to address this situation and any proposed future action.
	Family & Childcare Issues	
	Number of young people awaiting allocation of a personal adviser.	In relation to the PA allocation the service also encountered some staffing shortages during this period. A vacant PA has been accepted and the staff member will commence post in May 2022 and this will reduce the waiting list by 25. Another staff new member is now operating at full capacity and has been allocated a further 10 cases. There is one vacant post, which is out for recruitment at present. There are also a proportion of young people who do not want to engage with the PA service and are choosing to avail of SW support. The Northern Trust has completed an evaluation of the PA service and are in the process of compiling an action plan in relation to the recommendations.
	Reduced occupancy at Sea Port View	In October 2021 it was identified that the bay windows within the home have significant structural fatigue. The home has required extensive work to repair the issue, which has resulted in reduced capacity within the home as some of the bedrooms are not available. A decision was reached in January 2022 to decant the home and it is anticipated works will be completed by the mid June 2022.
	Increase in no. of unallocated cases.	We have had unprecedented levels of unallocated cases due to the scale of staffing challenges. Every effort has been made to ensure that statutory

		duties are being complied with and the necessary mitigations have been put in place to manage any identified risk: • Re-deployment of staff from other non-critical service areas within the Service • Increase in AYE's caseloads • Call for Appeal unfortunately didn't identify any employees who wanted to work in this area • Increased review from Operational Social Work Service Mangers and Head of Service • Risk Continuity Assessments completed • Re-allocation of Unallocated Cases to other teams.
	Short Break Provision for Children With a Disability	A Trust action plan is in place to address challenges with an Independent Sector Provider, RQIA have put enforcements in place, which presently affects service provisions. The Trust continues to offer alternative service provision in line with assessed need.
	The number of Looked after children awaiting CAMHS assessments has increased.	There were 121 Children in Need on the CAMHS (including CEIS) waiting list at 31/03/2022. Of these 93 were reviewed under Family Support Procedures and 28 were Looked After Children. (see response 10.3.10 for breakdown of LAC waiters) See section 10.1.8 on full Trust actions to date.
	The Trust has put a number of measures in place to support children with no named social worker. (Data 10.3.14)	The Trust is mitigating any risk by prioritising caseloads where there are presenting issues. Securing staff remains a priority to address the increased number.
	A number of statutory visits and statutory reviews are outside of normal cycles (Data 10.3.15B & 10.3.16)	Action plans are in place to bring all statutory visits and reviews back into their monthly cycles.
	There has been an increase in the no. of unregulated placements throughout the reporting period.(Data 10.3.23)	The Trust has developed guidance and protocols to manage unregulated placements effectively.
	Mental Health Issues	
	Carried forward item from 2.6	See 2.6 position as at 31.03.22

	Learning Disability Issues	
	Carried forward item from 2.6	See 2.6 position as at 31.03.22
	Older People & Adults Issues	
	Decrease in Adults in receipt of Centre based Day Care (410 to 349) Data Ref: 1.6 (Statutory Sector)	Actions: In 2021/22 in line with DOH Remobilising pathway for Adult Social Care Services, the Trust commenced planned to support a return to pre-COVID day care provision. This is to be progressed in three stages: Stage One – Creating the right conditions Stage Two – Assessment of service users Stage Three– Resumption of Services The Trust is currently at stage two having completed an initial engagement process with service users and carers on the plans to reset and rebuild day care services.
	Decrease in Carers Assessment activity Data Ref: 5 NOTE - Information below is for both POC4 and POC7. Carers Assessment activity has been reduced due to: - Regional shortage of social workers. Temporary and permanent posts have not been filled - Increased staff absence due to COVID and/or self-isolation.	• Continue to recruit into all vacant posts • Expansion of Social Work bank • Review of systems to report and recording of Carer's Assessments

	- Crisis response due to domiciliary care providers cancelling services due to the impact of COVID on their staffing levels. Due to reduced staffing levels and increased workload teams have had to focus on critical work only. They have been less able to carry out routine visits and reviews and so have had fewer face to face interactions with carers and so offers of carer's assessments are reduced. Despite a reduction in assessments offered and completed, teams continue to support carers.	
	Direct Payments (DP) Data Ref: 5.8a Return is not number of DP requested, it is the number of DP's offered. Data Ref: 5.8 b&c Reduction in Direct Payments During period April 21-March 22 although 47 new Direct Payments commenced, there were 59 ceased due to transfers to another POC, move into permanent care or they passed away. Service users and carers also report an inability to recruit and maintain employment Personal Assistants due to COVID impact.	Actions: Continue to promote Direct Payments

	Physical Disability and Sensory Impairment Issues	
	Decrease in Number of Adults who are Deaf Blind	During period April 21-March 22 there was a cleansing exercise in respect of the database for Deaf Blind providing a more accurate account.