TERMS OF REFERENCE

PURPOSE OF PAPER

1. The purpose of this paper is to provide a Terms of Reference ("ToR") for an Independent Review of Children's Social Care Services ("the Review"). The paper defines key elements of the Review including the context (strategic, legislative, societal, economic and organisational) within which those services are provided; the deliverables, scope and outputs; and the structures to support the work. It is acknowledged that reform is planned or underway in a number of service areas. Nothing in the review process should act as a barrier to any necessary change or reform that is required to be brought about in the meantime.

BACKGROUND

2. Children's Social Care Services (Children's Services) have operated without fundamental review for more than a decade. A child protection review[1] was undertaken in 2018 by the RQIA. That review revisited the recommendations of the previous child protection review in 2011 to assess whether they had been implemented in full. Health and Social Care services have faced probably one of the most challenging periods in the history of their operation as a result of the global health pandemic caused by the COVID-19 virus. During that period, families were confined to their homes or to within short distances of their homes and schools closed for two prolonged periods when rates of infection were at critical levels. Children's Services continued to operate with moderate levels of flexibility, with some services such as short breaks more significantly limited due to social distancing requirements and other factors. The support provided to some families of children with a disability has had to change significantly, with staff outreaching into homes and greater use of direct payments. During the period of the pandemic (which remains with us), families were referred to Children's Services in significant numbers and there was a sharp increase in the number of children taken into care. At this stage (16 August 2021), there are 213 more children (a c. 6% increase) in care than at end September 2019 (the latest official figure pre-COVID-19). In week ending 16 August 2021, the

[1] Review of Child Protection Arrangements in NI, May 2018 (Phase I) (https://www.rqia.org.uk/RQIA/files/11/114d0d50-eb71-47b5-bc55-ad1518643d44.pdf)

number of referrals to Children's Services was 19% higher than the weekly average number of referrals for the year ending 30 September 2019.

3. Pressures on other services for children have also grown significantly. For instance, 5,124 children were reported as waiting for an assessment for autism at 31 March 2021 and waiting lists for CAMHS have also continued to grow. The pandemic has made it more difficult to complete some assessments and there remain significant variances in the length of waiting lists between Trusts. The number of children with Special Educational Needs has continued to increase with ac. 20% increase between 2015/16 and 2020/21 [set against a backdrop of a c. 4% increase in the school population over the same period]and it is likely that there will be particular challenges for the HSC in the academic years starting in September 2021 as a result of additional SEN classes.

4. Some key inpatient services for children with a disability are delivered regionally. The Belfast Trust runs both Iveagh (the regional inpatient unit for children with a learning disability) and Beechcroft (the regional CAMHS inpatient unit). Beechcroft has recently faced significant challenges, with beds fully utilised resulting in children having to be cared for in adult mental health units which brings significant risks. Both Iveagh and Beechcroft have faced challenges in finding suitable services to discharge increasing complex and challenging patients to. There have been recent judicial reviews about the inability of Trusts to provide appropriate long term accommodation and support for children in Iveagh. Some of the challenges faced by Iveagh were highlighted in an RQIA report which identified the need to make a number of significant improvements to the service. The HSCB is currently working to develop

a more strategic approach to the placement of children with a learning disability and complex needs, to ensure there are appropriate services with capacity in the community.

5. The scale of the challenge experienced by Children's Services, both in terms of volume and complexity of case work predates the pandemic. Further contextual information for the Review is set out below.

6. In light of the time lapse since the last fundamental review of Children's Services, the nature and scale of the challenge faced by those services, which has been compounded by the pandemic and the need to rebuild/recover services as a result, the Minister for Health, Robin Swann, has agreed that the timing is right to undertake a review. The aim of the Review is outlined below.

7. The Review is being undertaken alongside a similar review of children's social care in England[2]. That review has been labelled a "once-in-a-generation opportunity" to overhaul a system, which it is claimed, is failing vulnerable young people and creaking under the strain of rising numbers of children entering care. The review in England will examine early years help, child protection, fostering and kinship care, and care homes, as well as the family support measures needed to prevent children having to enter care. It will not look at children with a disability, given an ongoing but separate review of SEN provision. A similar review was undertaken in Scotland in 2017.

