

# THE NORTHERN IRELAND REVIEW OF CHILDREN'S SOCIAL CARE SERVICES — REPORT —

PROFESSOR RAY JONES



## THE REPORT'S FRONT COVER

**The front cover has been designed by members of VOYPIC's Experts by Experience Reference Group of young people. This is their account of what the cover represents.**

The design uses symbolic and metaphorical elements to help represent the different factors of children's social care services. The design is a tree, rooted in nature, with each branch and leaf growing through oxygen, water and sunlight, representing the support, empathy and togetherness needed for effective children's social care services. The trunk is a person, and the leaves are the elements of children's social care services that have been important throughout the review process and will continue to be important in the implementation of the recommendations.

The purple leaf with two hands interlocking with a heart represents bringing families, communities and people together. How integration of differences is fundamental in children's social care services. Equality among culture, race, gender, sexuality, ability etc is important to integration of services.

The red leaf with the map of Northern Ireland represents our community, and how the implementation of a positive children's social care service should be region-wide to help demonstrate equality.

The yellow leaf with circle of puzzle pieces, is a symbol for the ASD community and helps portray the voices of the disabled community.

The blue leaf with the hands and people, represents empowerment and positive support, the hands represent support and helping lift people up, and the family in the middle are the service users and families that children's social care services are supporting.

The red leaf, with a strong arm represents the strength it takes to be the best version of yourself, additionally it takes strength to be a positive and supportive professional in children's social care services.

The purple leaf with a circle and lines in it is the symbol for empathy in social work. Empathy is what should underpin social work and other professional practice. Having empathy for someone shows values and emotional intelligence to help another person. It shows ability to put yourself in their shoes and support them walking that journey.

The green leaf with the ear represents active listening. It is an essential skill for those working in children's social care services. Being able to demonstrate active listening helps build positive relationships with children and families, as well as showing that you are willing to listen to what they have to say.

The red leaf with a person holding a heart represents how having a caring, compassionate and empathetic approach is vital to building relationships in children's social care services.

The yellow leaf with the brain and muscles represents the brain power used by everyone involved in the review process and that which will be needed in the years ahead, to make sure the recommendations are implemented.

The dark pink leaf with two people and speech bubbles represents effective communication. This is another vital skill to have as a practitioner in children's social care services. Effective two-way communication between a practitioner and a service user helps build a positive rapport and relationship.

The green leaf with a torch represents the light that has been shone on children's social care services through the review, and the light needed to guide us through the next phase of this process.

The yellow leaf with two people and a heart, one standing and one using a wheelchair, represents equality, diversity and ability across all children's social care services.

The blue leaf with people standing in a circle represents togetherness and supporting each other. It is important for children and families to be able to come together and support each other, especially if going through similar experiences. It is also important for practitioners in children's social care services to support each other and the people they are helping.

The green leaf with a book turning a page represents how this report is a new chapter in the history of children's social care services in Northern Ireland.

The yellow leaf with two people with their arms behind each other's back represents having each other's back. Feeling supported is feeling powerful, and everyone in children's social care services including, workers, practitioners, children, families and others need to feel supported during their journey through children's social care services.

The red leaf with a large hand, a small hand and a book represents how this report marks the handing over of the future of children's social care services to a new generation of children and young people, working together to bring about positive change.

The blue leaf with the umbrella represents how children's social care services is an umbrella term and represents many services, including foster and adoption care services, disabilities services, mental health services, family support services, and more.

The colours of each leaf don't have any specific meaning, they were chosen because they are bright, vibrant, eye-catching and positive.

**Concept and design of cover: VOYPIC Experts by Experience (EBE) Reference Group member, Josephine Dowell with contributions to the tree made by Rhianna Brown, Brandon Magee and Thomas Magee, VOYPIC EBE Reference Group members.**

**Graphic design: Print It Lurgan.**

**THE REPORT  
OF THE INDEPENDENT REVIEW  
OF NORTHERN IRELAND'S CHILDREN'S SOCIAL CARE SERVICES**

**PROFESSOR RAY JONES**

**JUNE 2023**

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## **APPENDICES**

The appendices to this report are listed below. They are available online at [www.cscsreviewni.net](http://www.cscsreviewni.net).

**APPENDIX 1** - LIST OF GROUPS, INDIVIDUALS AND ORGANISATIONS WHO HAVE ENGAGED WITH THE REVIEW.

**APPENDIX 2** - REPORTS (OFFICIAL PUBLICATIONS, JOURNAL PAPERS, PERIODICALS) AND OTHER INFORMATION CONSIDERED BY THE LEAD REVIEWER.

**APPENDIX 3** - OVERVIEW OF THE EXPERTS BY EXPERIENCE REFERENCE GROUP - KEY MESSAGES – VOYPIC.

**APPENDIX 4 – i)** SUMMARY OF THE VIEWS OF PARENTS AND CARERS - ENGAGEMENT UNDERTAKEN BY CINI. **ii)** CINI RESPONSE TO THE INDEPENDENT REVIEW OF CHILDREN’S SOCIAL CARE SERVICES

**APPENDIX 5** - FULL SUMMATIVE WORKSHOP REPORT.

**APPENDIX 6** - UNDERSTANDING THE FAMILY SUPPORT LANDSCAPE FOR NORTHERN IRELAND - PROFESSOR PAT DOLAN.

**APPENDIX 7** - BRIEFING PAPER ON CHILDREN’S SOCIAL CARE CHANGES OVER PAST TWENTY YEARS.

## GLOSSARY / LIST OF ABBREVIATIONS

AfC	Agenda for Change
ALB	Arms-Length Body
ASYE	Assessed and Supported Year of Employment
AYE	Assessed Year of Employment
A&E	Accident and Emergency
BASW	British Association of Social Workers
BHC	Before Housing Costs
BSO	Business Services Organisation
CAMHS	Children and Adolescent Mental Health Service
CAST	Children's Assessment and Safeguarding Team
CCG	Children's Court Guardian <i>(Title change from GAL with effect from 13 February 2023)</i>
CCGANI	Children's Court Guardian Agency Northern Ireland <i>(Title change from NIGALA with effect from 13 February 2023)</i>
CCP	Child Care Partnerships
CES	Centre for Effective Services
CiNI	Children in Northern Ireland
CMR	Case Management Review
CYPSP	Children and Young People's Strategic Partnership
DE	Department of Education
DHSSPS	Department of Health, Social Services and Public Safety
DoH	Department of Health
DSF	Delegated Statutory Function and Directed Statutory Function
ECR	Extra Contractual Referral
EBE	Experts by Experience
FCWU	Foster Carers Workers Union
FDAC	Family Drug and Alcohol Court
FIT	Family Intervention Team
FSH	Family Support Hub
GAL	Guardian ad Litem
GEM	'Going the Extra Mile'
GP	General Practitioner
HSC	Health and Social Care
HSCT	Health and Social Care Trust
ICS	Integrated Care System
IFP	Independent Foster-care Provider
IS / IT	Information Systems / Information Technology
LAC	'Looked After' Children



MDT	Multi-Disciplinary Team
NHS	National Health Service
NI	Northern Ireland
NIGALA	Northern Ireland Guardian ad Litem Agency
NIPSA	Northern Ireland Public Service Alliance
NISCC	Northern Ireland Social Care Council
NSPCC	National Society for the Prevention of Cruelty to Children
OBE	Order of the British Empire
OCSW	Office of the Chief Social Worker
PACE	Police and Criminal Evidence
PQ	Post Qualification
QUB	Queen's University, Belfast
RESWS	Regional Emergency Social Work Service
ROI	Republic of Ireland
SCIE	Social Care Institute for Excellence
SEND	Special Educational Needs and Disabilities
SLA	Service Level Agreement
SoS	Signs of Safety
SPPG	Strategic Performance and Planning Group
TOR	Terms of Reference
UK	United Kingdom
UNOCINI	Understanding the Needs of Children in Northern Ireland
UU	Ulster University
VCS	Voluntary and Community Sector
VOYPIC	Voice of Young People in Care
YJA	Youth Justice Agency



## **INTRODUCTION**



I was asked in October 2021 if I would lead the Review of Northern Ireland’s Children’s Social Care Services. After discussion, it was agreed that I would be the lead Independent Reviewer supported by an Advisory Panel and assisted by a Secretariat from within the Department of Health. This is my independent Report.

The Review was formally commissioned by the then Minister for Health with Terms of Reference prepared within the Department of Health. The Review started in February 2022 and was to be completed within sixteen months by June 2023.

## **TERMS OF REFERENCE**

The Terms of Reference have shaped but not restricted the Review. All that was sought within the Terms of Reference has been covered within the Review and is reflected upon within this Report.

But the Review has ranged more widely as it has brought within its focus additional services and systems which have impact and implications for children’s social care and for children and families, including the structures and activities within the Department of Health, other government departments, and within the family courts.

This widening of the coverage within the Review is testimony to the Review’s independence and how this has been respected by the commissioners of the Review.

## **A BIG THANK YOU**

I am tremendously grateful to everyone who has given their time and commitment to meet with me and to engage with the Review, including children and young people, parents and other family members, practitioners (with whom I include foster carers) and managers of services within and across the statutory, voluntary and community sectors, the regional children’s social care infrastructure organisations, those who represent children’s social care workers within the trade unions and professional association, educators and researchers, the judiciary, and those working within government.



**A SAMPLE OF THE ENGAGEMENT EVENTS  
DURING THE REVIEW**

I am also grateful for the reports from those who have undertaken reviews and who are working within other administrations outside of Northern Ireland.

What is without doubt and beyond challenge is the energy and commitment to promote further what is working well and to confront and challenge what needs to be done better, informed by the tremendous expertise and wisdom held by all those with whom I have met, corresponded, and had discussions and who have shared their views and advice with me.

It has been an absolute privilege to have had the opportunity to have met with so many impressive children and young people, parents and carers, and so many committed practitioners, managers and leaders within services across Northern Ireland.

Over the past 16 months I have been able both to take a helicopter view and also to have deep dives into children's social care services and this Report covers what I have found.

## **THE REVIEW'S PHASES AND STAGES**

The Review has moved through stages which have overlapped but have provided a sequence of exploration and engagement to help understand the current circumstances and issues for Northern Ireland's children's social care services, and the experience of those who make use of, provide, and work in partnership with the services.

Here are the phases through which the Review has progressed:

- **Phase one (February-April 2022)** included meeting Northern Ireland's regional infrastructure organisations for children's social care, getting out and about across the region into each Health and Social Care Trust and meeting leaders (including separate meetings with the chair and with the chief executive in each Trust), managers and practitioners (I have, for example, probably met with more than 800 social workers), spending evenings in children's homes, and visiting regional children's residential facilities.
- **Phase two (May-July 2022)** included meeting lots of children and young people and parents and other family members, foster carers, meeting with Voluntary and Community Services (VCS) and visiting their services,

and engaging with teachers, the police, public health workers, youth workers, judges, and others working with and alongside children's social care. And throughout the Review there has been plenty of reading to do including previous and related reviews, policy statements, reports, research, and commentaries (see the Appendices for a listing, which may not be totally complete, of the documentation read as part of the Review).

- **Phase three (August and through autumn 2022)** included continuing visits to services across Northern Ireland, meeting with young people, parents, and practitioners and managers of services, visiting TUSLA, and drilling down into practice. Through a series of five workshops – each attended by about 100 people – there was a check on whether the most significant issues were being spotted and whether the Review's emerging reflections and recommendations made sense. Workshops were held on children with a disability and their families; family support; looked after children; the social care workforce; and the organisation and delivery of children's social care.
- **Phase four from January until March 2023** included filling in gaps in my understanding and continuing to share and discuss my thinking through meetings with a wide range of those who had already engaged with the Review including young people, those working within the HSCTs and the VCS sector, and within and across government.
- **The most recent phase (April-May 2023)** focussed on drafting the Review Report ready for its publication and launch in June 2023.
- There are, of course, **further phases to come** if the Review is to have any impact, and this is discussed in the final chapter.

## **THE REVIEW'S ADVISORY PANEL AND SECRETARIAT**

The Review has been a team effort and activity. As the lead Independent Reviewer, and this is my independent Report, I have been advised and assisted throughout by an Advisory Panel of Marie Roulston OBE and Professor Pat Dolan. Her Honour Judge Patricia Smyth has also provided advice to the Review and very helpfully facilitated engagement with the Lady Chief Justice, the Family Courts judiciary, and the shadow Family Justice Board.

The Advisory Panel have had a two monthly meeting cycle throughout much of the Review, with young people and parents (arranged by VOYPIC and CiNI) attending each meeting. The Advisory Panel members have also been active in having key roles at the Review's workshops and also participating in many of the Review's engagements and meetings. They have also provided very helpful briefing papers for the Review.

The Review has been very ably organised and administered by a Secretariat, led by Máire Redmond, seconded from the Department of Health. They have scheduled an extensive programme of engagements, including the Review's five half-day workshops with each attended by about 100 participants including young people, parents and family carers, foster carers, practitioners and manager and policy makers from across the HSCTs, the VCS, the Department of Health and other government department. They have also handled all the Review's correspondence, prepared the monthly Review Newsletters, and set up and maintained the Review's website and social media accounts. Many thanks to Máire and also to Michael McArdle, Bernie Redmond, Shannon Keegan, and Hugh O'Reilly.



**THE REVIEW'S ADVISORY PANEL  
AND SECRETARIAT**

## VOYPIC AND CINI

Particular assistance has been provided to the Review by the Voice of Young People in Care (VOYPIC) and Children in Northern Ireland (CiNI).

VOYPIC independently recruited a Reference Group of 14-25 years old young people from across Northern Ireland who had a wide range of experience of children's social care services. Twenty three young people participated in the Reference Group who met together regularly, supported by VOYPIC, and provided briefings for the Review based on their experience and the expertise they had developed about children's social care. They nominated two different young people each time to attend meetings of the Review's Advisory Panel, and also had several meetings with myself and Advisory Panel members. Their commitment and contribution has been outstanding.

### Members of the Experts by Experience Reference Group

Ben Smyth	Janet Gordon
Brandan Magee	Joana Neves
Caoimhin Pierce	Josephine Dowell
Chaise Shelford	Leon McAlonan
Charlene Shiels	Madison Campbell
Destinee Ruddell	Padraic Farrell
Dylan Sofley	Rachel Hyndman
Erin McKeaveney	Rhianna Brown
Esha Rasik	Selin Edemen
Ethan Spooner	Thomas Magee
Jack Brothwell	+ 2.



In addition, VOYPIC has facilitated other engagements with young people. It is an impressive organisation with wise and wonderful workers committed to ensuring the voices of young people are heard.

CiNI have also provided much assistance to the Review. They have facilitated meetings I have had, along with Advisory Panel members, with parents and family carers who have had experience of children's social care services, and also separately brought parents together and gathered and reported their experiences and advice about children's social care.

In addition, CiNI – which is a membership organisation of voluntary and community sector organisations working with children and families in Northern Ireland – has convened three meetings where I and Advisory Panel members have been able to meet collectively with VCS organisations and CiNI have prepared a report on VCS comments and recommendations for the Review.

## **SPECIAL ACKNOWLEDGEMENTS**

There are others who deserve special acknowledgement for their commitment and contribution throughout the Review process include the Fostering Network which has brought foster carers, including kinship foster carers, together to meet with me and Advisory Panel members. The British Association of Social Workers in Northern Ireland (BASWNI) and Northern Ireland Public Service Alliance (NIPSA) have also stayed actively involved with the Review and facilitated meetings with their members as well as contributing at the workshops. The major children's charities (including Barnardo's, Action for Children, and the NSPCC) have also helpfully participated in and informed the Review as have many other organisations such as Autism Northern Ireland, the Foster Care Workers Union and UNISON. And thank you to the Centre for Effective Services (CES) who undertook for the Review the complex task of seeking to compare children's social care services in Northern Ireland with other UK countries and the Republic of Ireland. Apologies to the regional and local organisations not named above – your contribution is also much appreciated, is remembered, and has informed what follows in this Report.

## **THE COMMISSIONERS OF THE REVIEW**

The Review was formally commissioned in late 2021 by Robin Swann, the then Minister of Health. One of my regrets is that with no functioning Northern Ireland Assembly or Executive throughout the period of this Review, my engagement with politicians has been limited but I have very much appreciated Robin Swann's commitment to the Review.

The early negotiations about the Review were with Seán Holland, who was then the Chief Social Worker in Northern Ireland and deputy Permanent Secretary in the Department of Health. It was Seán, along with Eilís McDaniel, who is the Director of Family and Children's Policy in the Department of Health, who shaped and structured the Terms of Reference for the Review and accepted my recommendations and requirements for the Review process. In September 2022 Seán moved to the Department for Justice and it is Eilís – along with Peter May as the newly appointed Permanent Secretary in the Department of Health, and Peter Toogood, as the newly appointed deputy Permanent Secretary - who have been consistently and readily available as supporters of the Review without in any way limiting or hindering the Review's independence. It will largely fall to them, with hopefully a functioning Minister, Executive and Assembly, to decide and direct what now happens in relation to this Report and its recommendations.

This Report is not flooded with recommendations. It has been a deliberate decision to hold back on recommendations for two reasons. First, amongst a plethora of recommendations the key recommendations may not get the attention they require and may get lost. It is hoped the wood can be seen as well as the trees!

Second, a major theme running through this Report is that there needs to be more clarity about authority and accountability. The senior managers of services need to be able to shape and own the services which they are leading, albeit whilst being informed by all who are engaging and participating with the services. This would be undermined by a Review which was heavily prescriptive with a deluge of detailed recommendations.

**Therefore, alongside a very limited number of *recommendations* there are *reflections* at the end of each chapter on key issues discussed within the chapter.**

A final introductory comment. When there are references to this Review within this Report the capital R is used. It is to distinguish this Review from the other reviews which are referred to in the following sections.

A handwritten signature in black ink that reads "Ray Jones". The signature is written in a cursive style with a horizontal line underneath the name.

**PROFESOR RAY JONES  
JUNE 2023**



# **A SUMMARY OF THE REPORT'S REFLECTIONS AND RECOMMENDATIONS**

**At the end of each of the following chapters there is a section highlighting the main reflections and recommendations from within the chapter. These are brought together below and give an overview of the Review's reflections and recommendations.**

## **CHAPTER ONE**

### **Reflections:**

- Northern Ireland has its own special experience of the history of the Troubles and in addition to the legacy of Troubles-related trauma there is also trauma still being created by threat and fear.
- The political vacuum created by no functioning Assembly and Executive is having a harmful impact on children and families with increasing poverty and on services provided within the public and VCS sectors.
- The impact and continuing implications of the still recent covid pandemic and lock downs are significant.

### **Recommendations:**

1. Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children's services are organised and delivered.
2. Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty.

## **CHAPTER TWO**

### **Reflections:**

- There are considerable strengths within Northern Ireland and its communities, and the quality and commitment of its workforce and many of its statutory and VCS services.
- There is increasing need and demand for children's social care services which is unmet by current resources.

- Statutory children’s social care services have become increasingly focused on child protection and with a continuing increase in the number of children in care.
- There are high levels of staff vacancies leading to large numbers of cases unallocated, and with probably over 4,000 children and their families now waiting after having crossed an initial threshold for involvement with statutory children’s social care.

**Recommendations:**

3. Action needs to be taken to address the children’s social care workforce crisis.
4. There is the need for more help for families to assist them to care well for their children.

## **CHAPTER THREE**

**Reflections:**

- The Terms of Reference (TOR) for the Review described the current pressures and difficulties for children’s social care services and that many were long-standing whilst still intensifying.
- The TOR were wide-ranging and sought a comprehensive analysis and review of the state of children’s social care across Northern Ireland.
- The Terms of Reference have not restricted or hindered the independence of this Review.
- This Review has considered all the issues it was tasked to cover within its TOR, hence the range and detail within this Report.