[2] Independent review of children's social care - GOV.UK (www.gov.uk).

CONTEXT

Strategic

8. The Children and Young People's Strategy[3] sets out a strategic framework for improving the well-being of children and young people in Northern Ireland. It outlines how all government departments, agencies and those who provide children's services will work together to deliver better outcomes for all children and young people and links directly to the draft Programme for Government outcomes, principally 'we give our children and young people the best start in life'. Within the context of wider children's strategy and closely aligned to that strategy, a strategy for looked after children[4]has been developed, published and is being implemented. There is also cross-departmental commitment to develop a Family and Parenting Support Strategy, which, among other things, is intended to recognise and respond to the very specific needs of certain families.

9. The overall strategic direction for the Health and Social Care System is *Delivering Together*[5]. In relation to Children's Services, Delivering Together commits to: the provision of early support to families and intensive support where it is required; the creation of conditions that enable families to provide loving, caring, supportive and nurturing environments for their children and, as a consequence, reduce the number of children and young people entering

[3] Children and Young People's Strategy 2020-2030 | Department of Education (education-ni.gov.uk).
[4] https://www.health-ni.gov.uk/publications/life-deserved-strategy-looked-after-children.
[5] Health and Wellbeing 2026 - Delivering Together | Department of Health (health-ni.gov.uk).

public care; and the creation of a public care system which achieves the best possible outcomes for children and young people in care and after care. Linked to Delivering Together, a programme of transformation commenced across the HSC. Within children's services, the programme created the scope to introduce and test new ways of working, including through the introduction in June 2017 of a new social work practice model known as Signs of Safety[6]. Implementation of the model is still ongoing with full implementation expected within 5 years [2022].

10. Prompted by challenges within children's residential care and secure care in particular, a review of regional specialist facilities[7] completed and reported in 2018. As a consequence of that review, a programme of work is underway to establish a joint Care and Justice Campus, made up of a secure care centre (encompassing the current Regional Secure Care Centre and the Juvenile Justice Centre), step-down provision and better co-ordinated support services in the community for children and young people on the edges of secure care (before and after entry). Also, as part of the work to establish the Campus, a new Framework of Integrated Therapeutic Care[8] is being implemented across all looked after children's services.

[6] https://www.signsofsafety.net/what-is-sofs/.

[7] https://www.health-ni.gov.uk/publications/review-regional-facilities-children-and-young-people-review-report

[8] https://www.health-ni.gov.uk/articles/looked-after-children-and-young-people-therapeutic-care

11. A number of 'whole life' strategies are in place or in development which guide or will guide the provision of services to children with a particular disability. For instance, the Autism Act NI (2011) requires the production of an Autism Strategy at regular intervals and the laying of progress reports against the objectives in that strategy. A new Autism Strategy was due to be published in December 2020, however due to the impact of the pandemic, an interim strategy[9] was published in March 2021 setting out three strategic outcomes.

12. A new 10-year Mental Health Strategy (2021-31)was published on 29 June 2021; it builds on and incorporates key aspects of the Mental Health Action Plan published in May 2020. Also, work to improve the support provided to children with mental health issues is being driven across Government Departments in response to the Children's Commissioner's 2016 report 'Still Waiting', with a comprehensive action plan in place to address the recommendations made. A Children and Young People's Emotional Health and Wellbeing in Education Framework was jointly launched by the Departments of Health and Education in February 2021.[10] A Physical and Sensory Disability Strategy and action plan was published in 2012, with implementation extended until 2018.[11] The Department for Communities is currently leading on the development of a cross-Departmental Disability Strategy.