**Recommendation:**

5. Now is the *time for action* to tackle the difficulties for children and families and for children’s social care described in the TOR and within this report, and the action needs to be taken without drift or delay.

## **CHAPTER FOUR**

**Reflections:**

- Children and young people and parents and other family members with experience of children’s social care services, along with practitioners and managers and others engaged within and alongside the services,

have considerable wisdom to inform how current issues should be addressed and how future arrangements should be shaped.

- Children and young people, along with parents, particularly note the impact of the churn and change within the social work workforce.
- Parents especially would want children's social care services to provide the assistance, including practical help, they need, and experience HSCTs' children's social services as primarily a child protection service.
- Current service arrangements are seen to be fragmented and to be inconsistent across Northern Ireland.

**Recommendation:**

6. In deciding how to respond to this Review there should be a wide and inclusive consultation which draws on the wisdom of all who have experience and engagement with and within children's social care.

## CHAPTER FIVE

**Reflections:**

- There are similar issues facing children's social care across the UK and the Republic of Ireland.
- Northern Ireland is not alone in seeing increased child protection activity and numbers of children and young people in care.
- There are, however, differences with Northern Ireland having proportionately more referrals to its statutory children's social care services, a higher proportion of its child population seen as 'children in need', a higher proportion with a child protection plan, and over the most recent years a proportionately greater growth in the numbers of children in care.
- Northern Ireland may have a higher number of social workers for its child population but with less of a skills mix within its children's social care and other services.

## CHAPTER SIX

**Reflection:**

- The difficulties within the region's children's social care services are systemic and endemic.

**Recommendation:**

7. There is a clear and firm recommendation for a region-wide Children and Families arms-length body. So much which follows is likely to be dependent for its impact on having a regional ALB.

**CHAPTER SEVEN****Reflection:**

- There are significant issues which need to be addressed to stabilise the children's social care workforce.

**Recommendations:**

8. The organisations delivering children's social care services should undertake their own staff recruitment.
9. Grading and banding structures need to be reviewed and revised.
10. Alongside a greater skills mix, re-establish the trainee social worker role and qualification route.
11. There should be a focus on staff retention.

**CHAPTER EIGHT****Reflections:**

- HSCTs are big and busy organisations with major responsibilities covering a wide range of hospital and health services along with adult and children's social care. Children's social care is likely to be less prominent amongst the attention needed to be given to hospitals and other health services.
- Directors of children's services have roles and responsibilities within the HSCTs which are wider than children's social care and which distract from their focus on, and the time they can give to, children's social care.

**Recommendations:**

12. Statutory children's and families' social care services need to be located within an organisation where this is the primary focus of the organisation.
13. Future arrangements need to allow the leaders of statutory children's social services to focus on the services without the allocation of other roles and responsibilities.



## CHAPTER NINE

### Reflection:

- Directors of children's services, and other senior managers, have been distracted and disempowered within the governance and organisational arrangements for statutory children's social care.

### Recommendations:

14. The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland).
15. Consideration should be given to establishing a children's and families social care division in the Department of Health.

## CHAPTER TEN

### Reflections:

- Families have expressed their concerns about the complexity, inconsistency and fragmentation of services.
- Strategic leadership provided from within a Children and Families ALB would give the opportunity to develop more integrated and consistent frontline services across the region.

### Recommendations:

16. There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families.
17. There should be the further development of a skills mix within children and families frontline teams and services.
18. The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services.
19. The existing children's social care information systems should be compared and the best performing adopted as the region-wide system rather than Encompass being developed to incorporate the information systems requirements for children's social care.

## CHAPTER ELEVEN

### Reflection:

- Workforce stability is a necessary platform on which to add new practice frameworks and models of practice which should be used with discretion.

### Recommendations:

20. Introduce a trainee social worker programme.
21. Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children's social care services.

## CHAPTER TWELVE

### Reflections:

- Statutory children's social care services have become skewed and heavily focussed on child protection and on the increasing number of children compulsorily placed in care through the courts.
- The pattern of HSCTs' children's social care teams has contributed to the skew noted above and with disruptive 'hand-overs' between teams and workers.
- Statutory children's social care services are viewed as a child protection service with family support seen as largely the territory of the VCS sector.

### Recommendations:

22. There needs to be a re-set and re-focus for children's social care services to give a greater focus and attention to family support.
23. The success and contribution of Sure Start should be recognised and with it, along with other family support services, expanded, including for children aged 4-10 years.
24. Re-arrange the statutory services team structure to have more of a community focus and presence.

## CHAPTER THIRTEEN

### Reflections:

- With the increasing numbers of children in care there is a heavy demand for foster care and residential care which is presenting difficulties in finding stable and appropriate placements for children and young people.
- There is good quality geographical coverage of public sector children's residential care across Northern Ireland.
- There are delays within the family court processes which impinge on children and families and also create increased workload pressures.

### Recommendations:

25. Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift.
26. Foster carers should be recognised and positioned as valued members of the children's social care workforce.
27. The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model.
28. Consideration should be given to the public sector provision of additional smaller children's homes.
29. Do not allow the privatisation of care of children.
30. Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children.
31. Extend the transition period where appropriate and necessary for young people moving to adult services.
32. Introduce a region-wide transitions advice and advocacy service.
33. Accommodation within the positive post-18 services needs to be expanded and more readily available.
34. Implement the major recommendations of the Gillen Review of the family courts.
35. Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services.

## CHAPTER FOURTEEN

### Reflections:

- The wisdom of children, young people, parents and other carers has been visible and valuable throughout this Review.
- VOYPIC has and does play a very positive role in supporting care experienced and other young people, and in supporting this Review.
- There is no similar region-wide organisation supporting parents.

### Recommendations:

36. An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services.
37. Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children's social care services.

## CHAPTER FIFTEEN

### Reflections:

- There are a number of possible responses to the systemic and endemic difficulties for children's social care services, and which impinge on children and families.
- Responses include continuing as now with no or little change (the Freeze option), trying again versions of what have unsuccessfully been tried before (the Fudge option), making a substantial and radical change (the Fix option), or introducing a significant change which will continue the systemic and endemic issues (the FALLACY option).

### Recommendation:

38. A decision should be taken to introduce a region-wide children's and families Arms-Length Body which includes current HSCTs' statutory children's social care services along with other allied services and professions closely related to children's social care.
39. Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner.

## CHAPTER SIXTEEN

### Reflections:

- There are four regional services which provide residential and in-patient services for young people and which many young people move between.
- This has in recent years had its own review and this Review reflects further on that review and its recommendations.
- There are regional children's social care 'infrastructure' organisations which support the provision and development of services across Northern Ireland, and this arrangement is similar to the arrangements within the other UK countries.

### Recommendations:

40. Within the context of developing a region-wide Children and Families ALB there should be the development of a regional care and justice centre within the Woodlands site.
41. The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland.
42. There should be the development of emotional health and well-being services separate from clinical CAMHS services.
43. Within Beechcroft consideration should be given as to how best to tackle the concerns about young people with challenging and confrontational behaviours being within the same hospital ward space as young people with eating disorders.
44. There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient service. If this is to continue, action should be taken to tackle the isolation of the in-patient service.
45. The regional Children and Families ALB should develop its own quality assurance and development processes and with independent participation within the processes.
46. The process, as already intended, of undertaking Case Management Reviews, should be speedier and more participative.

## CHAPTER SEVENTEEN

### Reflections:

- There are considerable difficulties in sustaining services in the absence of a functioning Assembly and Executive and with inadequate funding.
- Not having financial information to track trends in funding and its use has been a limitation for the Review.
- A region-wide Children and Families ALB would assist in having clarity about the money allocated for, and used within, children's social care services.
- It is important that the work currently underway to report on and account for children's social care funding provides future clarity on what money is available, how it is being spent, and to allow it to be re-patterned to support the refocusing of services and to tackle current issues.

### Recommendations:

47. The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership rather than a purchasing relationship.
48. There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets.
49. There is without doubt the need for increased funding and investment to respond to the increasing poverty creating difficulties for children and families and to allow them to receive the help and assistance they need.

## CHAPTER EIGHTEEN

### Reflections:

- The issues facing children and families and the services which seek to help them needs to be addressed with urgency. Children only have one childhood. The clock is ticking.
- There is the fear that this Review will be just another review with little or no impact.

### Recommendations:

50. The difficulties facing children's social care services need to be tackled with pace.

- 51.** There should be a wide consultation on the proposals and recommendations from this Review.
- 52.** Within six months, and the start of the New Year, decisions should be taken and action initiated to make the significant changes necessary to tackle the long-standing systemic and endemic difficulties for children's social care which impact on children and families and on the practitioners and managers who throughout this Review have demonstrated their commitment and their expertise but who are hampered and hindered by the current arrangements.
- 53.** There should be an annual conference, with participation by young people and parents and all who seek to provide help, to track progress and with a key role for a proposed cross-cutting Children's Minister along with the independence of the Children's Commissioner in facilitating the conference.





# **CHAPTER ONE**

## **THE NORTHERN IRELAND CONTEXT**

- 1.1 It has been increasingly difficult for growing numbers of children and families across the United Kingdom. It has also been increasingly difficult for those who seek to assist and help children and families when they are stressed and struggling.
- 1.2 This should be no surprise. It is the widely recognised and readily anticipated impact of political decisions since 2010 which have created more intense poverty for more and more children and families.
- 1.3 At the same time, the public services which might have mitigated the cumulative year-on-year cuts in social security income support payments have also been held back so that they have not been able to keep up with costs and increasing demand for their services – education and schools funding, funding for health services, community policing, the provision of affordable social housing, youth services, adult social care, and, not least, children’s social care.
- 1.4 The response given by the UK government since 2010 to the banking financial crash of 2008 has been to target poor families and public services for what after a decade are the continuing and intensifying cumulative impact of cuts.
- 1.5 Austerity hurts – it harms the general economy but it especially hurts poor children and families. The talk increasingly is not of deprivation but of destitution. This is the context which sets the scene and underlies much of the difficulties which will be described and considered within this Review.
- 1.6 As elsewhere across the UK child poverty in Northern Ireland is increasing, as noted in the latest published report from the Department for Communities:

*In 2018/19, there were approximately 92,000 children in absolute poverty BHC [before housing costs], which represents 21% of children in NI. There were approximately 69,000 children (16% of children in NI) in absolute poverty BHC in 2017/18. This is a statistically significant increase.<sup>1</sup>*

- 1.7 Poverty can be too sanitised a term – what it means in Northern Ireland is that an even higher proportion of Northern Ireland’s children have the insecurity and distress of not having access to the essentials of adequate food, heating, housing and clothing and with parents stressed and overwhelmed by the anxiety of not enough money to get through the week.
- 1.8 There is also the psychological impact of poverty. It destroys self-esteem and confidence and is embarrassing and exhausting. It perpetuates itself as parents and families are ground down and demoralised with the care and opportunities they can give to their children lessened and limited.
- 1.9 For some, the response might be withdrawal into depression and anxiety with possibly the escape into the misuse of drugs and alcohol, and with no structure or pattern to their days and no routine for their children.
- 1.10 For others there might be anger which is directed inwards at themselves through self-harming behaviours, including suicide, or outwards in violence and with macho and coercive controlling behaviours which give some feeling of status and power.
- 1.11 For children and families poverty is more prevalent in Northern Ireland than elsewhere in the UK. In Northern Ireland, as reported to the Northern Ireland Assembly, over 36% of children live in the poorest neighbourhoods, much higher than in England (24%) and Wales and Scotland (both 26%)<sup>2</sup>.

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<sup>1</sup><https://www.communities-ni.gov.uk/sites/default/files/publications/communities/dfc-child-poverty-annual-report-2020-2021.pdf>

<sup>2</sup>[http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge\\_exchange/briefing\\_papers/series6/bunting070617.pdf](http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/briefing_papers/series6/bunting070617.pdf)

- 1.12 It is a major driver of the need and demand for children’s social care social services. It is highly correlated with numbers of children with child protection plans and who are in care. It is also highly correlated with ill-health including mental health concerns and drug and alcohol misuse<sup>3</sup>. There should now be no doubt that poverty is corrosive and it is contaminating.
- 1.13 The link between deprivation and child protection activity and children in care in Northern Ireland, and across the UK, has been well researched<sup>4 5 6</sup>. This Review has benefitted from a seminar led by Professor Lisa Bunting at Queens University Belfast which highlighted and explored the correlations between deprivation and statutory children’s social care services and the impact of poverty on children and families.
- 1.14 The seminar highlighted the benefit of discussion informed by rigorous research and there is a dearth of government funding for children’s social care research in Northern Ireland. In 2012 there was the launch of a ten year social work strategy ‘Improving and Safeguarding Social Wellbeing’<sup>7</sup>, which noted the importance of research in informing and enhancing practice and policy. It encouraged the development of research capacity, but it is now beyond the ten year horizon of the 2012 report and it needs to be revisited, refreshed and re-energised.
- 1.15 How to tackle child and family poverty? Two particular and concrete actions which would have a demonstrable and speedy impact would be (i) to remove the two child benefit cap and (ii) as in Scotland, introduce a £20 child payment as an addition to a range of social security entitlements<sup>8</sup>. This is within the recommendations of Northern Ireland’s Anti-Poverty Strategy Expert Advisory Group and its 2021 report<sup>9</sup>:

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<sup>3</sup> <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-sus-consultation.pdf>

<sup>4</sup> <https://pure.qub.ac.uk/en/publications/identifying-and-understanding-inequalities-in-child-welfare-inter>

<sup>5</sup> [http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge\\_exchange/presentations/series6/bunting070617ppt.pdf](http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/presentations/series6/bunting070617ppt.pdf)

<sup>6</sup> <https://academic.oup.com/bisw/article/51/7/2645/5890078>

<sup>7</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/social-work-strategy.pdf>

<sup>8</sup> <https://www.mygov.scot/scottish-child-payment>

<sup>9</sup> <https://www.communities-ni.gov.uk/system/files/publications/communities/dfc-social-inclusion-strategy-anti-poverty-expert-advisory-panel-recommendations.pdf>

*Child poverty rates are getting worse since the mid-2010s and the average amount that children are below the poverty line is high. Two-thirds of child poverty is made up of children who have lived in poverty for three of the past four years. Destitution is a growing problem and a better understanding of the scale and nature of this issue in NI is urgently required ... We make a number of recommendations on benefit cuts, welfare reform mitigations and Universal Credit on the grounds that the benefit system itself has become a driver of poverty and destitution. These include permanently ending the 'bedroom tax', the two-child limit, the benefit cap and the five-week wait.<sup>10</sup>*

1.16 It is well established that poverty is a significant driver of difficulties for families and seriously impinges on the capacity of parents to care well for their children. This then leads to increasing workloads for children's social care services<sup>11</sup>. Reducing child poverty is therefore central and crucial in promoting the welfare of children, tackling the stresses and strains experienced by parents, and containing the need for help from social care services.

1.17 It is noteworthy and laudable that in 2018 the Office of Social Services in the Department of Health published an 'Anti-Poverty Practice Framework for Social Work in Northern Ireland'<sup>12</sup>, with the current Chief Social Worker central to its preparation, and that the Nuffield Foundation-funded Child Welfare Inequalities Project continues to be engaged with the Department of Health and, when functioning, with the Northern Ireland Assembly<sup>13</sup>.

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<sup>10</sup><https://www.communities-ni.gov.uk/system/files/publications/communities/dfc-social-inclusion-strategy-anti-poverty-strategy-executive-summary.pdf>

<sup>11</sup> See, for example, <https://committees.parliament.uk/writtenevidence/23089/pdf/> and [https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect\\_Report.pdf](https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf)

<sup>12</sup> <https://www.health-ni.gov.uk/publications/doh-anti-poverty-framework>

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[http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge\\_exchange/briefing\\_papers/series6/bunting070617.pdf](http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/briefing_papers/series6/bunting070617.pdf)

## THE 'TOXIC TRIO'

- 1.18 The pressures of poverty impinging on stressed and sometimes overwhelmed parents are likely to make more prevalent the 'toxic trio' of poor mental health, drug and alcohol misuse, and domestic violence. It is this 'toxic trio' which is recognised as having an association with the poor care of children, although there is dispute about the cumulative impact of the factors<sup>14</sup>.
- 1.19 But Northern Ireland has its own 'toxic trio' which contribute to the pressures experienced by families and difficulties in tackling these pressures.
- 1.20 First, Northern Ireland has the **legacy of the personal traumas of the 'troubles'**<sup>15</sup> which are recognised as being associated with the current high incidence of mental health difficulties such as anxiety and depression, the misuse of alcohol and drugs, and the incidence of domestic violence, and the impact of trauma can cross generations, as noted in a 2015 report prepared for the Commission for Victims and Survivors of the Troubles:

*Traumatic experiences and exposure to violence can lead to adverse mental health and other consequences not only for the person themselves, but also for their children and potentially, their grandchildren, resulting in a trans-generational cycle which impacts upon the well-being of subsequent generations ... Many of those who have been adversely affected by traumatic events in Northern Ireland use alcohol and other drugs, leading to high rates of comorbid mental and substance use disorders. A disproportionate number of people who were exposed to the violence also experience economic deprivation. This additional source of stress exacerbates the impact of traumatic events on mental and general health.*<sup>16</sup>

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<sup>14</sup>[https://www.researchgate.net/publication/346054657\\_The\\_'Toxic\\_Trio'\\_domestic\\_violence\\_substance\\_misuse\\_and\\_mental\\_ill-health\\_how\\_good\\_is\\_the\\_evidence\\_base](https://www.researchgate.net/publication/346054657_The_'Toxic_Trio'_domestic_violence_substance_misuse_and_mental_ill-health_how_good_is_the_evidence_base)

<sup>15</sup>[https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366\(15\)00240-0/fulltext](https://www.thelancet.com/journals/lanpsy/article/PIIS2215-0366(15)00240-0/fulltext)

<sup>16</sup>[https://www.researchgate.net/publication/280933415\\_Towards\\_A\\_Better\\_Future\\_The\\_Trans-generational\\_impact\\_of\\_the\\_Troubles\\_on\\_Mental\\_Health](https://www.researchgate.net/publication/280933415_Towards_A_Better_Future_The_Trans-generational_impact_of_the_Troubles_on_Mental_Health)

1.21 Second, there is not only the historic legacy of trauma from the Troubles. There is **contemporary threat, fear and trauma being created within Northern Ireland’s communities today** and which in addition to being a backdrop for everyone living in Northern Ireland is estimated to directly impact on 15-30% of the region’s population<sup>17</sup>. It is especially prevalent within areas of higher deprivation which are also the areas where there is the greatest need for help from children’s social care services.

1.22 I have been told on many occasions of the ‘threatening control’ within communities by ‘paramilitaries’ but whose activities are serious criminality, with stories relayed in the press about continuing threat and violence<sup>18 19</sup>, and there is still the continuing separation of ‘paramilitary’ criminals within Northern Ireland prisons<sup>20</sup> which was observed during the Review’s prison visits.

1.23 The impact of the legacy of the ‘troubles’ and the continuation of threat was noted in the 2012 ten year strategy report for social work in Northern Ireland:

*As a result of the civil conflict in NI, between 1969 and the end of 1997, 3585 people were killed and greater numbers experienced physical injury and psychological trauma. Since the Good Friday Agreement in 1998, outbreaks of sectarian violence have continued to affect the lives of some individuals and communities. Social work services need to be responsive to people affected by both past and current violence.*<sup>21</sup>

1.24 The listing in Appendices notes some of the specialist groups and organisations who have engaged with the Review and who are responding to and seeking to tackle this continuing organised threat and criminality within communities.

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<sup>17</sup>[Paramilitaries: Former detective asks what it will take to end gangs - BBC News](#)

<sup>18</sup><https://www.bbc.co.uk/news/uk-northern-ireland-65132721>

<sup>19</sup><https://www.bbc.co.uk/news/uk-northern-ireland-65121475>

<sup>20</sup><https://www.newsletter.co.uk/news/people/challenge-of-ending-northern-ireland-paramilitary-inmate-separation-shouldnt-be-underestimated-4037040>

<sup>21</sup><https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/social-work-strategy.pdf> p.8

1.25 It is an aspect of life for many in Northern Ireland which will be quite different from those living in other UK administrations. It also has a direct and immediate impact not only on children and families but also, for example, on children's social care, schools, housing, youth services, voluntary and community organisations, and, of course, policing, the courts and prisons.

1.26 Just a few brief examples:

1.26.1 Children and young people placed in children's homes some distance from their families or placed in secure accommodation or remanded in custody, which whilst meeting the statutory requirements for their placement also protects them from 'paramilitary' threats of serious harm.

1.26.2 Children and young people being threatened and coerced into being couriers of drugs and drawn into drug misuse by organised drug traffickers who themselves are a threat within communities with their turf wars.

1.26.3 The threats to and sexual abuse of girls and women within communities<sup>22</sup> (and also of young males<sup>23</sup>), and the link with domestic violence<sup>24</sup>.

1.26.4 The threat to family centres and schools if their activities – such as welcoming asylum seeking 'newcomers' or engaging with the police - runs counter to what is demanded by 'paramilitaries' with threatening control within the local community.

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<sup>22</sup> <https://wrda.net/wp-content/uploads/2022/05/WPG-NI-Response-to-Westminster-Northern-Ireland-Affairs-Committee-Call-for-Evidence.pdf>

<sup>23</sup> <https://www.safeguardingni.org/sites/default/files/2021-01/Briefing%20paper%20No.2.pdf>

<sup>24</sup> <https://www.independent.co.uk/news/uk/mps-people-stormont-northern-ireland-westminster-b2264488.html>

1.26.5 Families having to move home and house at very short notice – within hours – and with ‘windows being put in’, properties petrol bombed, and with police delivering warnings that serious personal threats have been made against individuals and families and advising families and the Housing Executive of the urgency to leave their homes and relocate.

1.26.6 The control of community and voluntary organisations and funding within some communities and nepotism by those with threatening control.

1.26.7 The employment of a dedicated social worker in one area to negotiate with those who have positioned themselves as threatening community leaders, and of youth and community workers as intermediaries between statutory services and those with control within some communities.

1.27 This is not within the day-to-day experience of all communities in Northern Ireland, but it is a backdrop for everyone, along with the continuing separate and segregated education of children, with only seven per cent of children attending ‘integrated’ schools which cross the sectarian divide.

1.28 The third toxic issue in Northern Ireland which impinges on children and families and on services is the **political vacuum created by no Executive or functioning Assembly.**

1.29 This Review started in February 2022. It was commissioned by the then Minister of Health. Within days of the Review starting one political party withdrew from Northern Ireland’s cross-party power-sharing Assembly and Executive. Halfway through the year’s fieldwork for the Review the Minister of Health, along with other ministers, had to stand down in the absence of a functioning Assembly and no appointment of ministers. This is not unique in



Northern Ireland. For example, there has been no functioning Executive and Assembly in Northern Ireland between 14 October 2002 – 7 May 2007, 9 January 2017 – 11 January 2020, and since February 2022. There is still no functioning Assembly and Executive in place as this Review Report is being prepared in late spring 2023. In the past 75 months (as at May 2023) there has only been a functioning Assembly for 27 months.

1.30 This has serious and significant consequences. It stalls the setting of budgets. It puts on hold major policy decisions. It leaves urgent issues unaddressed. It creates strategic paralysis with drift, delay, and an absence of direction. When new or increasing issues arise, such as increasing poverty amid the rising cost of living, the issues do not get the attention or response which is required. In the absence of a functioning Northern Ireland devolved government in the 2023-2024 financial year Northern Ireland's government departments are facing reported cuts of £500m (a real term cut of 6.4%).<sup>25</sup>

1.31 What it means for children's social care services across Northern Ireland is that key decisions are limited and delayed about funding of statutory services, pay for those working within the services<sup>26</sup>, and grants to voluntary and community groups.

1.32 It is a difficulty and dilemma continuing into the current 2023-2024 financial year<sup>27</sup> with, for example, it being reported that cuts are being made or considered which include community transport services being ended<sup>28</sup>, no funding this year for teachers to provide school cycling safety proficiency schemes<sup>29</sup>, for children entitled to free school meals the ring-fenced funding for the provision of grants for meals during schools holidays to

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<sup>25</sup> <https://www.bbc.co.uk/news/uk-northern-ireland-65102170>

<sup>26</sup> <https://www.bbc.co.uk/news/uk-northern-ireland-65126313>

<sup>27</sup> [Stormont: Departments set to face large cuts to their budgets - BBC News](#)

<sup>28</sup> <https://www.bbc.co.uk/news/uk-northern-ireland-65130966>

<sup>29</sup> <https://www.bbc.co.uk/news/uk-northern-ireland-65091660>

tackle 'holiday hunger' being stopped<sup>30</sup>, and with accounts in the media of cuts to youth clubs<sup>31</sup>.

1.33 One of the most significant region-wide cuts being considered is the funding for the Extended Schools Programme:

*A cut in funding for school counselling services is a move that will fail children, a west Belfast primary school principal has said. Fiona Keegan said the Department of Education's decision to cut the Extended Schools Programme is "incomprehensible". She said she will not be able to "adequately serve the children" of her community. Principals were told funding would end on 30 June and would not be replaced. The Extended Schools Programme enabled almost 500 schools to provide extras such as counselling, speech-and-language therapy, breakfasts and after-school clubs. For Ms Keegan, principal of St Kevin's Primary School on the Falls Road, it was the worst news. Located in an area of high social deprivation, the majority of St Kevin's 600 pupils are in receipt of free school meals ... "My teachers are amazing but we are teachers - we are not counsellors; we're not social workers," Ms Keegan added. "We're not equipped sometimes to deal with the trauma and the childhood experiences that our children have had."<sup>32</sup>*

1.34 All of the above are specific examples of actual and anticipated cuts. They and more have a cumulative impact on in particular poor children and families.

1.35 It is of increasing concern with the impact of Brexit meaning that in mid-March 2023 there was the cliff edge of European funding ending at the beginning of April but with no decisions on equivalent new or replacement funding<sup>33 34</sup>. Some replacement funding (ESF) has been put in place by way of the Shared Prosperity Fund, but this is less than what was provided by the European Social Fund.

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<sup>30</sup> <https://www.bbc.co.uk/news/uk-northern-ireland-65121458>

<sup>31</sup> <https://armaghi.com/news/crossmaglen-news/crossmaglen-youth-group-faces-closure-after-50-years-as-funding-application-rejected/201920>

<sup>32</sup> [Northern Ireland education cuts: School counselling loss 'incomprehensible' - BBC News](#)

<sup>33</sup> [EU funds: Community groups 'will suffer if money lost' - BBC News](#)

<sup>34</sup> [European Social Fund: 'Vulnerable people in deep water' over cuts - BBC News](#)

1.36 Community groups and voluntary organisations had to issue redundancy notices to their employees, many of whom were on temporary contracts because of ingrained uncertainty about future funding. It is disruptive. It is demoralising. It is damaging. It undermines the commitment given by those who are working within communities. Services that have taken time to build take no time at all to be destroyed.

1.37 What the absence of an Executive and functioning Assembly means for this Review is that political engagement has been very limited. This Review Report and recommendations may be received (assuming Northern Ireland's political governance structures are working again) by a Minister, an Executive and an Assembly who have not been on the journey with the Review. The danger is that they will be approaching the Review 'cold' and that the crisis for children and families because of struggling children's social care services will be some way down the agenda of their interests and concerns.

1.38 Northern Ireland has an extensive history of a large number of reviews which gain little traction and where action is limited and delayed. Just three examples which relate directly to this Review: the 2018 Gillen Review of Family Justice (review announced in 2015 and reported September 2017)<sup>35</sup>; the Bengoa Review of Northern Ireland's health and (adult) social services announced 2015 and reported October 2016<sup>36</sup>; the Review of Regional Facilities for Children and Young People commissioned in 2017 and reported March 2018<sup>37</sup>. Key recommended actions from each of these reviews remain unaddressed. This is a quote from the 2017 Bengoa report on health and social care services (albeit which made little reference to children's social care) in Northern Ireland:

*In the course of its work, the Panel has heard repeated references to 'review fatigue'. In essence, there seems to be a sense that the Health and Social Care (HSC) system has repeatedly spent significant time and*

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<sup>35</sup><https://www.judiciaryni.uk/sites/judiciary-ni.gov.uk/files/media-files/Family%20Justice%20Report%20September%202017.pdf>

<sup>36</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf>

<sup>37</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/review-of-regional-facilities-for-children-young-people.pdf>

*resources analysing the challenges it faces, identifying the weaknesses in the current model, making recommendations for change, but subsequently failing to enact the necessary transformation to make these happen.*<sup>38</sup>

**The fear has been expressed that this Review may have a similar fate and there may not be the transformational change which is necessary.**

1.39 None of this is a reflection on the politicians and civil servants who have had engagement with this Review. The Minister of Health who commissioned the Review had, with other ministers, to stand down in October 2022. But he has been supportive throughout and commissioned an option appraisal in October of the proposal for one region-wide Children and Families arms-length body (ALB), which is described later in this Report, as a means of maintaining impetus for the Review and making progress to address the major concerns about children's social care. He also took the decision to end the employment from June 2023 of agency social workers within statutory children's social care services and, with the Minister for Justice, noted their agreement to progress the recommendations of the 2018 review of the region's children's secure care and juvenile justice custodial services.

1.40 There has also been an opportunity in January 2023 to meet with and give a briefing about the Review's progress with health spokespersons from what would be the Assembly's political parties and which was attended by representatives from four of the five parties.

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<sup>38</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/expert-panel-full-report.pdf> , p.10.



Robin Swann the Minister of Health, and Naomi Long, the Minister for Justice, were briefed on the Review by Professor Jones and with members of the Review's secretariat, in October 2022

Professor Jones met with Health spokespersons from the NI Political Parties in January 2023. Pictured are Pam Cameron, Colm Gildernew and Paula Bradshaw. Colin McGrath not pictured, also attended.



1.41 But in the absence of a functioning Executive and Assembly there has been little political engagement with the Review. It is with senior civil servants in the Department of Health, and elsewhere, that there has been more engagement. This is much appreciated and especially the direct attention and commitment to the Review made by the Permanent Secretary who came into post in April 2022.

1.42 The change of Permanent Secretary two months after the Review started reflects another reality for this Review. It has been undertaken amid much change in senior post holders with key roles in relation to children's social care. This is of significance in understanding the context for children's social care in Northern Ireland at this time.

1.43 Within six months of the Review starting in February 2022 in addition to the change of Permanent Secretary in the Department of Health, there was a change of deputy Permanent Secretary with responsibility for social care policy, a new Chief Social Worker, and of the five Directors of Children's Services in the Health and Social Care Trusts three had resigned and retired –itself a reflection in part, but not exclusively, of their frustrations about their roles. Only one of the substantive Directors of Children's Services post holders at the start of this Review in February 2022 remains in post, two

were newly appointed in the early Autumn 2022, and two remain as interim appointments.

1.44 The other significant change in the governance arrangements for children’s social care was the closure of the Health and Social Care Board (HSCB) which was outside of the Department of Health but with the statutory remit to “arrange or ‘commission’ health and social care services for the population of Northern Ireland”<sup>39</sup>. At the beginning of April 2022 its functions (and staff) were brought within the Department of Health and the HSCB was replaced by the Strategic Planning and Performance Group (SPPG). This was the delayed implementation of a decision taken seven and a half years earlier in 2015. There is a discussion later about the governance arrangements for children’s social care in Northern Ireland.

### **‘WE ARE SMALL’ AND ‘NOT THAT BIG’**

1.45 Northern Ireland has a population of 1.9m. From north to south and east to west is about 100 miles and it is possible to drive between the major settlements furthest apart from each other in about two hours (Coleraine to Newry 76 miles/ 2 hours. Downpatrick to (London)Derry 97 miles/ 2.1 hours and to Enniskillen 93 miles/ 1.9 hours; Ballycastle to Enniskillen 95 miles/2.3 hours). Even most of the more distant towns are within 90 minutes of Belfast.

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<sup>39</sup><https://hscboard.hscni.net/about-us/>



1.46 During the Review it has frequently been commented that “Northern Ireland is small” and “not that big”. Wales, for example, has a population of 3.1m and north to south is 180 miles and takes 4.5 hours by car; Scotland has a population of 5.5m and the mainland north to south is about 400 miles and takes over 8 hours; England has a population of 56m and north to south is 550 miles and takes 10 hours; and the Republic of Ireland is 5m and Sligo to Cork is 200 miles and takes about 4 hours. Northern Ireland is ‘not that big’.

1.47 Northern Ireland’s total population is not much larger than some council areas in England. Kent County Council has, for example, a population of almost 1.6m<sup>40</sup>, Essex has over 1.5m<sup>41</sup>, and Hampshire almost 1.4m<sup>42</sup>.

<sup>40</sup><https://www.kent.gov.uk/about-the-council/information-and-data/facts-and-figures-about-Kent/population-and-census>

<sup>41</sup><https://data.essex.gov.uk/dataset/24gpz/census-2021-demography-households-migration>

<sup>42</sup><https://documents.hants.gov.uk/economy/Hampshire-facts-figures-People-and-culture.pdf>

- 1.48 For every 10 children in Northern Ireland in 2022 there were 14 in Wales, 24 in Scotland, 27 in the Republic of Ireland, and 271 in England<sup>43</sup>.
- 1.49 Northern Ireland is divided into 11 local government district council areas. Belfast City Council has the largest population at 340,000 and rural Fermanagh and Omagh the smallest at 116,000 but with by far the biggest geographic area. Most councils have a population in the range of 140,000-180,000. Prior to a reorganisation and aggregating up in 2015 there were 26 council areas with the majority having populations much less than 100,000.
- 1.50 The functions of local councils in Northern Ireland are much more limited than elsewhere across the UK, reflecting concerns in the late 1960s and early 1970s of sectarian discrimination by local councils. For example, they have no responsibilities for education, housing or children's and adults' social care. Their responsibilities cover planning, waste and recycling services, leisure and community services, and local economic development. In essence, it is a local community focus which is the remit of the councils, not the provision of major services which are more likely to be planned and shaped across the region, but this does mean that councils have a local community development focus and function. They are close to and engaged with local community groups and organisations, including voluntary and community services (VCS) for children, young people and families, and make funding contributions to these organisations.
- 1.51 One of the issues, and indeed difficulties, for public services across Northern Ireland is the complexity and lack of alignment in how public sector agency geographic boundaries are drawn. It means that different services work to different community boundaries. It makes joint strategic planning and multi-agency service delivery more difficult.

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<sup>43</sup> Source: Unpublished briefing note for the Review from the Centre for Effective Services <https://www.effectiveservices.org/>



## THE IMPACT OF COVID

1.52 One other factor not unique to Northern Ireland has been the impact of the covid pandemic. In Northern Ireland as elsewhere it will have had a significant impact on children and families and on the services they use. The covid pandemic gained impetus in Northern Ireland in February 2020 and there were lockdowns between 2020 and 2021. Although covid restrictions ended in Northern Ireland two years later in February 2022 as this Review started there was still encouragement for remote working and the continuing concerns about new covid variants.

1.53 The impact of the pandemic on children and families included school closures and with attendance only for children of key workers or for children who were seen as a priority to continue to have help and care beyond their families. For parents, as well as for children, there would have been increasing isolation and with the limitations to travel and social contacts the intensity of relationship stresses within some families will have been greater. And for some with employment ending, poverty will have increased, although as there was a general reduction in incomes official figures for poverty showed a fall as poverty is a relative measure compared to average incomes. There will also have been the greater experience of bereavement as a consequence of covid-caused deaths.

1.54 For those working with children and families the lockdowns meant that there was less 'line of sight' of children with children not attending school and not seen outside of their immediate families and family homes. Referrals to children's social care reduced despite the likelihood that more families were stressed and struggling and more children might be trapped within families where emotional and may be physical care was not good. England's Child Safeguarding Annual Report 2020 suggests that serious abuse of children increased during the pandemic lockdowns<sup>44</sup>.

1.55 Many social workers, health visitors and other workers were home-based and despite quick and innovative actions to support remote working

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<sup>44</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/984767/The\\_Child\\_Safeguarding\\_Annual\\_Report\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/984767/The_Child_Safeguarding_Annual_Report_2020.pdf)

and isolated workers, and to temporarily stand down some statutory requirements, the opportunity for support and supervision will have been lessened. Also lessened were the opportunities for multi-professional working, communication and information sharing. The fear and reality of spreading life-threatening infection also limited contact with families and time with children.

1.56 A study of the impact of the covid pandemic on health care workers and social workers in Northern Ireland concluded:

*This report evidences the impact of working during the three years since the onset of COVID-19, on social workers wellbeing, burnout, coping and work-related quality of life. The inter-relationship between burnout and wellbeing and working conditions, confirms that when quality of working life decreases, burnout increases, wellbeing decreases, intention to leave employers and the occupation increases, and negative way of coping also increases.*<sup>45</sup>

1.57 For this Review which started as the covid lockdown requirements were ending in February 2022 there was still the impact of covid. Remote home-based working continued with some, but not all, engagements on-line rather than in-person. Rates of infection and illness were still relatively high with the consequence that meetings had to be postponed or were only partially attended. And travel was difficult! It was not uncommon for flights to Northern Ireland to be delayed or cancelled when at the airport and just before take-off because of the shortage of air crew with the knock-on impact of a day's scheduled engagements having to be abandoned and rearranged.

1.58 Little more than one year on memories may be fading about the pressures and difficulties created by the pandemic but there will still be a legacy today of delayed social development and learning opportunities for children, for families where incomes reduced and isolation increased, and

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<sup>45</sup> [https://www.hscworkforcestudy.co.uk/files/ugd/2749ea\\_56b2099ef14041209517b08d5cc646df.pdf](https://www.hscworkforcestudy.co.uk/files/ugd/2749ea_56b2099ef14041209517b08d5cc646df.pdf)

for services where there will be backlogs of work and larger and longer waiting lists.

1.59 One particular impact at the time of the lockdowns was the significant reduction in the availability of residential, family-based and home-based respite care for children with a disability. Some respite care services were reduced and some were closed. Some were re-tasked to provide longer-term residential care for children and young people with a disability where the need for 24 hour day-in day-out care exhausted and overwhelmed families, especially when there was no natural respite through school attendance and opportunities for time and activities outside the family home were stopped because of the lockdown rules. The need for greater availability of respite care is discussed later in this Report.

1.60 But it was not only respite care for children with a disability which was impacted by the pandemic. There were also particular issues and difficulties for children's residential care and foster care where concerns about spreading infections between people and households and for those within group living would have curtailed placement flexibility and availability, compounded by increasing rates of sickness amongst those providing care.

1.61 What is too readily forgotten and now given less recognition is the tremendous personal commitment given by key workers in children's social care, schools, health, policing, and other services at a time of significant danger from the virus for the workers themselves but also about transmission back to their own families. While the message was to isolate and protect from the virus these key workers were out-and-about working within communities and knocking on doors and visiting households.

1.62 It is also noteworthy how community and voluntary organisations and groups, and new neighbourhood networks, rose to the challenge of providing help and support. Amongst others, the Monkstown Boxing Club and the Thrive community collaboration in Rathcoole and Monkstown readily spring to mind. Inspiring and impressive.



**THRIVE is a collaboration of local parents, schools, community groups and statutory and voluntary organisations working together to help children and young people in Rathcoole and Monkstown do well**

**MBC works with the hardest to reach young people and delivers a wide range of programmes aimed at improving educational achievement, creating pathways to employment, building healthier lifestyles, bringing communities together and reducing crime.**



1.63 But there is a legacy of exhaustion and distress, and for some longer-term illness, from the two, still recent, years of the pandemic crisis. For public sector key workers there is the demoralising dismay that far from being recognised and rewarded for their commitment and contribution during the lockdowns, they are now seeing real-term cuts in their wages and continuing cuts in the services they seek to provide. This does not help in sustaining the necessary workforce in children’s social care and its partner services.