[9] https://www.health-ni.gov.uk/publications/autism-interim-strategy-2021-2022
[10]https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing
[11]https://www.health-ni.gov.uk/publications/physical-and-sensory-disability-strategy-and-action-plan

13. In addition to these departmental or inter-departmental strategies and action plans, the HSCB and PHA have developed an Emotional Health and Wellbeing Framework which is intended to help ensure support is provided on the basis of need, rather than diagnosis, and that Trusts operate a 'single front door' for people accessing services, recognising that many individuals have complex needs and do not easily fit into neat service definitions. Work is also ongoing on a Framework for Children with a Disability, led by the HSCB.

Legislative

14. The principal body of law governing Children's Services is the Children (NI) Order 1995[12]. Adoption Services, including inter-country adoption services, are governed by the Adoption (NI) Order 1987[13] as amended by the Adoption (Intercountry Aspects) Act (NI) 2001[14].The Children (NI) Order 1995 was amended by the Children (Leaving Care) Act (Northern Ireland) 2002[15] to strengthen support for children who have left the care system. In 2007, legislation, the Safeguarding Vulnerable Groups (NI) Order 2007[16], aimed at keeping children and young people safe in workplace and volunteering environments was introduced. With the exception of the amendments referenced above, the Children (NI) Order 1995, which sets the legislative framework for the care and protection of children in

[12] The Children (Northern Ireland) Order 1995 (legislation.gov.uk)
[13] The Adoption (Northern Ireland) Order 1987 (legislation.gov.uk)
[14] Adoption (Intercountry Aspects) Act (Northern Ireland) 2001 (legislation.gov.uk)
[15] Children (Leaving Care) Act (Northern Ireland) 2002 (legislation.gov.uk)
[16] The Safeguarding Vulnerable Groups (Northern Ireland) Order 2007 (legislation.gov.uk)

Northern Ireland has remained largely unchanged in the 26 years it has been in place. New legislation, the Adoption and Children Bill[17], is near to being introduced into the Northern Ireland Assembly. It will overhaul and modernise adoption children and make changes to the Children (NI) Order 1995 as it relates to children in need, children in care and children who have left care.

15. Other relevant legislation includes the Autism Act (NI) 2011[18], the Chronically Sick and Disabled Persons Act (NI) 1978[19] and the Special Educational Needs and Disability Act (NI) 2016[20].

Societal

16. In 2019, there were around 440k children and young people in Northern Ireland. In 2017-18, there were approximately 69,000 children in *absolute poverty* before household costs (BHC), which represents around 16% of children in Northern Ireland. There were approximately 82,000 children (18% of children in NI) in absolute poverty BHC in 2016-17. This decrease is not statistically significant. However the fall from 23% in 2014/15 is significant. In 2017-18, *relative child poverty* was 19% (approximately 85,000 children) BHC. There were approximately 99,000 children (22% of children in NI) in relative poverty BHC in 2016-17. This decrease is not statistically significant however the fall from 25% in 2014/15 is significant. It is likely that more children will be thrust into poverty as a direct consequence of

[17] Draft Adoption and Children Bill (health-ni.gov.uk)
[18] Autism Act (Northern Ireland) 2011 (legislation.gov.uk)
[19] Chronically Sick and Disabled Persons (Northern Ireland) Act 1978 (legislation.gov.uk)
[20] Special Educational Needs and Disability Act (Northern Ireland) 2016 (legislation.gov.uk)

the COVID-19 pandemic, although it is too early to tell at this stage. Around 5% of all children and young people are classified as children in need as a result of being referred to Children's Services, around .8% of all children and young people are looked after (in care) and around .6% are on the child protection register. There is a strong connection between deprivation/poverty and Children's Services. A Child Welfare Inequalities Project, published in June 2017, identified that Northern Ireland has the highest proportion of children living in the most deprived areas compared with other regions of the UK. In NI, 36% of the child population lives in the most deprived areas, compared with 26% in Scotland and Wales and 24% in England. The same study found that deprivation is the largest contributory factor to determining whether a child becomes looked after or is placed on the child protection register. In NI, children living in the most deprived areas are almost six times more likely to be on the child protection register than children in the least deprived areas, and four times more likely to be looked after.

17. Also, we know that over 40% of looked after children enter care from the most deprived areas of Northern Ireland. In 2017/18, 43% of children were taken into care from the 20% most deprived areas within Northern Ireland. By way of comparison, around 5% of children originated from the 20% least deprived areas. Research has shown it is more likely that children in those areas will experience health and social inequalities, such as lower life expectancy; higher suicide rates; higher rates of mental ill health, with more mood and anxiety disorders and more instances of self-harm; higher rates of alcohol-related deaths; higher drug-related deaths; greater likelihood of becoming involved in the criminal justice system; reduced income; and increased homelessness and unemployment.

18. Rates of childhood disability in Northern Ireland are significantly higher than other parts of the UK. This was confirmed by, for instance, a children's mental health prevalence survey published in 2020 which found 12.6% of children and young people in Northern Ireland experience common mood disorders such as anxiety and depression – which is around 25% higher than in other UK nations.

Economic

19. Current investment in Children's Services is c. £260m annually. Unlike children's services in other parts of the UK, in particular England, children's social services have not experienced significant budget cuts, other than the requirement to deliver savings in line with the requirements, which applied to all Northern Ireland government departments and their ALBs. There has been an additional £63m (28% increase) invested in Children's Services over the last 5 years. In addition, c. £18m transformation funding has been allocated to Children's Services, bringing the percentage increase to around 36% over the last five years.

20. Services for children with a disability or facing mental health issues are funded from those programmes of care. Despite evidence of higher levels of need in Northern Ireland than other parts of the UK, funding for mental health services and is thought to be proportionally lower than in other parts of the UK. Spend on mental health is currently around £350m, with funding for CAMHS services making up around 7.5% of this budget. The Mental Health Strategy aims to increase this to around 10% of the total mental health budget. Funding for learning disability services is

currently £413m [2019/20] and for physical and sensory disability services is £135m[2019/20]. Both mental health and learning disability have seen significant budget increases in recent years, with learning disability funding increasing on average 8% per year for the last 5 years [an overall 40% increase since 2015/2016]. Transformation funding has been made available for a number of initiatives including, for instance dedicated SEN coordinators in HSC Trusts who have helped significantly improve the pace at which SEN assessments are completed.

Organisational

21. Children's care and protection services are provided by the five Health and Social Care Trusts (HSCTs) in Northern Ireland under a scheme of delegation from the Health and Social Care Board (HSCB)[21]. In structural terms, those services are organised along a continuum ranging from front-door Gateway Teams, to Family Intervention Teams, to Looked After Children Teams to 14/16+ Teams (after care services). They are provided predominantly by qualified social workers, although increasingly, services (particularly residential services) are introducing other professionals into teams, social work assistants and family support workers. In December 2020, there were c. 1975 social workers working in Children's Services and around 540 social work support staff. More than half of all HSCT social workers (around 58%) work in Children's Services.

[21] The HSCB is in the process of being disbanded, with the functions of the HSCB, including its children's social care functions, transferring either to HSCTs or the Department of Health.

22. The draft Social Work Workforce Review report indicates that workforce issues in Health & Social Care have been reported in Delegated Statutory Functions[22] (DSF) reports since 2015.The 2018/19 Delegated Statutory Functions report[23] highlighted social work staff shortages across all five HSC Trusts and as having a significant impact on the Trusts ability to deliver their statutory functions. The recruitment and retention of a skilled workforce in children's services, particularly in Gateway and Family Intervention Teams was described as a significant governance issue. The creation of social work posts under transformation initiatives in the health service has resulted in a loss of experienced staff, and higher levels of inexperience within teams. The following were reported as presenting pressures:

- Higher numbers of children in need, (an increase of 3.3 % on the previous year);
- High number of 'unallocated cases' in Children's services (although there is evidence in 2020 of the number reducing. This is likely to be directly related in investment with associated targets) across Trusts to address the issue of case unallocation;
- Increase in the number of children on the Child Protection Register (the number of children on the CPR fell during the pandemic year (20/21) out of line with the increasing numbers of looked after children);

[22] Delegated Statutory Function reports are Trust reports to the HSCB on the statutory functions delegated to them by the HSCB

[23] Delegated Statutory Functions Report 2018/19

- Increase in the number of Looked after Children (LAC), with figures in March 2019 reported as the highest since the introduction of the Children (NI) Order 1995. This leads to increasing demand for foster placements and an increase in young people accessing care leaver services (There was a sharp spike in the number of looked after children during the pandemic year 20/21);
- Referrals to Child and Adolescent Mental Health Service (CAMHs) increased by 29% from 2017/18 with a substantial increase in waiting times also causing concern.