1.64 This chapter has set the scene of the context for children’s social care in Northern Ireland. The next chapter looks at the current situation and state of play for children’s social care - its achievements and strengths but also issues, some of which are urgent, which need to be addressed and tackled.

**CHAPTER ONE REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** Northern Ireland has its own special experience of the history of the Troubles and, in addition to the legacy of Troubles-related trauma, there is also trauma still being created by threat and fear.

**REFLECTION:** The political vacuum created by no functioning Assembly and Executive is having a harmful impact on children and families with increasing poverty and on services provided within the public and VCS sectors.

**REFLECTION:** The impact and continuing implications of the still recent covid pandemic and lock downs are significant.

**RECOMMENDATION:** Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children's services are organised and delivered.

**RECOMMENDATION:** Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty.



## **CHAPTER TWO**

# **THE STATE OF CHILDREN'S SOCIAL CARE IN NORTHERN IRELAND**

### **RECOGNISING THE STRENGTHS**

- 2.1 There is much which is good in Northern Ireland and which should be recognised, retained and replicated. There are stable communities and extensive extended families and with families geographically rooted. It may not be totally true that, as frequently stated, “everyone knows everyone in Northern Ireland” but there is a pattern of close-knit families and networks which interlink and are related.
- 2.2 The same is true for many workers within children’s social care. It is not unusual to meet practitioners and managers who have substantial experience of working within one area - 20, 25, 30 years. They are embedded within the communities where they have lived throughout their lives. They hold local knowledge and know local community history.
- 2.3 There is in Northern Ireland a strong public service commitment with little privatisation and commercialisation of, and profit making and taking from, public funding. As a consequence, the leadership of the services is local and money is remaining in, rather than leeching from, services.
- 2.4 There is also in Northern Ireland a strong commitment to professionalisation and professional identity, with professional competence and contribution valued.
- 2.5 Northern Ireland is also not averse to looking elsewhere for lessons and learning and to seek out new ways of working and providing services, and this is true for a vibrant voluntary and community sector as well as statutory services.

2.6 There are also well-established strategic planning systems and processes for children’s social care and a strong framework and provision of qualifying and post-qualifying social work education.

2.7 And as has been found throughout this Review, children, young people, parents, and other family carers have considerable insight and expertise which they have developed through their experience of, and engagement with, services.

2.8 Northern Ireland is not short of commitment and wisdom held by all those who are participants within children’s social care – users of the services and practitioners, managers, and shapers of children’s social care throughout communities and across sectors. There is much to celebrate, and as illustrated below this Review has had extensive engagement with, and benefitted from the wisdom of, those who know about children’s social care across Northern Ireland.



2.9 But there are some down sides in relation to several of the points above. For some community may be a strength, but for others it can be a source of fear and threat. Extended families may be a resource but for some may generate conflict and concern. A strong professional identity and sense of



professionalism may promote confidence, competence and commitment but it can also lead to silo working and protectionist practices. And where “everyone knows everyone” within close networks, this can help build strong and supportive relationships or can be stifling and restrictive. There are elements of all these strengths and some of these weaknesses in relation to children’s social care in Northern Ireland.

## **INCREASING DEMAND AND WORKLOADS**

- 2.10 One of the reasons that this Review was commissioned was that there were increasing demands for and pressures on children’s social care services, with large numbers of unallocated cases, and with high levels of vacancies within the children’s social care workforce. These concerns were recorded in the Terms of Reference for this Review which are noted in the next chapter.
- 2.11 The most recent of a series of annual statistics for children’s social care in Northern Ireland is for the year April 2021-March 2022. Not only does it give data for the 2021-2022 year but it also plots data over a five year period.
- 2.12 Two particular messages might be taken from the 2021-2022 annual report. The first is that the demand and workload for children’s social care services is increasing. In the five years from March 2017 to March 2022 there has been a 8% increase in the number of children in need, a 10% increase in children on the child protection register, and a much bigger 21% increase in the number of children in care.
- 2.13 Not only is there increasing activity throughout children’s social care services from working with children in need to providing care for children but the increase is greater the further into the system children move.
- 2.14 This has a significant impact on worker time and on costs. Increasing child protection activity is more demanding of the time of social workers but also of, for example, health visitors, teachers and police officers. More

children in care, especially through compulsory orders following care proceedings in the family courts, is not only time intensive but also makes heavy demands on the children’s social care budget in funding foster care and residential care placements.

2.15 The second message which might be taken from the 2021-2022 annual report is the variation in patterns of children’s social care activity between the five HSCTs. For example, the Table below shows the rankings between the Trusts for different types of children’s social care activity.

**Table 1**

<b>RANKING OF TRUSTS BY ACTIVITY PER 10,000 CHILD POPULATION</b>			
	<b>CHILDREN IN NEED</b>	<b>CHILD PROTECTION PLANS</b>	<b>CHILDREN IN CARE</b>
<b>HIGHEST</b>	<b>SOUTHERN</b>	<b>WESTERN</b>	<b>BELFAST</b>
	<b>WESTERN</b>	<b>SOUTHERN</b>	<b>WESTERN</b>
	<b>BELFAST</b>	<b>NORTHERN</b>	<b>SOUTH EASTERN</b>
	<b>NORTHERN</b>	<b>BELFAST</b>	<b>NORTHERN</b>
<b>LOWEST</b>	<b>SOUTH EASTERN</b>	<b>SOUTH EASTERN</b>	<b>SOUTHERN</b>

2.16 There never will, and nor should there be, a tight consistency of service patterns across all areas. Rates of need will vary, for example, in relation to differential rates of deprivation between areas, but some of the starker differences are worthy of discussion and reflection.

2.17 The major message, however, is that there is a continuing increase in the number of children in need known to children’s social care services (6%

higher in 2021-2022 than the previous year) and in the numbers of children named on the child protection register (2% increase on the previous year).

2.18 For children in care the 2021-2022 report notes there has been a 3% increase compared to the previous year and that there has been a 37% increase within 10 years and a 56% increase since 1999. It comments that 2021-2022 had “the highest recorded number of children in care since the introduction of the Children (Northern Ireland) Order 1995”.

2.19 It is a picture of a children’s social care system, not unlike elsewhere in the UK, going at pace in the direction of more child protection activity and more children being removed from their families. It is a direction of travel which is costly but also distressing. There is a discussion later about how there might be a re-setting and re-routing for children’s social care to focus more on assisting families of children in need.

## **STAFF VACANCIES AND ABSENCES**

2.20 Alongside the increasing numbers of children in need, on the child protection register, and in care is the difficulty of high numbers of vacancies within the HSCTs’ children’s social work workforce.

2.21 The average social work practitioner vacancy level across the five HSCTs in February 2023 was 15% (and when other absences such as sickness are taken into account the vacancy/absence rate was 25%) but this average does not represent or reflect the particular staffing pressure within, in particular, initial intake and assessment Gateway Teams, Family Intervention and Looked After Children teams.

2.22 The Department of Health’s Strategic Planning and Performance Group collate and report information each month on vacancies and workforce absences (i.e. staff in post but not at work due to, for example, illness). In February 2023 the five Trusts had vacancy and absence levels in Family Intervention teams of 26%, 30%, 31%, 32% and 40.9%. Other hot spots included Looked After Children teams with vacancy and absence levels

ranging from 21% to 86%, and for Gateway teams three Trusts had vacancy and absence levels in excess of 20% (23%, 25% and 38%).

2.23 The high level of vacancies and absence is not only a recent issue, as noted in the Terms of Reference for this Review:

*Workforce issues in Health & Social Care have been reported in Delegated Statutory Functions (DSF) reports since 2015. The 2018/19 Delegated Statutory Functions report 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.<sup>46</sup>*

2.24 There is not only the concern about high vacancy and absence levels within the social work workforce but also about the increasing churn and lack of continuity and stability within the workforce, and a less experienced workforce, as noted in the two statements below:

*Short term funding and budget uncertainties across the sector have led to a greater use of temporary staff employed by a recruitment agency. This in turn has contributed to unnecessary turnover of staff in some areas, with implications for the continuity and quality of care experienced by service users and carers.<sup>47</sup>*

*Within the HSCTs ratios of experienced to inexperienced staff have shifted with many experienced staff moving to newly created (Transformation) posts, at times leaving core teams with high numbers of inexperienced staff. Recurring difficulties in some areas particularly in children's services have created 'hard to fill'*

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<sup>46</sup> <https://www.cscsreviewni.net/files/cscsreviewni/2022-03/terms-of-reference.pdf> p.13

<sup>47</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-social-work-review-ni-2022.pdf>  
p.24

*posts or ‘hotspots’, with temporary posts particularly difficult to fill.<sup>48</sup>*

2.25 The two statements above are taken from the 2022 Northern Ireland Social Work Workforce Review, which covers adults and children’s social workers across all sectors. The workforce review highlights difficulties in the recruitment and retention of social workers and also concerns about the Business Services Organisation’s (BSO) processes and delays for recruitment and appointment to posts within the HSCTs. It notes actions being taken by funding an additional 15 Open University social work studentships to start to reverse the decision taken in 2011 (at time when austerity policies were being launched by the UK government) to reduce Northern Ireland’s social work student numbers from 300 to 260. It also recommends improved workforce data and planning. Its analysis is comprehensive but some of the actions proposed are likely to take some time to have an impact.

2.26 There is an urgency to take action now which has a quicker impact, but this is being found to be difficult as there are constraints as a consequence of recruitment not being within the control of the HSCTs, children’s social care within the HSCTs tied into what is the NHS-designed ‘Agenda for Change’ (AfC) workforce strategy and gradings, with statutory children’s social care services spread across five Trusts with region-wide action more complicated and complex, and with children’s social work and social care workforce decisions not necessarily within the authority and control of the Directors of Children’s Services.

## **UNALLOCATED AND UNATTENDED CASES**

2.27 The difficulties recruiting and retaining the social work workforce within the HSCTs’ children’s social care services, with difficulties also experienced within the VCS sector in the context of insecure funding, have an impact on

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<sup>48</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-social-work-review-ni-2022.pdf> pp.24-25.

being able to tackle and keep on top of the increasing demand and workloads within children's social care.

2.28 The Department of Health's February 2023 Children's Services Monthly Performance Report showed that there were 1832 cases waiting for allocation across Northern Ireland. As 445 were cases waiting for allocation within initial assessment Gateway Teams, and 368 were waiting for allocation within Family Intervention Teams, the number of children who have crossed the threshold for involvement with statutory children's social services may be more than 4,000 as some families waiting for allocation may have more than one child. There were also 280 children in care without an allocated social worker. The largest number of unallocated cases, however, related to a child with a disability with 739 cases unallocated.

2.29 The longest waits for allocation reported in December 2022 across the five HSCTs ranged from 111 day (15 weeks) to 813 days (over two years), with four of the five Trusts having their longest waits of almost a year or more.

2.30 There is not only the issue of unallocated cases. There are also unattended cases where busy and pressurised workers cannot give the time and attention they would want and which is needed to the children and families who have been allocated to them. The consequences are that these children and families do not get much help or assistance and social workers carry the stress and anxiety of knowing they have been given the responsibility to work with a family but without the time to be engaged and active with the family.

2.31 Workload pressures and the limitations of social worker capacity also leads to models of practice which are time-limited, short-term and targeted when for some children, young people and families their circumstances and difficulties are not amenable to a quick fix and they would benefit from continuing contact and help from children's social care services. This may be helped by having more of a skills mix within statutory children's social care teams, including family support workers who might continue with practical help and befriending, and also with a better resourced VCS sector to further

develop the contribution they are already making. Being based and working within communities also provides the opportunity for continuing contact, longer key relationships, and knowledge of families when an immediate crisis might have subsided.

## **ACTIONS ALREADY UNDERWAY AND FOR CONSIDERATION**

- 2.32 It was the awareness of the workforce crisis, and the numbers of unallocated cases, with both the number of social work vacancies and unallocated cases continuing to increase, that led to meetings in June and September 2022 of the Independent Reviewer with senior civil servants in the Department of Health and the Trusts' Directors of Children's Services. It was noted in the Review's October Newsletter and briefing for the Minister that there was an urgent need for action.
- 2.33 Actions being taken by Directors of Children's Services (with some success) included recruiting to a wider skills mix within the HSCTs' children's social care teams, reducing the bureaucracy of recording, report writing and data inputting, creating more administrative posts to work alongside social workers, and handling recruitment and appointment processes locally where there this would be speedier than through the regional Business Services Organisation.
- 2.34 Suggested actions which have not been able to be progressed as yet within the current (HSCT and Health Service Agenda for Change ) arrangements include re-grading senior social workers who are leading teams as team managers to Band 8a, prioritising retention of social work practitioners and frontline managers by, for example, giving reward payments at the end of Year 3 in employment (the evidence is that this is when there is likely to be a drop-out of recently qualified social workers) and again at years 5 and 7, and not having a number limit on social work practitioners who can progress to Band 7 (but having a simple management assessment of competence).

## **CHAPTER TWO REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** There are considerable strengths within Northern Ireland and its communities, and the quality and commitment of its workforce and many of its statutory and VCS services.

**REFLECTION:** There is increasing need and demand for children's social care services which is unmet by current resources.

**REFLECTION:** Statutory children's social care services have become increasingly focused on child protection and with a continuing increase in the number of children in care.

**REFLECTION:** There are high levels of staff vacancies leading to large numbers of cases unallocated, and with probably over 4,000 children and their families now waiting after having crossed an initial threshold for involvement with statutory children's social care.

**RECOMMENDATION:** Action needs to be taken to address the children's social care workforce crisis.

**RECOMMENDATION:** There is the need for more help for families to assist them to care well for their children.



## CHAPTER THREE

### THE ISSUES IDENTIFIED IN THE REVIEW'S TERMS OF REFERENCE

- 3.1 The Terms of Reference (TOR) for the Review were prepared in autumn 2021. They refer to other relevant past, recent and current reviews and strategic statements, policies and frameworks. Rather than list all these reviews and statements in this Report they can be found within the TOR.
- 3.2 The TOR note that there has not been a fundamental review of children's social care service in Northern Ireland for more than a decade, that the covid pandemic has been particularly challenging for health and social care services, but that "the scale of the challenge experienced by Children's Services, both in terms of volume and complexity of case work, predates the pandemic" and it is "the nature and scale of the challenge faced by" children's social care which led the Minister of Health to commission the Review.
- 3.3 It was noted that it is the Children (NI) Order 1995 which was and is the principal legislation governing children's services and that with a small number of subsequent amendments it "sets the legislative framework for the care and protection of children in Northern Ireland [and] has remained largely unchanged in the 26 years it has been in place". This is important. Current services should be evaluated in how well they are fulfilling the statutory requirements defined in the 1995 Order and how well they are delivering on the philosophy and principles which underpin the Order. This will be discussed later in this Report.
- 3.4 The TOR address the issue of poverty and how poverty correlates with higher proportions of children named on the child protection register or who become 'looked after' with "children living in the most deprived areas 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”. The TOR also notes how deprivation is linked with higher rates of suicide, mental ill health, alcohol-related and drug-related deaths, homelessness, and with lower life expectancy.

3.5 Rates of childhood disability in Northern Ireland were noted to be “significantly higher than other parts of the UK”. Particular reference was made to children’s mental health and also to autism. In March 2021 over 5,000 children were waiting for an assessment related to autism, waiting lists for child and adolescent mental health services (CAMHS) continuing to grow although it is understood that this has been stabilised more recently, and with significant variances between Health and Social Care Trusts (HSCTs).

3.6 The issues and difficulties noted in the TOR were recognised as not only recent but having a longer history and have arisen and continue despite what the TOR described as increased funding:

*Current investment in Children’s Services is circa £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 Arms-Length Bodies (ALBs). There has been an additional £63m (28% increase) invested in Children’s Services over the last 5 years. In addition, circa £18m transformation funding has been allocated to Children’s Services, bringing the percentage increase to around 36% over the last five years.*

3.7 One of the limitations for this Review has been the difficulty in having access to budget and expenditure information from the Department of Health and the five HSCTs which would allow trends over time to be tracked and the current position to be understood.

3.8 The reported trajectory has been of increasing expenditure with it reported in the Department of Health's Children's Social Care Statistics for Northern Ireland that in 2019-2020 "just under £260m is spent annually on family and child care within Personal Social Services in Northern Ireland"<sup>49</sup> and in the similar statistical report for 2020-2021 it is stated that "just under £277m is spent annually on family and child care within Personal Social Services in Northern Ireland"<sup>50</sup>. Exactly the same figure and comment is to be found within the statistical report a year later for 2021-2022<sup>51</sup>.

3.9 The overall positive reported picture is of expenditure increasing between 2019-2020 and 2020-2021/ 2021-2022 by 6.5%, but it is not reported how this compares with the budget which was allocated. This increase in reported expenditure has to be set alongside, however, the increasing real term costs of services and increasing high cost activity, such as more children in care.

3.10 There has been debate and some disagreement about the funding allocated to Northern Ireland's statutory children's social care services and whether the money which is stated to have been allocated has been received by the services. It has been even more contentious and complex when seeking to understand what funding might have been allocated to voluntary and community organisations primarily working with children and families and where funding comes not only from the Department of Health and other government departments but also from other independent grant giving sources.

3.11 In January 2021 within an interview in the professional social work press about the Review Northern Ireland's then Chief Social Worker commented:

*We have reached a point where clearly people are working incredibly hard in children's social services and in some areas the challenge they face is reflected in the difficulty in retaining people in post. So we have to do something that shapes children's services in such a way that*

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<sup>49</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-19-20.pdf> p.6

<sup>50</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-20-21.pdf> p. 7

<sup>51</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-21-22.pdf> p. 8

*people want to, and will continue to do the jobs that need to be done. That is going to have to require some kind of redesign because we just can't carry on continuously advertising to fill vacancies which come up again very quickly and we have to advertise and fill again. That is not a sustainable way for people to work but more importantly it is not a way to build the kind of positive relationships that we know families and children value in social work.<sup>52</sup>*

3.12 In the same press report there was a comment from the British Association of Social Workers Northern Ireland (BASWNI) director:

*Fundamental to this review will be the structures in place and workforce issues which are currently at crisis point, recruiting and retaining the right staff is of vital importance. Social workers have for too long been managing with excessive caseloads, unnecessary bureaucracy, limited support and staff vacancies.*

3.13 The Minister of Health was quoted as saying:

*It has been more than a decade since there has been a fundamental examination of children's social care services in Northern Ireland. The pandemic has shone a spotlight on the importance of such services and exposed a level of fragility within the system for the most vulnerable children. The Review will look at how we support families to keep their children safe and well-cared for and enable them to stay together, and where this is not possible the provision of alternative care. It will also examine how the current services are structured, managed and led and assess if we can do more. In addition, we need to ensure the staff providing front-line services are sufficiently supported and developed to deliver the best possible outcomes for children, young people, families and parents who need their help and support.*

3.14 So this is the challenge for this Review with the focus and aspirations for the Review noted above from Northern Ireland's senior politician for children's social care, Chief Social Worker, and the head of the professional

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<sup>52</sup><https://www.basw.co.uk/resources/psw-magazine/psw-online/professor-ray-jones-lead-northern-irelands-independent-review>

association of social workers. The Review is tasked to reflect on a system, organisations and services under long-standing pressure, where the current trends are depicting more demand for help, increasing waiting lists, and a workforce which is stretched and where recruitment and retention are increasing difficulties.

## **THE THREE STRANDS THREADED THROUGHOUT THE REVIEW**

3.15 Three core strands for the Review were listed in the TOR:

- Strand 1 – The experience of children, young people and their families who use Children’s Services.
- Strand 2 – Service Structural Arrangements.
- Strand 3 – Social Work Practice.

3.16 The TOR also noted that:

*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 ... [and] it is also acknowledged that other issues may emerge during the work of the Review.*

3.17 The latter bullet point above could have presented something of a quandary for the Review. Examining the leadership of children’s social care in Northern Ireland would have been much restricted if, as stated in the TOR, “the Social Care Directorate of the Health and Social Care Board is out of scope for the purpose of the Review”. As will be discussed later the current governance and leadership arrangements for children’s social care in Northern Ireland, which includes arrangements, roles and responsibilities within the Department of Health (with the Health and Social Care Board now abolished and replaced by a Strategic Planning and Performance Group within the Department of Health), are at the centre of some of difficulties in

tackling the issues facing children's social care and which then impinge on children and families. They have, therefore, been considered and reflected upon within this independent Review.

### **CHAPTER THREE REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** The Terms of Reference (TOR) for the Review described the current pressures and difficulties for children's social care services and that many were long-standing whilst still intensifying.

**REFLECTION:** The TOR were wide-ranging and sought a comprehensive analysis and review of the state of children's social care across Northern Ireland.

**REFLECTION:** The Terms of Reference have not restricted or hindered the independence of this Review.

**REFLECTION:** This Review has considered all the issues it was tasked to cover within its TOR, hence the range and detail within this Report.

**RECOMMENDATION:** Now is the *time for action* to tackle the difficulties for children and families and for children's social care described in the TOR and within this Report, and the action needs to be taken without drift or delay.

## CHAPTER FOUR

### THE VIEWS AND ADVICE FROM CHILDREN, YOUNG PEOPLE, AND PARENTS, AND FROM THE PRACTITIONERS, MANAGERS AND LEADERS OF NORTHERN IRELAND'S CHILDREN'S SOCIAL CARE SERVICES

4.1 Much of the Review' activity included getting out and about throughout Northern Ireland and meeting with children and young people, parents and other family members, seeing children's social care and other services in action, and conversations with those working within and alongside children's social care services. Two reflections: what a beautiful country and what lovely welcoming and engaging people.

4.2 It has been commented that the 'senior stakeholders' within children's social care are within the Department of Health and the regional children's social care infrastructure organisations (such as the Northern Ireland Social Care Council and the Northern Ireland Safeguarding Board) but the approach and programme of this Review has given a primacy to those children and young people and families who have contact with children's social care services and to the practitioners and managers who provide and deliver the services.

4.3 There is often much agreement between those on the ground and those at the top of the hierarchy pyramid but there are also some disconnects and difference of views, especially about the need for a game-changing reform and re-set for children's social care. It is those with experience as users and as practitioners and direct providers of children's social care who have been more likely to argue for and to agree and accept the need for significant change. Those who have less personal and professional experience of children's social care and who are at a distance have been less accepting of the need for significant change, but tinkering will not tackle the task of addressing the systemic and endemic difficulties within children's social care services.

## THE VIEWS AND ADVICE FROM YOUNG PEOPLE

- 4.4 The Review has benefitted greatly from the commitment, confidence and competence of young people who have so willingly engaged with the Review. They have included the members of the 'Experts by Experience' Reference Group which was recruited and supported by VOYPIC as an advisory forum for the Review. It included young people who are care experienced and other young people who have had contact with children's social care services.
- 4.5 In addition to the 'Experts by Experience' Reference Group meeting on their own and preparing briefings for the Review there have been regular meetings of the Reference Group with the lead Reviewer and with members of the Advisory Panel and the head of the Review's Secretariat. Two different members of the Reference Group were also selected by the Reference Group to attend and speak at each of the two monthly meetings of the Advisory Panel, and young people have participated and presented at the Review's workshops. They have been truly impressive.
- 4.6 There have also been meetings arranged by VOYPIC for the Independent Reviewer to meet with children under fourteen, with young people who are parents, with young carers, and with older adults who are care experienced. The Cedar Foundation arranged for participation and presentations by young people with a disability in the Review's workshops and for the Independent Reviewer to meet with young people with a disability.
- 4.7 When out and about the Independent Reviewer has spent evenings in residential children's homes within each HSCT area and during the several visits to each regional residential service there has been the opportunity to meet with young people and to hear about their experiences and to get their views and advice. The Independent Reviewer has also met with young asylum seekers and with young people from Traveller communities. In addition, there have been meetings with young male prisoners at Hydebank Wood Prison who have had personal



experience of children's social care services and, for some, who are now parents.

4.8 Brenda Kilpatrick from VOYPIC helpfully gathered comments and advice and prepared a summary report on behalf of the Experts by Experience Reference Group. The report is located within the Appendices.

4.9 The experiences of the members of the Reference Group were wide ranging spanning, for example, early years services, family support, child protection, short breaks, foster care including kinship foster care, residential children's homes, CAMHS out-patient and in-patient services, regional secure care, leaving care, adoption, and a range of disability services including autism, learning disability, and physical and sensory impairment services.

4.10 Among a wealth and richness of advice there were four major themes.

4.11 The **importance of participation by young people in decisions about them and their lives** was stressed. This included where and with whom they were to live, and that their voice is not only heard but is given value and weight. This requires that social workers and others make sure that they spend time with the young person on their own, that they build a relationship with the young person, and deliver on the promises and commitments they make.

4.12 Young people should also have the entitlement of an Advocate and should be helped to speak in meetings to give their own views and they might want to identify who they would want to have a continuing relationship and link with (for example, a relative, teacher or youth worker).

4.13 An underlying message is that young people felt that decisions were taken without their knowledge or participation and that they were left stranded, vulnerable and may be fearful not knowing what was to

happen and having no say or explanation. In the context of churn within the social work workforce, and the limited availability of foster carers and residential homes, it is not difficult to recognise that uncertainty and unplanned changes can be a frightening experience for children and young people.

4.14 One of the **biggest decisions taken about young people is about where and with whom they are to live**. The young people argued that all options should be fully considered before a decision is taken to remove a child from their family home and that kinship care should be considered if they are not to remain in their family home. The experience and process of coming into care was described as traumatic but with varying experiences of whether they thought it was necessary or desirable.

4.15 There were some very concrete recommendations about what would potentially lessen the daunting experience of coming in to care and moving when in care.

4.16 It was recommended that **a profile about the young person should be prepared with the young person** and should include information about their school and education, their interests, likes and hobbies, their medical and mental health needs, and might also include the young person's experience of coming into care and where they have previously lived when in care. There also ought to be a note of specific triggers that cause trauma for the child or young person. It is a profile which should be given to foster carers and residential workers to help them to be welcoming to the young person and it is a profile which should, in partnership with the young person, be regularly updated.

4.17 It was noted that it was important that young people **know about when and where they will see their family** and that this is discussed with them, and reviewed at least every three months. **Continuing relationships, contact with, and knowledge of siblings** was noted to be especially important and still being able, for most, to live together.

- 4.18 What young people stated they wanted and needed was to **have and to retain some sense of control when coming into, and when in care**, including for example deciding what they wanted to bring with them when coming into care.
- 4.19 They also noted that they wanted **continuity such as not having to change school or losing friendships** as this may be the only stability within their lives.
- 4.20 The churn, change and absence of social workers could also make young people feel forgotten. The young people asked that **in addition to their social worker there be someone else they knew and who knew them and with whom they could be in contact** when their social worker was away or unavailable, and that there also be **availability of someone to speak with when the social worker's office was closed** in the evenings and nights, at weekends, and during holidays.
- 4.21 **Coming into care was itself a shock and within children's homes young people could be exposed to frightening behaviours**, and they would like more training for children's homes staff to ensure the physical and emotional safety of children, and for social workers and those who care for children in foster and residential care there should be more training and **young people involved in the recruitment and selection of social workers and carers**.
- 4.22 **One concern was that there is variation between the HSCTs** in relation to the policies and practices of young people coming into, and being in, care. In particular, the approach to, and **planning for, transitioning from care and young adulthood** started at age 14, 16 or 18 depending on the HSCT. What young people want is more of a phased approach to more independent living and not to be cut off from, and still able to be in contact and supported by, foster carers and staff in children's homes.

4.23 And there were **particular concerns from young care experienced parents, and especially mothers**, who felt that rather than being supported and helped they are viewed as not likely to be able to cope and with concerns then focussed on their children and generating the fear that the children might be removed from their care.

4.24 There is a wealth of wisdom which has been shared throughout the Review by young people. The notes above only scratch the surface of what young people have shared of their experiences and their advice for the future. There is more coverage of their views and advice in the report prepared by VOYPIC within the Appendices.

4.25 But there is one message the young people wanted to emphasise – ***“talk with us, not about or for us”***.



**YOUNG PEOPLE GAVE THEIR VIEWS AND ADVICE  
THROUGHOUT THE REVIEW**

### **THE VIEWS AND ADVICE FROM PARENTS**

4.26 The Review has also been enriched and informed by parents and other family members who have had contact with children’s social care services.

- 4.27 Children in Northern Ireland (CiNI) were commissioned to facilitate and support participation by parents within the Review. During the summer months of 2022 CiNI brought parents together and assisted them to prepare their advice and recommendations for the Review. This was then followed up by meetings with parents throughout the autumn with the Independent Reviewer. Parents also participated, contributed and gave powerful presentations within the Review’s workshops and attended meetings of the Advisory Panel and shared their experiences and views of children’s social care.
- 4.28 Further engagement for the Independent Reviewer with parents – including newcomer families - was enabled when visiting Sure Start and family centres, attending on-line and in-person meetings of long-standing local consultative parents group, and meetings with mothers involved in the Pause programme. There have also been meetings with parents of children with autism and with other disabilities, and with parents who have adopted children.
- 4.29 Across the region the Independent Reviewer has also visited domestic violence services and at each has benefitted from meetings with mothers as well as the staff of the services.
- 4.30 A separate meeting has been held with young mothers who are in care or have had care experience.
- 4.31 There has also been a meeting at Hydebank Wood prison with women who are mothers and who have had and are having contact with children’s social care services.
- 4.32 In addition, several parents have written to inform the Review of their experiences and concerns and about twenty parents, including several parents who have adopted children, have separately contacted the Review and asked to speak with the Independent Reviewer. This has always been responded to by phone conversations of often more than an hour between the parent(s) and the Independent Reviewer.

- 4.33 It is mothers who have mainly had engagement with the Review but fathers have also shared their experiences at local and regional meetings of, for example, parents of children with a disability and adoptive parents and who have also had phone contact and conversations with the Independent Reviewer. There has also been contact and participation with grandparents and other family members.
- 4.34 Within the Appendices there is a summary report prepared by CiNI on the engagement with parents which has been facilitated by CiNI.
- 4.35 Many parents have spoken warmly about the help they have received and of their relationship with social workers but more have told about their negative experiences.
- 4.36 There has been no representative sampling of parents' views so it is likely there may be some skew in the range of views which have been shared during the Review. But there is a consistency of concerns which indicates all is not as parents would want and need it to be, and indeed practitioners and service managers have also indicated that lack of workforce capacity and stability, and pressures on time, means that they are unable to give the attention and help they would want to be able to give.
- 4.37 The main themes which have emerged from contact with parents have been concisely and helpfully summarised in a presentation which was given by Helen Dunn who, with Paula Keenan, coordinated and facilitated the Review's engagement with parents. The text below draws on and is taken from the summary of parents' views.
- 4.38 There is the concern about **lack of support and the availability of services** and the particular limitations for families living in rural areas, areas not covered by Sure Start, and for newcomer families. And for some services, especially for children with a disability and for mental health services, there are long waiting lists and services are too time limited or, as with respite care, heavily rationed or not available at all.

4.39 There are major **workforce issues** with no continuity and frequent changes and absences of social workers and with increasingly less experienced social work practitioners. Families have to tell their story over and over again to different workers who then, sometimes without the family knowing, move on. Families are having to repeatedly complete the same Signs of Safety tools (such as the Three Houses identification of strengths and concerns) and with parents set targets which when achieved are then ignored or unknown to the next social worker who has contact with the family and different targets and expectations are set. Partly as a consequence of a less experienced workforce parents have expressed concerns about workers understanding of, for example, domestic violence and of children's disabilities.

4.40 There have also been **concerns about how children's social care services are structured and organised** with five separate HSCTs across the region. It was noted that there are significant variations between Trust areas in, for example, support and services for families with a child with a disability, and with disruption and differences in help when moving to live in a different area.

4.41 Parents also expressed their concerns about **disjointed services**, services and professionals working in silos, and about the complexity and fragmentation which makes it difficult to access and navigate services with particular hurdles for parents in accessing mental health and drug and alcohol services despite mental health and drug and alcohol problems impacting on them as parents.

4.42 What parents said they needed and wanted is less assessment, surveillance and monitoring and **more practical hands-on support** with, for example, support workers for families working alongside social workers. They also wanted **help to be available when it is needed** (including being able to access help outside of the five day week office hours), and not being held on waiting lists for assessments and with

services only made available when a crisis point is reached and there is seen to be a potential child protection concern.

- 4.43 The value was also noted of being able to **share with and get support from other parents** who have had similar experiences and who have built their own expertise as systems navigators and problem-solvers.
- 4.44 It was from the VCS sector that practical help, and longer-term befriending, was more likely to be found, and the **value of local accessible services** which were not stigmatising or threatening, such as Sure Start, family and community centres and services, and Women's Aid, were all commented upon favourably.
- 4.45 The over-riding experience recounted by parents was that the **HSCTs' children's social care services have become heavily focussed on child protection**. When they need help they are more likely to find it from within the VCS but with recognition of the limitations, fragility and instability of VCS funding.
- 4.46 Parents of children with a disability, adoptive parents, mothers who have experienced domestic violence, and young mothers who are care experienced, each expressed their concerns that **when they sought help it was denied until the difficulties escalated to become a crisis** and that it was then likely to be seen as a child protection concern.
- 4.47 Parents also commented that although 'strengths-based' the **'Signs of Safety' practice model kept the focus on child protection**. Parents of children with a disability noted that even when they requested a carers assessment they were told it was the 'Signs of Safety' assessment tools and process which had to be used.
- 4.48 **Parents who have had children removed and placed in care have said they felt abandoned and without support** despite the trauma they



had experienced and that the focus was on their care of their children rather than the help and support they might need.



**PARENTS HAVE BEEN  
KEY PARTICIPANTS  
WITHIN THE REVIEW**



## **THE VIEWS AND ADVICE FROM THE PROVIDERS OF SERVICES**

4.49 The providers of children’s social care services within the statutory and VCS sectors have echoed many of the concerns noted above by young people and parents.

4.50 **Examples of good practice have been shared** during the Review both during the Review’s workshops and in visiting services, and it is impressive to have met so many workers who have given many years of service within their local areas – several more than 30 years. There is also the awareness that workers are giving a commitment well beyond the hours for which they are being paid.

4.51 But there is a **shared view of services under pressure and unable to provide the availability and level of help needed** by children and families, of increasing difficulties for children and families created by poverty and cuts in services, of waiting lists and unallocated and

unattended work, of heavily rationed and time-limited services, and of worker churn and change which makes it difficult to build relationships with children and families and with colleagues within and across agencies.

- 4.52 Some organisations, such as the NSPCC, Barnardo's, Action for Children, BASWNI, NIPSA, The Fostering Network, and the Foster Care Workers Union, have made welcomed and detailed submissions to the Review and links to their submissions are available on the Review's website.
- 4.53 There is a **general but not exclusive agreement that statutory children's social care services need to be re-set and re-focussed towards family support within a structure which gives more of a focus on children's social care and more consistency across Northern Ireland**, albeit with the recognition that structural change on its own will not deliver the changes necessary.
- 4.54 There is also **recognition of the need for a further strengthening of the VCS sector** with an emphasis on partnerships rather than procurement and with more secure VCS funding.
- 4.55 There has also been support for the **development of more multi-disciplinary (and multi-agency) teams** with workers with a wider skills mix to be within the teams to provide a more family-focussed service, and for workers throughout statutory and non-statutory children's social services to be given recognition and to be properly valued, including in their employment terms and conditions.
- 4.56 For colleagues **currently employed within the statutory sector and with an affiliation to, but outside of, children's social care services there has been an openness and willingness to consider how their professional contribution as social workers and youth workers might possibly be located** within a regional children's service. This has

informed the recommendations of the Review about which services might be placed within a regional Children and Families ALB.



**THOSE INVOLVED WITH AND WITHIN SERVICES  
HAVE CONTRIBUTED ADVICE AND RECOMMENDATIONS  
THROUGHOUT THE REVIEW**

## **THE FEEDBACK FROM THE FIVE WORKSHOPS**

4.57 This section of the Review Report has been authored by Professor Pat Dolan, a member of the Review’s Advisory Panel, and by Shannon Keegan and Hugh O’Reilly, from within the Review’s secretariat.

4.58 At each workshop they skilfully- and at pace –collected, collated, summarised, and reported back within the workshop on the identification of issues and the advice given to the Review. The next section below is their Summary Report of the five workshops.

**THE SUMMARY REPORT OF THE FIVE WORKSHOPS  
BY PROFESSOR PAT DOLAN, SHANNON KEEGAN AND HUGH O’REILLY**

As part of the Review, and with the specific aim of hearing the voices and views of key stakeholders, a series of five thematic workshops were held across the region. These half-day workshops hosted in various locations across the region provided key stakeholders with the opportunity to engage, discuss and give feedback on their views on the main challenges and possible solutions in relation to Children's Social Care Services. The workshops also provided an opportunity for attendees to reflect on what was working well. In total, 402 participants attended the five workshops. Delegates included children, young people, parents and carers, directors of children's social care services, frontline social workers, managers, policymakers, academics, trade union representatives, regulators and representatives from the statutory and community and voluntary sectors. It was deemed particularly important by the Independent Chair to hear from young people and families who experience services as well as those who deliver and commission the children's services for them, both at the frontline and up to the most senior level.

At each of the five workshops, qualitative data was collected firstly, through individually completed questionnaires, followed by selected short thematic speaker presentations. Then, through roundtable discussions, key trends, messages and patterns that emerged from the different delegate groups were captured and grouped for most common repeated views and fed back in real-time on the day. Finally, Prof Jones utilised these summative messages as well as other considerations emerging from the Review at that point in time in an open discussion with delegates before the completion of the workshop.

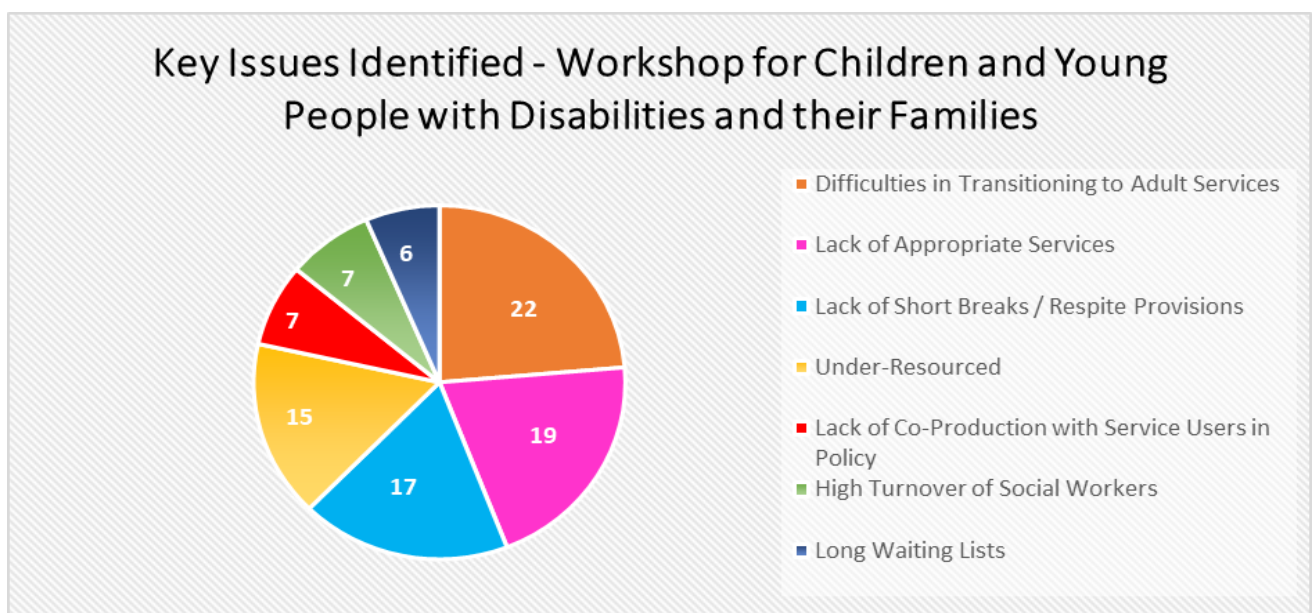
Key relevant stakeholders attended the five workshops which focused on the following themes:

- Children and Young People with A disability and their Families
- Children and Young People with Care Experience
- Family Support Services
- Children's Social Care Workforce
- Children's Social Care Organisational Arrangements.