23. Trends analysis shows an increase in the population of Looked after Children, between the years 2011 and 2020 of approximately 1,000 children, an increase of 40%. This includes increasing numbers of unaccompanied asylum seeking children who present with a range of additional needs. The number of children known to Social Services and whose names have been placed on the child protection register increased by 20% between 2014 and 2020, with 1,914 children on the Register at March 2014, up to 2,306 at December 2020. Rising demand and increased complexity of need linked to addiction issues, poor mental health, domestic violence and poverty are reported across all Trusts. The RQIA Review of Governance Arrangements for Child Protection in the HSC[24] noted concerns raised by staff about the increasing complexity of work, and unattended cases, and recommended that steps be taken to assess risk and support staff to mitigate the potential impact of work related stress. HSC Trusts report that

[24]Review of Child Protection Arrangements in NI, May 2018 (Phase I) (https://www.rqia.org.uk/RQIA/files/11/114d0d50-eb71-47b5-bc55-ad1518643d44.pdf)

social work staff in children’s services are working to capacity, with growing waiting lists, high staff turnover and high numbers of inexperienced staff within many children’s services teams.

24. In relation to the organisation of children’s disability services, all Trusts have multi-disciplinary teams focused on ensuring children with a disability can access the personal social services they need. However, the remit of these teams and their interface with services such as CAMHS and autism services is understood to vary between Trusts.

25. Also, there are differences between Trusts in terms of organisational structure and responsibility. In four of the five Trusts, CAMHS services are managed within children’s services by the Children’s Services Director. In BHSCT, CAMHS services are managed by the Director who also oversees adult mental health services, for instance.

Aim

26. The Review will be a fundamental examination of Children’s Services, with a focus on quality, equity, resilience and sustainability to ensure that they are:

- capable of responding to current and potential future demand/pressures and the level and complexity of need;
- effectively meeting the needs of the children, young people and families with a range of vulnerabilities and sufficiently and supportively engaging them in decisions affecting their lives; and

- adequately supporting staff and carers in the exercise of their statutory and other duties and in the course of their caring responsibilities.

SCOPE

27. For the purpose of this Review, Children's Services include:

- Early Years Services;
- Family Support Services/Services for Children in Need
- Gateway Services;
- Family Intervention Services;
- Looked After Children's Services [includes residential care, foster care and kinship care];
- 14/16+ Services;
- Adoption Services;
- Personal social care services provided to children with a disability, including physical and sensory disability services, learning disability services, autism services, ADHD services and the provision of short breaks; and

- CAMHS to the extent that those services integrate with wider Children’s Services to create a support system for vulnerable children.

28. The review should also consider how we organise and manage regional services for children and young people to determine whether the current Trust-based model is the most efficient and effective method of delivery. This includes Iveagh and Beechcroft. In its consideration of regional services, account will need to be taken of the establishment of a regional joint Care and Justice Secure Care Centre, a new service model for Separated/Unaccompanied Asylum-seeking Children and Young People and the arrangements for the organisation/management of those regional services.

29. All five HSC Trusts are within scope. The Social Care Directorate of the Health and Social Care Board is out of scope for the purpose of the Review.