## What participants shared in the course of the workshops

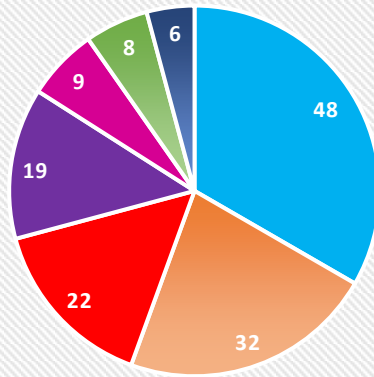
Across all the workshops respondents provided compelling and powerful testimonies which are outlined in the more detailed report on the workshops compiled by Keegan and O'Reilly within the Appendices. It should be noted there were many positive comments shared. These related to the status of children's services in the region with both the agency and self-efficacy of children, parents, families and communities highlighted as key, as well as many professionals being identified as unsung heroes working in constrained contexts. However, for the purpose of brevity, the most common repeated messages are laid out as follows. Firstly, across each of the workshops, a frequency distribution piechart summarises key issues. Following this, a composite set of six core action messages are presented. Finally, it should be noted that whereas the workshops inform the Review and have core value, they should be considered in the context of the fuller set of findings and recommendations outlined elsewhere in this Report.

### Workshop One



## Workshop Two

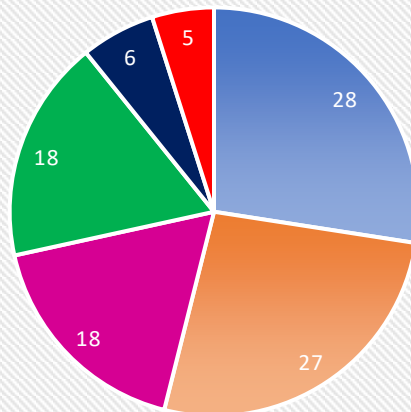
### Key Issues Identified - Workshop for Children and Young People with Care Experience



- Unstable Workforce - High Turnover of Social Workers
- Lack of Appropriate Placements
- Need Therapeutic Services to Address Complex Needs
- Additional Support Post 18 & Adoption
- Lack of Involvement with Young People
- Inconsistencies across Trusts

## Workshop Three

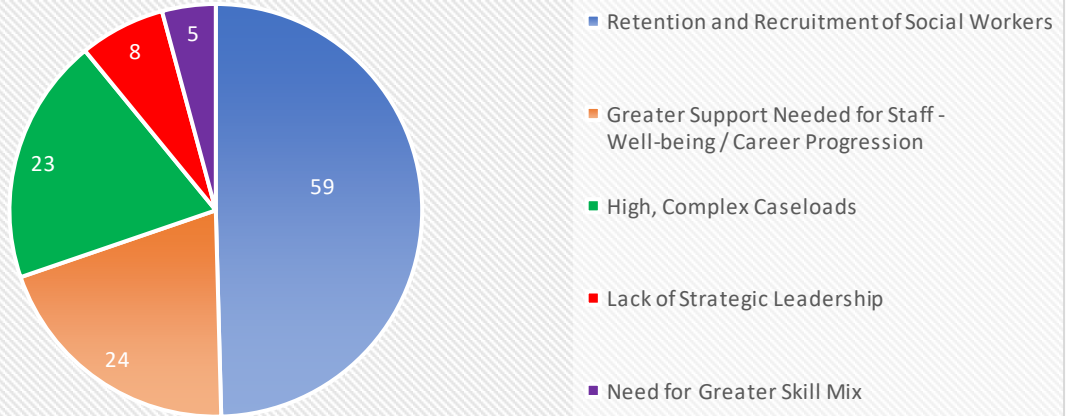
### Key Issues Identified - Workshop on Family Support Services



- Lack of Funding / Resources
- High and Complex Caseloads
- High Social Worker Turnover
- Lack of Integration
- Waiting Lists
- Need for Early Intervention & Prevention

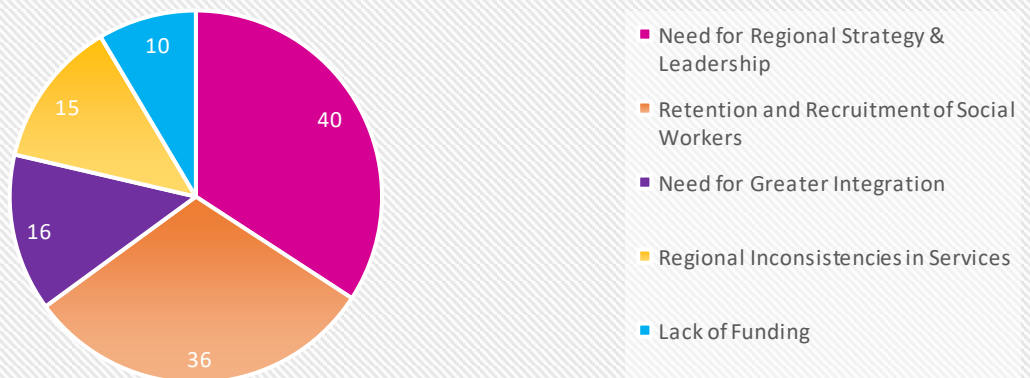
## Workshop Four

### Key Issues Identified - Workshop on Children's Social Care Workforce



## Workshop Five

### Key Issues Identified - Workshop on Children's Social Care Organisational Arrangements



## Most Common Messages and Recommendations

In rank order six common themes emerged that participants' deemed as key, these are translated as policy and practice messages:

- Recruit and retain staff committed to working and prospering in the child and family services sector across statutory and voluntary and community services.
- Enable adequate and capable service delivery which is consistent throughout Northern Ireland.
- Recognise the urgent need for adequate funding for services on a multi-annual basis.
- Have one central and overarching Regional Strategy and agency for children and family services underpinned by strong designated leadership.
- Address workforce pressures including better accommodation for social workers and others to successfully work with children, parents and families with higher levels of need.
- Work with families within their communities complemented by robust interagency and multi-disciplinary services.

4.59 The views and advice from all those who have been involved with the Review over the past 16 months have crucially influenced and helped shape the Review's assessment of, and recommendations for, Northern Ireland's children's social care services. Their commitment in engaging and contributing within the Review has been considerable.

4.60 Their commitment now needs to be matched with the commitment and actions necessary to tackle the systemic and endemic issues impinging on the region's children's social care services, and which mean children and families may be stranded without the help they need and those seeking to provide help are hindered and thwarted by the systemic issues which are discussed below.



## **CHAPTER FOUR REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** Children and young people and parents and other family members with experience of children's social care services, along with practitioners and managers and others engaged within and alongside the services, have considerable wisdom to inform how current issues should be addressed and how future arrangements should be shaped.

**REFLECTION:** Children and young people, along with parents, particularly note the impact of the churn and change within the social work workforce.

**REFLECTION:** Parents especially would want children's social care services to provide the assistance, including practical help, they need, and experience HSCTs' children's social services as primarily a child protection service.

**REFLECTION:** Current service arrangements are seen to be fragmented and to be inconsistent across Northern Ireland.

**RECOMMENDATION:** In deciding how to respond to this Review there should be a wide and inclusive consultation which draws on the wisdom of all who have experience and engagement with and within children's social care.



## **CHAPTER FIVE**

### **CHILDREN'S SOCIAL CARE IN NORTHERN IRELAND COMPARED WITH OTHER UK ADMINISTRATIONS AND THE REPUBLIC OF IRELAND**

5.1 The Centre for Effective Services<sup>53</sup> were commissioned by the Department of Health to assist the Review by seeking and analysing data comparing over time children's social care service patterns, the children's social care workforce, and the budgets and expenditure for children's social care for Northern Ireland, the Republic of Ireland, Scotland, Wales and England.

5.2 This was found to be a far from easy task as data definitions and time sequences for which data were available varied from country to country. What has been analysed and reported, therefore, is limited. Even within the limited analysis which has been possible there still needs to be caution in drawing conclusions as comparisons may still be impacted by differences in data categories between countries and also over time within countries.

5.3 There are, however, similarities and differences between the countries and in trends over time which are worthy of reflection.

#### **CHILDREN'S SOCIAL CARE SERVICES COMPARISONS**

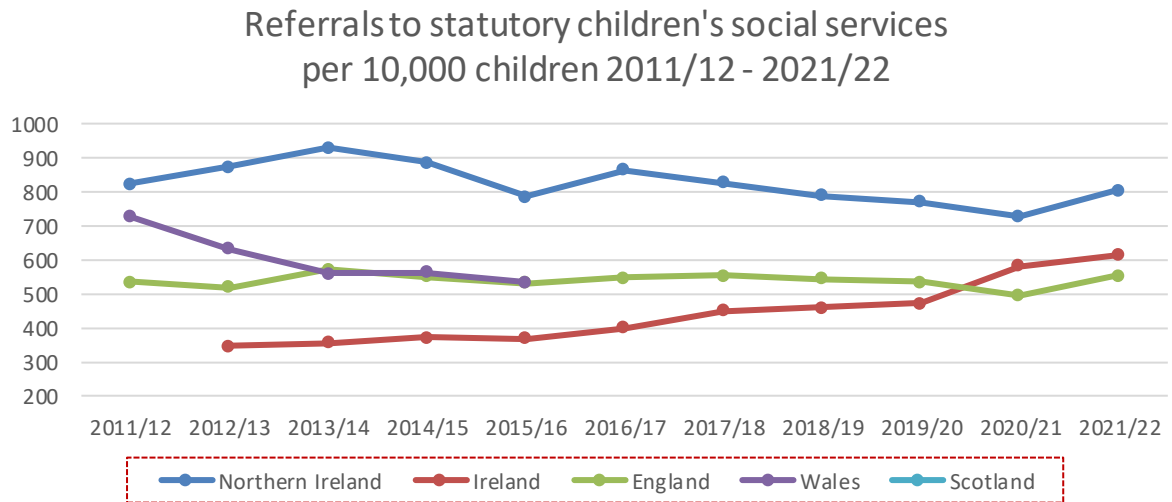
5.4 The account below tracks the journey from referral to children's social services to what happens post-referral and the account below is informed by, with figures and tables from, the cross-country children's social care comparison by the Centre for Effective Services.

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<sup>53</sup> <https://www.effectiveservices.org/>

# REFERRALS TO STATUTORY CHILDREN'S SOCIAL SERVICES

**Figure 1:** Referrals to statutory children's social services, per 10,000 children in Northern Ireland, Ireland, England, Wales and Scotland, 2011/12 – 2021/22



**Table 2** Referrals to statutory children's social services per 10,000 children, 2011/12-2021/22

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Northern Ireland</b>	<b>824</b>	<b>873</b>	<b>930</b>	<b>887</b>	<b>786</b>	<b>864</b>	<b>825</b>	<b>789</b>	<b>769</b>	<b>727</b>	<b>804</b>
Ireland	-	347	356	371	369	399	451	459	470	581	613
England	534	520	572	548	532	548	552	545	535	494	552
Wales	726	631	560	563	534	-	-	-	-	-	-
Scotland	-	-	-	-	-	-	-	-	-	-	-

**Note:**

The apparent increase in referrals in Ireland from 2020, reflect a change in measurement from “referrals deemed to require a social work response” to “all reports of concern” from 2020 onwards.

5.5 Figure 1 above shows that recorded referrals to children's social services per 10,000 child population have been consistently higher in Northern Ireland than in England, the Republic of Ireland and Wales (no information was found for Scotland and CES reported that the time-line of data for Wales ended in 2016).

5.6 There are a number of potential explanations for what has been a relatively consistent comparison over time:

5.6.1 Need for children's social care services may be greater in Northern Ireland than the other countries, and the earlier discussion of the Northern Ireland context may indicate why this might be at least a part of the explanation.

5.6.2 There might be fewer resources to help families in Northern Ireland without a referral to statutory children's social care services – but this seems less likely as an explanation when Northern Ireland has a region-wide infrastructure of 29 Family Support Hubs<sup>54</sup>.

5.6.3 Referrals might be defined and recorded differently within the different countries. For example, in Northern Ireland 35-40% of referrals to HSCTs' children's social care services are made by the police. In other countries information about police attendance where there has been a report of domestic violence or a domestic dispute and where children were in the household might be recorded as information received from the police but not as a referral.<sup>55</sup>

5.6.4 Differences might relate to differences in legislation, definitions of children in need, or in data recording. This latter point would explain why there was an apparent dip in referrals

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<sup>54</sup> <https://www.familysupportni.gov.uk/NewsStory/142/family-support-hubs>

<sup>55</sup> The police relaying information about attendance at all incidence of domestic violence or dispute has been noted as an issue elsewhere which was generating increased activity for children's social services and where more screening and triaging might be desirable and necessary <https://files.ofsted.gov.uk/v1/file/50083968>

in Northern Ireland in 2016, and where it has been suggested this reflected the early stage of the introduction of a new children's social care information system.

5.6.5 There might be more referrals to children's social services in Northern Ireland as thresholds for children's social care may not be so high or there is less triaging before defining contact or information as a referral.

5.7 In England, where referral rates to statutory children's social care services are much lower, contacts and information are first screened by multi-agency and multi-professional teams (Multi-Agency Safeguarding Hubs) whereas intake and initial assessment functions in Northern Ireland are undertaken within single agency and largely single profession HSCTs' children's social work Gateway Teams. This may be drawing more activity and work into children's social care rather than there being a multi-agency discussion and response. It is one reflection of less multi-agency and multi-professional service integration on the ground and at the frontline in Northern Ireland than might be found elsewhere.

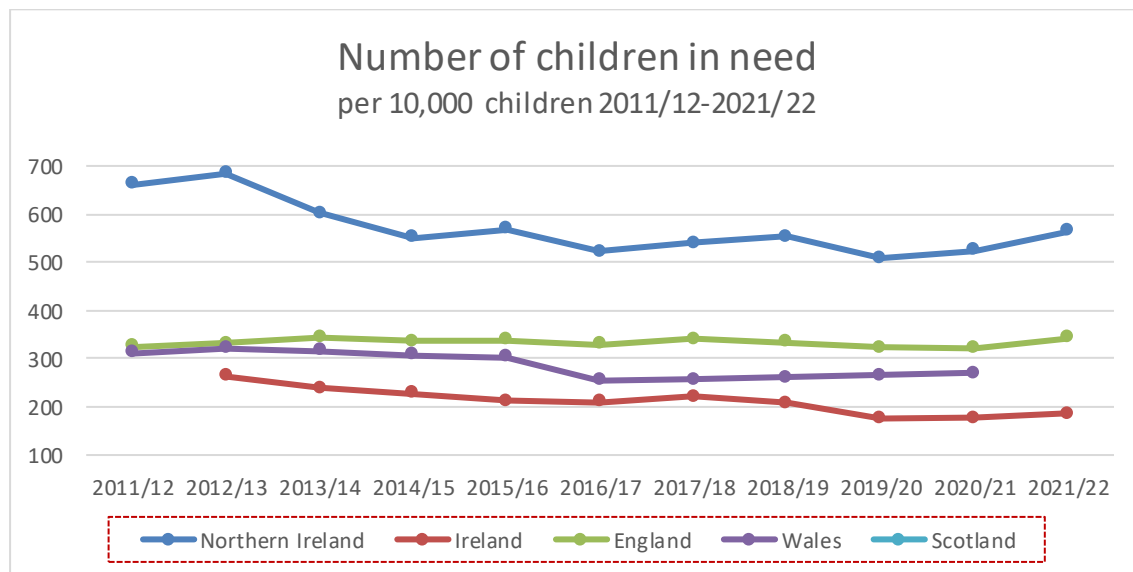
## CHILDREN IN NEED

**Table 3: Children in need, per 10,000 children, 2011/2012 to 2021/2022**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Northern Ireland</b>	<b>661</b>	<b>684</b>	<b>602</b>	<b>550</b>	<b>569</b>	<b>522</b>	<b>539</b>	<b>554</b>	<b>509</b>	<b>524</b>	<b>564</b>
Ireland	-	263	240	227	212	209	222	207	176	177	186
England	326	331	344	337	337	330	341	334	324	321	343
Wales	312	321	316	308	303	254	257	262	266	270	-
Scotland	-	-	-	-	-	-	-	-	-	-	-



**Figure 2:** Number of children in need, per 10,000 children in Northern Ireland, Ireland, England, Wales and Scotland by year from 2011/12 to 2021/22

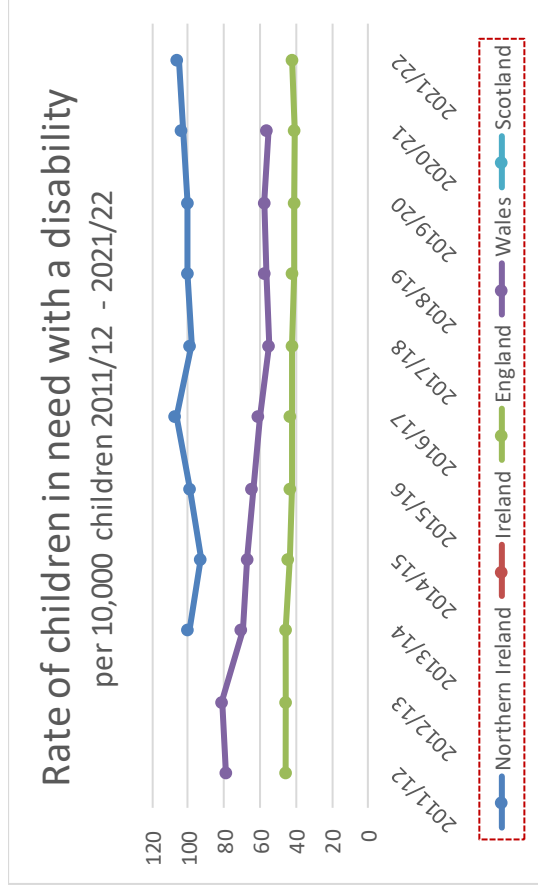


5.8 Recognising the limitations of cross-country data comparisons, and the possible explanations for differences noted above, Northern Ireland is consistently reporting a higher proportion of children in need within its child population than the other countries where there is comparable data. The rate of children in need for its child population is averaging double the rate in England, Wales and the Republic of Ireland (no comparable information was found for Scotland).

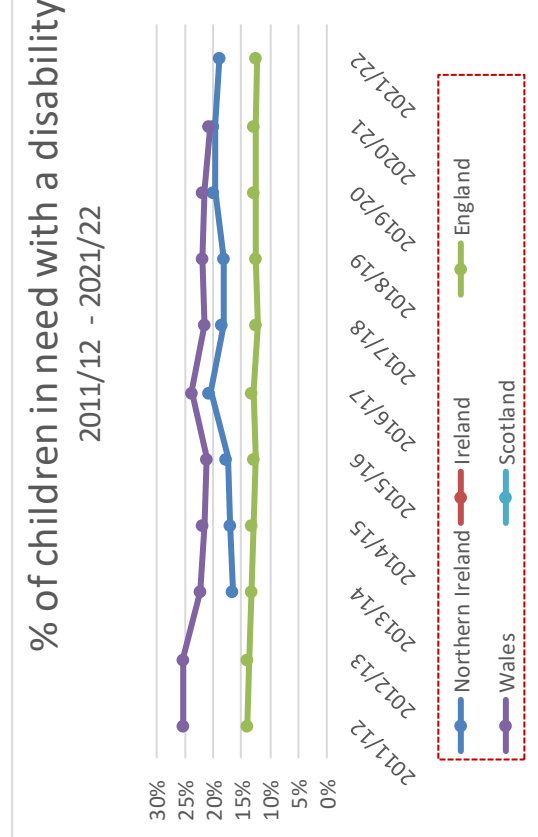
5.9 Again the question arises whether Northern Ireland has a higher incidence of need for families to have involvement with statutory children’s social services or whether more families with similar levels of need and difficulty as elsewhere are being referred and responded to by statutory children’s social services in Northern Ireland. Even if the latter is only a part of the explanation for the difference with other countries it would suggest that the HSCTs’ children’s social care services may possibly have a lower threshold for involvement with families than elsewhere.

5.10 There is though another possible factor at play here as indicated in the figures below.

**Figure 3:** Rate of children in need with a disability, per 10,000 children in Northern Ireland, Ireland, England, Scotland, Wales and Scotland by year from 2011/12 to 2021/22



**Figure 4:** Percentage of children in need with a disability in Northern Ireland, Ireland, England, Wales and Scotland by year from 2011/12 to 2021/22



5.11 The figures above shows that proportion of children defined as in need (of involvement with statutory children’s social care services) with a disability is higher in Northern Ireland than in England and Wales where comparative information is available. This might reflect higher levels of child disability in Northern Ireland, and rates of autism diagnosis for school age children are noted to be higher<sup>56</sup> and increasing<sup>57</sup>.

<sup>56</sup> <https://www.ncsautism.org/blog/prevalence-of-autism-spikes-in-uk-schools>

<sup>57</sup> <https://www.health-ni.gov.uk/publications/prevalence-autism-including-aspergers-syndrome-school-age-children-northern-ireland-2022>

**Table 4: Rate of children in need with a disability per 10,000 children 2011/12 - 2021/22**

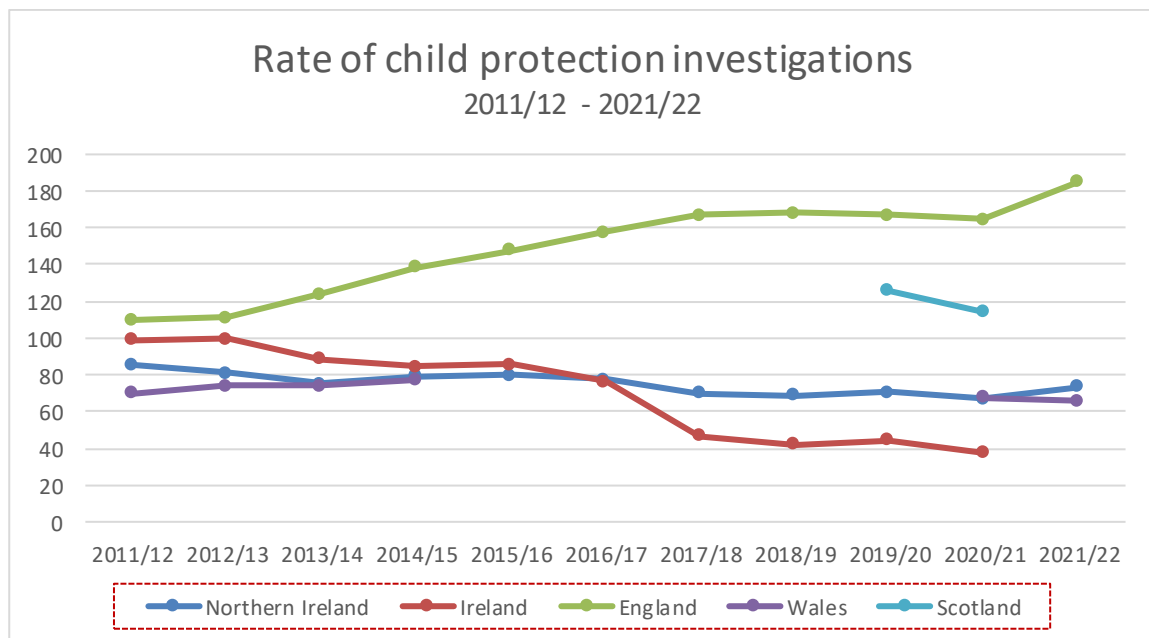
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
<b>Northern Ireland</b>	-	-	100	93	99	107	99	100	100	103	106
<b>Ireland</b>	Data not available										
<b>England</b>	46	46	46	44	43	43	42	42	41	41	42
<b>Wales</b>	79	81	70	67	64	60	55	57	57	55	-
<b>Scotland</b>	Data not available										

5.12 There is another possible explanation for the higher proportion of the child population being defined as children in need of children’s social care services. In other countries it may be health and education services which primarily respond to children with a disability, including neurological disabilities, with only referrals to statutory children’s services if there is a need for family support, whereas in Northern Ireland within the HSCs the children may be more frequently referred to statutory children’s social care services. This is discussed further later in this Report.

## CHILD PROTECTION

5.13 The number of child protection investigations per 10,000 children in Northern Ireland is shown in Figure 4 below.

**Figure 5:** Number of child protection investigations, per 10,000 children in Northern Ireland, Ireland, England, Wales and Scotland by year from 2012 to 2022



5.14 The rate of child protection investigations in Northern Ireland is similar to Wales but much lower than the rate which has escalated in England. The rate in the Republic of Ireland had been similar to Northern Ireland and Wales but has been reducing.

5.15 The data suggests that although more children are defined as ‘in need’ in Northern Ireland the proportion of children who are in need who have a child protection investigation is lower than elsewhere, which might suggest a lower threshold for children being accepted as ‘in need’ by the HSCTs’ statutory children’s services in Northern Ireland.

5.16 However, a higher proportion of child protection investigations in Northern Ireland lead to a child protection registration than elsewhere - Northern Ireland (11-year average of 66%) compared to Ireland (16%), England (29%) and Scotland (19%) but similar to Wales (67%). This might suggest more effective assessment and triaging when consideration is given about whether a child in need referral requires a child protection investigation or, alternatively, that the threshold of an investigation leading to a child protection registration is lower. Data does not on its own give the answer but it does highlight issues to be explored, discussed and debated.

**Table 5: Number of children with a child protection plan per 10,000 children 2011/2012 to 2021/2022**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Northern Ireland	49	45	44	45	49	49	48	50	52	52	54
Ireland	-	-	12	12	11	11	9	7	8	8	7
England	38	38	42	43	43	43	45	44	43	41	43
Wales	46	47	50	47	49	45	47	45	-	50	47
Scotland	26	25	28	27	26	25	25	25	26	20	-

5.17 As shown above, Northern Ireland has the highest proportion of its child population with a child protection plan compared to the other countries. Statutory children's social care services are under pressure across the UK and in the Republic of Ireland but the higher proportion of the child population with a child protection registration in Northern Ireland, along with (as noted below) a more rapidly increasing proportion of its child population in care, may help to explain why there is the experience of pressure in Northern Ireland.

5.18 The primary reason why a child or young person has a child protection plan in Northern Ireland differs from the other UK countries where partial comparative information is available. The most frequently recorded reason why children are on the child protection register in Northern Ireland includes a concern about physical abuse (58% of child protection registrations) whereas physical abuse is recorded as a concern leading on its own or in part to child protection registration or a child protection plan less frequently in Scotland (19%), Wales (11%) and England (7%)<sup>58</sup>. It is neglect and emotional abuse which are more frequently cited as concerns in the other UK countries.

5.19 If physical abuse of children and young people might be more prevalent in Northern Ireland it suggests that Northern Ireland would benefit from following the example of Wales and Scotland (although not England) where physically assaulting children as a punishment, including by parents, is a criminal offence and which gives clarity that it is unacceptable and not allowed. Adults are not allowed to physically assault another adult. Neither should they be allowed to physically assault children.

## **CHILDREN IN CARE**

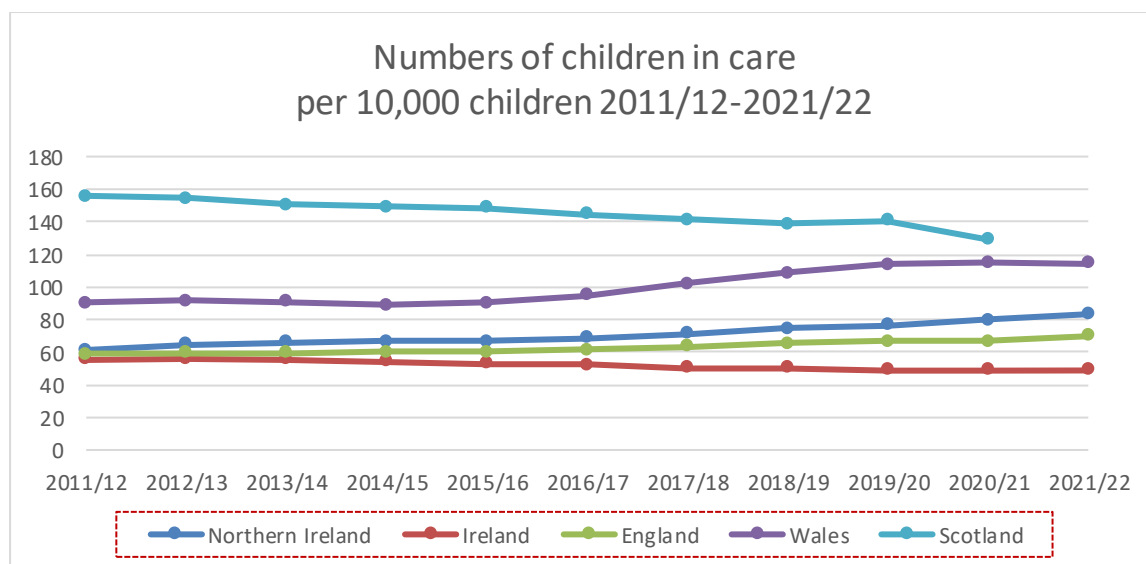
5.20 When looking at cross-country comparisons at the proportions of child populations who are in care there again needs to be caution as both patterns and definitions of care can differ.

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<sup>58</sup> <https://learning.nspcc.org.uk/research-resources/child-protection-plan-register-statistics>

5.21 The figure below shows the trends in numbers of children in care across the UK and the Republic of Ireland.

**Figure 6:** Number of children in care/looked after per 10,000 2011/12 - 2021/22





**Table 6: Number of children in care/looked after per 10,000 2011/2012 to 2021/2022**

	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21	2021/22
Northern Ireland <sup>59</sup>	61	65	66	66	67	68	71	75	77	80	83
Ireland <sup>60</sup>	55	56	55	54	53	52	51	50	49	49	49
England <sup>61</sup>	59	60	60	60	60	62	64	65	67	67	70
Wales <sup>62</sup>	90	91	91	89	90	95	102	109	114	115	115
Scotland <sup>63</sup>	156	154	151	149	149	144	141	139	140	129	-

<sup>59</sup> Children's social care statistics for Northern Ireland available at <https://www.health-ni.gov.uk/topics/dhssps-statistics-and-research/childrens-services-statistics>.

<sup>60</sup> Sourced directly from Tusla, figures reflect the number of children in care in March of the later year in line with NI measurement timeframe. From 2017 onwards the figures include Separated Children Seeking Asylum.

<sup>61</sup> Figures sourced from 2022 publication: <https://explore-education-statistics.service.gov.uk/find-statistics/children-looked-after-in-england-including-adoptions/2022#releaseHeadlines-tables>

<sup>62</sup> [Children looked after at 31 March by local authority, gender and age \(gov.wales\)](https://www.gov.uk/publications/childrens-social-work-statistics-scotland-2020-21/pages/5/)

<sup>63</sup> Children's social care statistics Scotland: <https://www.gov.scot/publications/childrens-social-work-statistics-scotland-2020-21/pages/5/> Accessed Jan 2023.

- 5.22 Rates of children in care are shown to be higher in Scotland but this is confused and compounded by almost a quarter (22%) of children in care in Scotland being placed at home with their parents compared to lower proportions in Wales (which is still high at 17%) and England and Northern Ireland (both 9% in 2021).
- 5.23 The proportions of the child population in care has been higher but is falling for Scotland (largely because the numbers of children in care placed with parents is declining, leading to an overall reduction in the number of children in care in Scotland). It has been stable over recent years in the Republic of Ireland (which has the lowest proportion of its child population in care) but is increasing in Northern Ireland (an increase of 37% between 2012 and 2022), Wales (an increase of 25%), and England (11% increase), which may be related to the impact of austerity policies and increasing deprivation and severe poverty.
- 5.24 Over the past three years the increase of children in care has been greater in Northern Ireland (6%) than England (3%) and Wales (1%) and has fallen by 1% in the Republic of Ireland (figures for 2022 had not been available for Scotland).
- 5.25 One possible contribution to the increasing numbers of children in care is the increase in unaccompanied asylum seeking children and young people. It has had an impact on the increasing difficulty in finding, in particular, unrelated foster care placements for children and young people.
- 5.26 There were 94 separated and unaccompanied asylum-seeking children referred to children's social care services between 1 April 2022 and 31 March 2023. This is the highest number on record and represents a 42% increase on the previous reporting year. At 31 March 2023, there was a total of 214 cases open to HSCTs involving 100 separated and unaccompanied asylum seeking children under the age of 18, and 114 young people over the age of 18 receiving support from leaving and aftercare services.

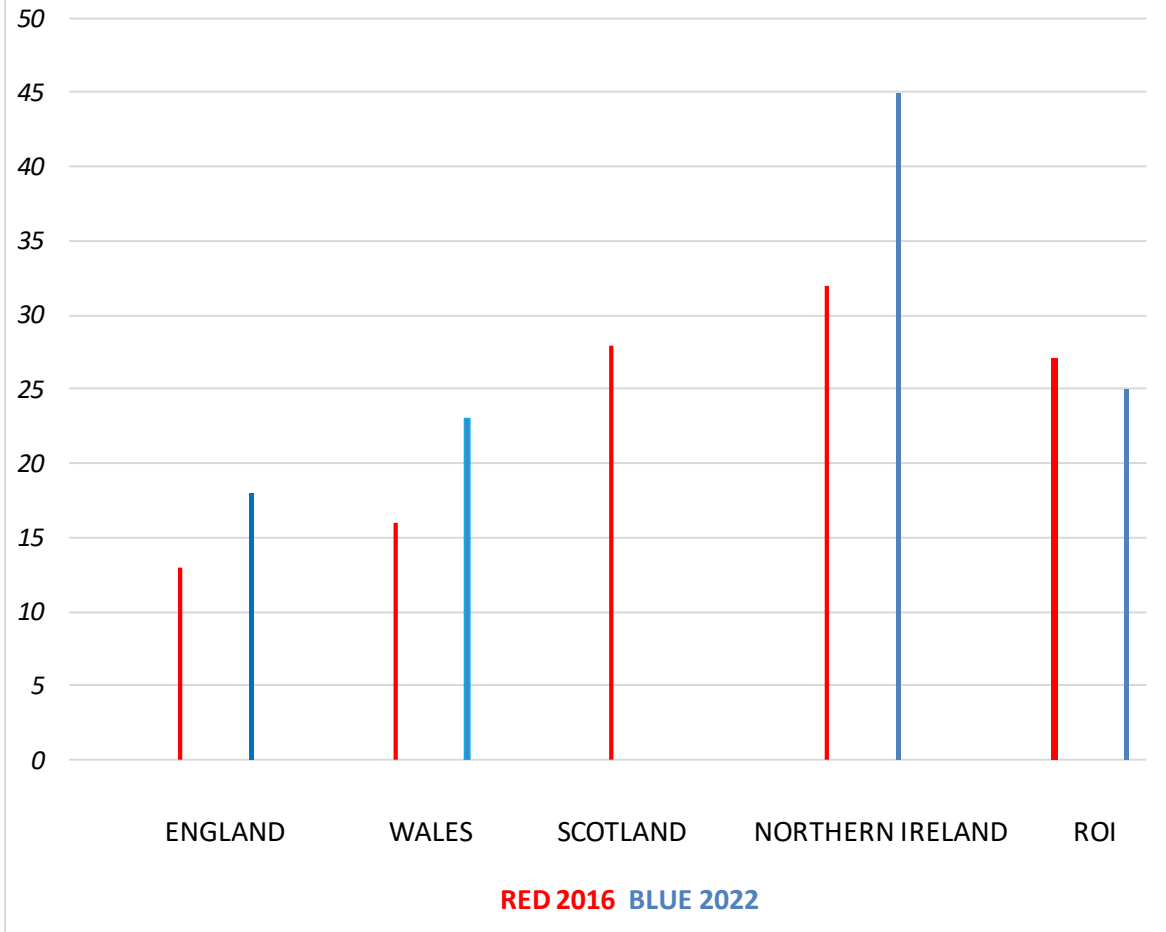
5.27 The policy of having a rota for HSCTs to take the responsibility for unaccompanied asylum-seeking children and young people may leave them dispersed across the region and potentially vulnerable and isolated. They may seek out on their own without plans or supervision communities where they are more able to culturally and ethnically identify.

The dispersal policy also means that access to health, education, legal and benefits advice and services may not be so easily available and with pressure then on local universal services which are not geared up to the tasks and demands they are now facing. The core and cluster model which was implemented when there was the 1970s resettlement of Uganda Asians and of Vietnamese boat people might have valuable learning on which to reflect

5.28 What is of note is that the route into care for most children and young people has changed significantly over recent decades with a consistent pattern across the UK and the Republic of Ireland of about 80% of children now placed in care through a compulsory court order rather than a voluntary agreement with parents. The concept of care as a partnership, resource or shared care arrangement for and with families has diminished, and this might be seen to be reflected in the experience and accounts of parents (and of some children) that a child being placed in care ('looked after' by statutory children's social services) is imposed and threatening.

5.29 Not only do rates of children in care vary over time and between countries but rates of types of care placements differ between countries. Northern Ireland stands out as different in that it has a much higher rate of children in care in kinship foster care and this has been increasing as shown in Figure 6 below.

**FIGURE 7 - PERCENTAGES OF CHILDREN IN CARE  
IN KINSHIP FOSTER CARE PLACEMENTS**



5.30 The greater proportion of children in care in Northern Ireland in kinship foster care placements is matched by a smaller proportion in non-kinship foster care (38% compared to the Republic of Ireland 64%, England and Wales both 47%). Scotland’s data for 2022 was not available but in 2021 it had 33% of children in care in kinship foster care and 34% in non-kinship foster care.

5.31 The other notable difference in the cross-country care comparisons is that England has 20% of its care population in residential care compared to 7-10% for the other countries with Northern Ireland the lowest at 7%.

5.32 Why might there be the higher proportion of children in care in Northern Ireland in kinship care placements? It has been suggested, within a wider discussion on out of home care rates in Northern Ireland, that this

might be a reflection that “*family dynamics, including size, practices and geographic proximity may enhance the availability of informal familial support in times of difficulty*” and that a “*greater resistance to state involvement (attributable to the political history of NI) may have prompted the development of alternative (non-family/non-state [kinship and private foster care arranged by families]) support for children and families in some communities*” alongside “*a positive social work narrative about family potentials*”<sup>64</sup>.