30. The Review will be required to take account of recent strategic and service developments (strategies in development and ongoing implementation), including *Delivering Together* (and the associated Transformation Programme), the Children and Young Peoples Strategy, the Looked After Children Strategy, recent practice developments and developments in other parts of the UK and ROI. Where appropriate or necessary, the Review should seek to influence those strategies. The Review should be a forensic examination of how services operate, focusing on what the data tells us (or not). It should identify best practice in Northern Ireland and elsewhere and

barriers to achieving best practice here. It should identify variation in practice, waiting lists and outcomes across Trusts, seek to explain why that variation exists and judge whether variation is healthy and/or justified and should be promoted. It should also be ambitious in its recommendations. It should also take into account the legacy of the COVID-19 pandemic and the impact this will continue to have on children, young people and families.

31. The Review will be undertaken by a Team of experts, chaired by an independent lead reviewer and assisted by an Advisory Panel. The Review Team should be child and family-centred and should ensure that the views and experiences of child, young people, parents and carers (and the wider family) are captured and taken into account when drawing conclusions and making recommendations. The Review will be expected to engage with relevant groups, organisations and individuals as appropriate to ensure there is adequate opportunity for specific issues to be raised, views offered and evidence presented.

32. The Review Team will wish to consider how to engage with relevant stakeholders to inform the Review and what structures or reference groups, forums and other processes are established to assist/inform the Review.

33. While independent, it is expected that the Review will involve engagement with the Department, the Health and Social Care Board [until it is dissolved] and the Public Health Agency.

34. The Department is proposing <u>three core strands</u> for the Review as set out below. This does not prevent the Review Team from considering other areas if it considers it necessary.

35. *Strand 1 – The experience of children, young people and their families who use Children's Services; the outcomes we deliver for them; how effectively we engage children, young people parents and carers in decision-making about individual children and families and support them through the process; and the scope for improvement.* This Strand will require both an examination of data and meaningful engagement with children, young people, parents and carers. In particular, this strand should consider current trends, including, the increase in the number of children, young people and families being referred to Children's Services, the increase in the number on the child protection register and the increase in the number of children being taken into care. It should specifically consider the balance between family support/early help services and child protection services (including looked after children services) and determine whether there is the scope to rebalance. It should also examine the interface with other services, including statutory adult services (at the point of transition, for example), voluntary and community sector services and whether there is scope to form stronger service partnerships to enable services to be wrapped around children, young people and families at every stage, in particular when families and individual children begin to struggle. The emphasis within this Strand is on the **quality** of user experience. Consideration should be given to how quality is defined and measured, how the system assesses whether it is being delivered and the steps that are taken when it is determined that the quality of service being sought is not being delivered.

36. *Strand 2 – Service Structural Arrangements.* This Strand should consider how we structure Children's Services. In relation to care and protection services, there is currently a team structure, which reflects the journey of a child and

family into and through the care and protection system. While this structure appears logical, it conspires or machinates to move a child and family from team to team and from social worker to social worker as a child moves 'deeper' into the system. Children's Disability Teams sit alongside but separate to care and protection teams under the control of a single Director. This is despite the fact that some children straddle both worlds. This strand should consider and assess the impact of how we currently structure services on children, young people and families, in particular, the service 'journey' it promotes. This Strand should examine and assess whether we can/should organise our services differently; the views of children, young people and families should be central to this consideration/assessment. This Strand should also consider the behaviours of staff as a consequence of having to work within this structural arrangement and consider their views about the impact on them and the children, young people and families they serve. Within this Strand, consideration should also be given to how we manage teams and staff them. If different structural arrangements are recommended by the Review, it should identify how management and staffing arrangements will need to adjust to match structure. There should be specific consideration of caseloads within this Strand and the capacity to introduce other professionals into social work teams that are currently uni-disciplinary or different professionals into teams that are currently multi-disciplinary, building on recent developments within residential care, for example. Within this Strand, specific reference should be made to the lessons and recommendations from the Social Work Workforce Review, although should not be constrained by it. There should also be consideration of the interface with Adult Social Care Services and whether

there is the scope to introduce 'Family Services', rather than the current arrangement of referring parents to adult services when it is assessed that they need additional support. A final consideration in this strand is IT support. The five HSC Trusts use 2 different computer systems (PARIS and SOSCARE) and there are plans to replace those systems with the new *Encompass* system. The review should consider whether Children's Services could be better served by the IT systems which support their operation and, if not, whether *Encompass* will sufficiently address any deficits currently present in existing systems. Finally, this Strand should consider what checks and balances are in place within the system to keep how services are delivered under review and to determine whether service delivery improvements are necessary.

37. *Strand 3 – Social Work Practice*. The Review should consider social work practice within Children's Services, taking account of practice developments in recent years. These include the introduction of the Signs of Safety practice model in June 2017. Implementation of Signs of Safety is taking place region-wide and is supported by the Department and the Health and Social Care Board. Other practice tools/initiatives were introduced under the Early Intervention Transformation Programme[25], including Building Better Futures[26] and the Trauma Informed Practice Project[27]. This Strand should consider implementation of these practice tools and the interface between them. In

[25] Early Intervention Transformation Programme EITP Infographic | Department of Health (health-ni.gov.uk)

[26] Link to information on - Building Better Futures - Improving outcomes for families and children - HSCB (hscni.net)

[27] https://www.safeguardingni.org/aces-and-trauma-informed-practice

relation to Signs of Safety, account should be taken of the findings of the recent evaluations of the model in England to determine whether any of the shortcomings identified in those evaluations are present here and what requires to be done to address them.

38. Across all three strands, the Review should examine leadership within the children's social care services – the extent to which it is present and seen to be present, how it is cultivated and supported and whether improvements can or need to be made.

39. The strands above are provided to give structure and focus for the Review Team. It is acknowledged that they will (and should) overlap and link with each other. It is also acknowledged that other issues may emerge during the work of the Review Team.

DELIVERABLES

40. In line with sections on Aim and Scope, the independent Chair/Lead Reviewer will deliver a Report which will address the three Strands set out above and all of the specific issues identified within each of them. It is the responsibility of the independent Chair/Lead Reviewer to ensure that all three Strands are covered by the Review and that they and any additional issues identified through the Review process are covered in the final Report. The final report should set out a clear vision of what high quality, equitable, sustainable and resilient Children's Services, including services for children with a disability, should look like over the course of the next decade, the outcomes

they should deliver for children, young people, families, staff and carers and the appropriate indicators of success. It should also identify the key actions required to make this vision a reality. In articulating a vision, the final report should seek to explain current data trends, particularly the continuing rise in the number of children being taken into care and whether/how this can/will be addressed. As far as possible and practical, any actions identified should be specific, realistic and time-bound (accompanied with a realistic timeframe for delivery). Where possible, costs of associated delivery should be identified. If the independent Chair/Lead Reviewer considers that costs may be off-set by the cessation of/adjustment to existing services/areas of practice, this should be made clear in the final report.

41. The final report from the Independent Lead Reviewer will be submitted to the Minister of Health in line with this Terms of Reference.

REVIEW TEAM RECRUITMENT AND MEMBERSHIP

42. The Review Team independent Chair/Lead Reviewer will be by an external [to Northern Ireland] appointment. The Review Team Advisory Panel will be made up of three individuals with a range of expertise. All members of the Review Team will be approved by the Minister of Health, based on recommendations from the Chief Social Work Officer.

SUPPORT STRUCTURES

43. The Review Team will be supported by a secretariat function provided by the Department of Health. The Independent Chair/Lead Reviewer, with advice from the Advisory Panel, will be responsible for assessing the need for additional research or support and will work with the Secretariat to secure.

ACCOUNTABILITY

44. The Review will be independent and will be directed by the appointed independent Chair/Lead Reviewer who will set the work plan for the Review and have overall responsibility for delivering on these Terms of Reference. Funding for the Review will be managed by the Secretariat provided by the Department of Health.

TIMESCALES

45. The independent Chair/Lead Reviewer will provide an interim report of key findings within 12 months of the commencement of the Review. This report will be submitted to the Minister of Health. The independent Chair/Lead Reviewer will provide a final report within 16 months of the commencement of the Review. The final Report will be published by the Minister of Health.