5.33 As noted in the recent England review of children’s social care kinship care is seen as generally positive for children who cannot be cared for by their parents:

*“Well supported kinship care is associated with better adult outcomes in health, earnings and family life than other types of non-parental care [and that] lower rates of long term illness and higher rates of employment for adults with a history of kinship care compared to those that grew up in foster or residential care ...kinship care also helps to preserve important sibling relationships. Of sibling groups in care living together, 23% were living in family and friends foster care, more than double the proportion of all children in care (11%).”*<sup>65</sup>

5.34 The England review also commented that:

*“Thousands of family members up and down the country already provide full or part-time care for their grandchildren, brothers, sisters, nieces and nephews. Many of these arrangements are informal private arrangements and rightly exist without any involvement from the state and occur when the child’s birth parents have died, become*

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<sup>64</sup> <https://academic.oup.com/bjsw/article/51/7/2645/5890078?login=false>

<sup>65</sup>

[https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf) pp. 69-70

*estranged or simply because it helps provide care in times of wider family crisis.”<sup>66</sup>*

5.35 During the process of the Northern Ireland Review confusion has been expressed as to whether it is a requirement that if HSCTs’ children’s social care services have any involvement in facilitating kinship care then this should become a statutory ‘looked after’ child care placement. This would have the potential to lead to unnecessary, and may be unwelcomed, continuing involvement and intrusion within a family. It would also add to the numbers of children ‘looked after’ and to the workloads of social workers. Clarification was given in August 2022 that this was not the policy or requirement but there remains some uncertainty and confusion across social workers and teams.

5.36 There is a correlation between deprivation and higher rates of kinship foster care for each of the UK nations with it forty times more likely in, for example, Northern Ireland that a child or young person in care from the 10 per cent most deprived neighbourhoods will be in a kinship foster care placement than a child or young person in care from the 10 per cent of most affluent neighbourhoods<sup>67</sup>.

5.37 There might be two possible explanations here. First, within the more affluent areas kinship care arrangements might be more likely to be made without any contact with children’s social care services or, secondly, that kinship care is more available within the more deprived areas. Whatever the reason, the correlation between kinship placements for children in care and deprivation may indicate why there is a role within at least some placements for the continuing assistance provided by children’s social care as well as

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<sup>66</sup>

[https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf) p. 96

<sup>67</sup> <https://www.cambridge.org/core/journals/social-policy-and-society/article/abs/foumation-comparison-of-kinship-care-in-the-uk-the-relationship-between-formal-kinship-care-and-deprivation/25574F3BB23471FECB01B4749997561C>

helping to ameliorate the extended family difficulties and disputes which may be experienced for some placements<sup>68</sup>.

## **CROSS-COUNTRY CHILDREN’S SOCIAL CARE WORKFORCE COMPARISONS**

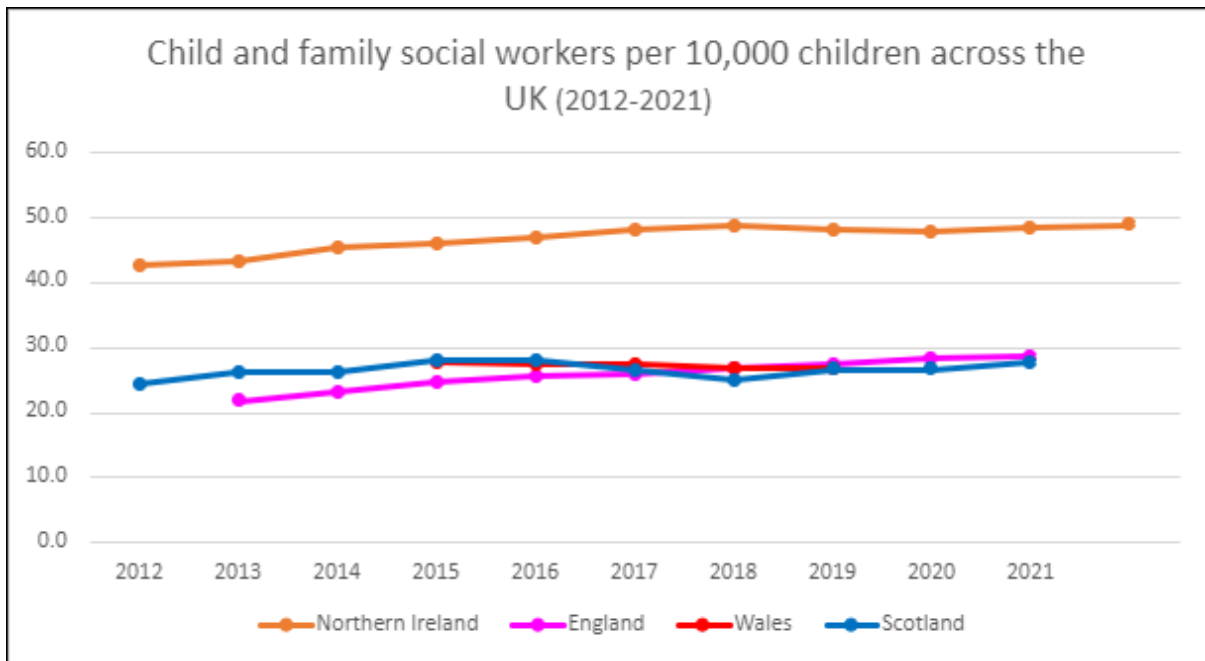
5.38 It has not been possible to find much comparative data showing trends over time or between countries on the total children’s social care workforce. What is available is largely restricted to information about the numbers of social workers employed mainly within statutory children’s social services and even this information should be handled with caution as it may not be consistently comparable.

**Table 7:** Social workers (headcount) per 10,000 children

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Northern Ireland	42.7	43.2	45.4	46.1	47.0	48.2	48.7	48.0	47.8	48.5
England	-	21.8	23.3	24.6	25.6	26.0	26.7	27.5	28.2	28.7
Wales	-	-	-	28	28	27	27	27	-	-
Scotland	24.4	26.1	26.3	28.0	28.1	26.4	25.0	26.7	26.7	27.9

\*(Extracted from CES Workforce Data Report)

<sup>68</sup> <https://academic.oup.com/bjsw/article-abstract/40/2/426/1651182>



**Figure 8 \*(Extracted from CES Workforce Data Report)**

5.39 The Table and Figure above indicate that Northern Ireland may have a higher number of social workers (a third more) per 10,000 child population working in statutory children and families social care services than the other UK nations (information was not available for the Republic of Ireland).

5.40 If it is true that there are proportionately more social workers for children and families in Northern Ireland (noting concerns about the comparability of the data across the countries) it would not be totally surprising.

5.41 Northern Ireland has retained and reserved a wider range of roles and posts for qualified social workers than might be found elsewhere. For example, the staffing of residential children’s homes in Northern Ireland is largely by qualified social workers and the inspection and registration of early years providers is a role undertaken by qualified social workers. In addition, the majority of education welfare officers in Northern Ireland (employed by the Education Authority) are qualified social workers and the youth justice fieldwork services (provided by the Youth Justice Agency) have 42 qualified social workers working alongside youth workers and others.



- 5.42 Within the process of this Review there has already been an encouragement and push to broaden the skills mix within children's social care services and also to consider how best to deploy the core competencies of qualified social workers.
- 5.43 But if the picture is of more social workers working in statutory children's social care services per 10,000 children in Northern Ireland when compared to the other countries a different picture emerges when matching the number of social workers with the numbers of children identified as in need of children's social care services.
- 5.44 What the Figure below indicates is that when matched against the number of children identified as 'in need', which as noted earlier is a larger proportion of the child population in Northern Ireland, Northern Ireland's trend line is closer to the other countries where there is some comparative data.

**Table 8: Social workers (headcount) per 1,000 of child in need population**

	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022
Northern Ireland	64.6	63.2	63.2	75.4	83.8	82.6	92.4	90.4	86.7	94.0	86.7
Ireland	79										
England	65.8	67.8	73.2	76.0	78.8	82.4	87.3	89.3			
Wales			87.8	89.9	91.0	102.7	104.3	107.5	102.7		
<b>*(Table 2.2 here from the CES Workforce Data report)</b>											

5.45 It would be unwise to attach too much significance to the data on workforce as it is recognised that there are differences in data collection and definitions across the countries. But if any conclusions are to be drawn it might be that for all countries social workers working with children and families are a scarce resource especially at a time of increasing need and demand and they need to be best deployed to make best use of their core professional competencies (which are discussed later in the Report).

5.46 Northern Ireland is not alone in having difficulties in recruiting and, even more so, retaining social workers in statutory children's social services<sup>69 70</sup>. It is having an impact on the capacity, continuity and experience within the services and is widely recognised as a concern by young people and families who engaged with this Review as well as those working within the services.

## **COMPARING CHILDREN'S SOCIAL CARE BUDGETS AND EXPENDITURE**

5.47 This is a largely blank section of this Review Report. The limitations of comparative financial data may not be surprising as the definitions, coding and accounting of children's social care budgets and expenditure are not consistent between countries.

5.48 What has also been difficult and a limitation has been getting information on the allocation of funding for children's social care services within Northern Ireland and how this funding has been used.

5.49 Work is underway to enhance financial reporting for children's social care across the region but it is complicated by children's social care funding being integrated within and alongside the funding for health services within

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<sup>69</sup> <https://www.communitycare.co.uk/2022/12/16/one-in-five-childrens-social-work-posts-vacant-in-wake-of-rising-stress-and-workloads-finds-research/>

<sup>70</sup> <https://www.communitycare.co.uk/2023/04/12/scottish-services-losing-experienced-social-workers-leaving-newly-qualified-staff-without-support-warns-sasw/>

the HSCTs and with some variation in how this might be coded between Trusts, as noted by CES:

*the complexity of financial accounting arrangements for children's social care ... expenditure for children's social care is spread across a number of cost centres, some of which contain other areas of children's expenditure, outside the scope of this Review, such as AHP, Health Visiting etc ... and planned expenditure and actual spend are tracked on different financial systems.*

*The total planned and actual expenditure data for children's social care services in Northern Ireland is not available as expenditure for children's services is reported under various 'Programmes of Care' which combine health and social care services funding (including adult services) allocated to the Health and Social Care Trusts (HSCTs) in Northern Ireland. [CES April 2023].*

5.50 The difficulties in tracking and reporting on trends in children's social care funding would suggest the benefits of a region-wide arms-length body for children's social care so that there would be transparency about the funding for children's social care in Northern Ireland, how the money is being spent, and what opportunities there might be to reshape services by using the money differently.

## **A CROSS-COUNTRY COMPARISON OF RECENT REVIEWS**

5.51 Northern Ireland is not alone in identifying the need to review its children's social care services. Prompted by similar concerns about the pressures on, and the trajectory of, the services reviews have been undertaken within the past three years in Scotland<sup>71</sup> and England<sup>72</sup>. Only

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<sup>71</sup> <https://www.carereview.scot/conclusions/independent-care-review-reports/>

<sup>72</sup> <https://www.gov.uk/government/groups/independent-review-of-childrens-social-care>

Wales, despite canvassing for a review<sup>73</sup>, has not undertaken a recent review of its children’s social care services.

5.52 There have also been, albeit ten years ago, the 2012 review in the Republic of Ireland<sup>74</sup> and, further afield, the 2015 review in New Zealand<sup>75</sup> (which has possible relevance as the UK has often looked to and imported children’s social care developments from Australasia such as ‘Signs of Safety’ and family group conferences).

5.53 There are many commonalities across the reviews. Each was prompted by increasing demand for children’s social care services and increasing expenditure, but with workforce difficulties in responding to the increasing demand. Each country has also been on a trajectory of increasing child protection activity and with more and more children and young people being removed for their families and being placed within foster and residential care.

5.54 The reviews were also stated to be once in a generation opportunity to fundamentally reform children’s social care services<sup>76 77</sup>, and a “root and branch review ...fundamentally shifting the primary purpose of the whole of Scotland’s ‘care system’ from protecting against harm to protecting all safe, loving respectful relationships”<sup>78</sup>. The New Zealand review claimed it was “a globally leading blueprint for the transformation of care, protection and youth justice practices”<sup>79</sup>. Each of these reviews were major activities with significant ambitions for children and families, and children and families (as with this Review) were at the centre and the bedrock of much of the Review activities and learning.

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<sup>73</sup> <https://www.exchangewales.org/why-we-need-an-independent-review-of-childrens-social-care-in-wales/>

<sup>74</sup> [https://www.tusla.ie/uploads/content/Publications\\_TaskForceReport\\_2012.pdf](https://www.tusla.ie/uploads/content/Publications_TaskForceReport_2012.pdf)

<sup>75</sup> <https://www.ms.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/expert-panel-cyf/investing-in-children-report.pdf>

<sup>76</sup> [https://www.tusla.ie/uploads/content/Publications\\_TaskForceReport\\_2012.pdf](https://www.tusla.ie/uploads/content/Publications_TaskForceReport_2012.pdf) p iii.

<sup>77</sup> [https://www.tusla.ie/uploads/content/Publications\\_TaskForceReport\\_2012.pdf](https://www.tusla.ie/uploads/content/Publications_TaskForceReport_2012.pdf) p.8

<sup>78</sup> <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf> p.8

<sup>79</sup> <https://www.ms.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/expert-panel-cyf/investing-in-children-report.pdf> p. 3.

5.55 Each of the reviews shaped a vision as to how more help might be made available as and when children and families were experiencing difficulties:

*Children, families and the workforce must be supported by a system that is there when it is needed. The scaffolding of help, support and accountability must be ready and responsive when it is required. [Scotland].<sup>80</sup>*

*Without comprehensive, early and multi disciplinary responses to the needs of children and families, the child welfare and protection services will continue to have to address crisis situations without the necessary range of supports. [Republic of Ireland].<sup>81</sup>*

*The priority is to prevent children from becoming vulnerable by supporting birth families to be able to parent effectively. When vulnerability is present, we will recognise it early and give families the support and skills to make sustainable changes. [New Zealand]<sup>82</sup>.*

*For families who need help, there must be a fundamental shift in the children's social care response, so that they receive more responsive, respectful, and effective support. To reduce the number of handovers between services, we recommend introducing one category of "Family Help" to replace "targeted early help" and "child in need" work, providing families with much higher levels of meaningful support. [England]<sup>83</sup>*

5.56 Each review also reflected on the importance of stable, caring (and loving) relationships for children and that this was best achieved by helping immediate families care well for their children, when this was not possible

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<sup>80</sup> <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf> p.9

<sup>81</sup> [https://www.tusla.ie/uploads/content/Publications\\_TaskForceReport\\_2012.pdf](https://www.tusla.ie/uploads/content/Publications_TaskForceReport_2012.pdf) p.iv

<sup>82</sup> <https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/expert-panel-cyf/investing-in-children-report.pdf> p. 3

<sup>83</sup> [https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf) p.8

for care to be provided through wider family, friendship and community networks and, when necessary, through unrelated foster care and residential care. Other common themes were the importance of a workforce with the capacity to engage and build relationships with children and families.

5.57 Each review, to varying extents, looked at and gave recommendations about the organisational arrangements for children’s social care:

*“A new department providing a single point of accountability for vulnerable children: In the current system, accountabilities are diffuse and shared. The fragmentation of the system has resulted in New Zealand’s most vulnerable being forced to navigate complex organisational boundaries to receive the care and services they need. The Panel recommends a new department with a single point of accountability for ensuring a coherent and complete response for vulnerable children and families.” [New Zealand] <sup>84</sup>*

*“It is crucial that certain services for children are realigned from across a number of agencies into a single comprehensive, integrated and accountable agency for children and families, the Child and Family Support Agency.” [Republic of Ireland] <sup>85</sup>*

*“Decisions about how nationally set objectives are implemented should happen as close to communities and families as possible. This means focusing money, attention and power as close to families and their communities as possible, to build on and facilitate their strengths and capabilities. We need to flip on its head the status quo where children and families are made to fit the system, rather than the system working*

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<sup>84</sup><https://www.msd.govt.nz/documents/about-msd-and-our-work/publications-resources/corporate/expert-panel-cyf/investing-in-children-report.pdf> p.14

<sup>85</sup>[https://www.tusla.ie/uploads/content/Publications\\_TaskForceReport\\_2012.pdf](https://www.tusla.ie/uploads/content/Publications_TaskForceReport_2012.pdf) p. 3

*to meet their needs. This means backing local authorities and their partners to deliver the vast majority of children’s social care.” [England]<sup>86</sup>*

5.58 The reviews also gave attention to the governance of children’s social care and the need for clear leadership, authority and accountability whilst working across boundaries and promoting multi-professional and multi-agency services:

*“Local authorities should have overall leadership of the delivery of these reforms, with the role of the Director of Children’s Services (DCS) to oversee the coordination and delivery of Family Help as the primary holders of the section 17 [1989 Children Act] duty and local leaders for children in need of help and protection. The core additional funding we are suggesting for Family Help Teams will go to local authorities to hire the multidisciplinary workers they need to deliver the model we are suggesting. However, these reforms cannot be successful without the full participation of education, health, the police and other partner services - making sure the Family Help offer is well aligned with and supported by strong universal and community services locally. Moreover, partners will need to support multidisciplinary teams to work in practice, for example by freeing up staff who can be seconded into these teams”. [England]<sup>87</sup>*

*“At present, the ‘care system’ and its associated elements does not enable children to feel loved, safe and respected. Scotland must facilitate a conversation that ensures wider appetite for change and take the lead through practical legislation, policy and practice change. The landscape is cluttered, complex and does not provide a clear frame to support children, families, decision makers and service providers.” [Scotland]<sup>88</sup>*

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<sup>86</sup>[https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf)

<sup>87</sup>[https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf) p. 57

<sup>88</sup> <https://www.carereview.scot/wp-content/uploads/2020/02/The-Promise.pdf> p.25



5.59 Alongside the similarities and commonalities across the reviews there are also differences in emphasis, focus and tone. The Scotland review gives more time and attention to the experiences of children and young people. The Republic of Ireland review gives more attention to organisational arrangements and structures. The England review makes significant proposals about how child protection services should be arranged (albeit problematically holding back experienced social workers to oversee child protection rather than direct work with families within a refocused family support model of children’s social care) and gives more detail on the projected requirement for increased (short term) funding. The New Zealand review is more accepting of a marketplace, including private commercial provision, for children’s social care services, which is clearly opposed in the Scotland and England reviews and is being opposed in Wales.

5.60 But the need to re-set and re-route children’s social care, with the route to be taken heavily informed by the experiences and views of children, young people and families, and the need for clarity about authority and governance, runs through each review as it does through this Review, as is noted in the chapters which follow.

## **CHAPTER FIVE REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION: There are similar issues facing children’s social care across the UK and the Republic of Ireland.**

**REFLECTION: Northern Ireland is not alone in seeing increased child protection activity and numbers of children and young people in care.**

**REFLECTION: There are, however, differences with Northern Ireland having proportionately more referrals to its statutory children’s social care services, a higher proportion of its child population seen as ‘children in need’, a higher proportion with a child protection plan, and over the most recent years a proportionately greater growth in the numbers of children in care.**

**REFLECTION: Northern Ireland may have a higher number of social workers for its child population but with less of a skills mix within its children's social care and other services.**

## **CHAPTER SIX**

### **A CHILDREN AND FAMILIES SOCIAL CARE ARMS-LENGTH BODY**

- 6.1 Steered but not restricted by the TOR for the Review, the reflections and the subsequent recommendations in the following chapters are shaped by the experiences described and the advice which has been given by those engaged within and alongside children's social care across Northern Ireland.
- 6.2 What are noted below, however, are the Independent Reviewer's interpretation and conclusions. The emerging thinking and what were tentative proposals have been widely trialled and discussed during the Review's engagements and consultation processes, including for example the five workshops which were held between September 2022 and January 2023, so there should be no outright surprises below.
- 6.3 Indeed with regard to the most significant and core and crucial proposal for a region-wide Children and Families ALB this was explicitly stated as a firm recommendation within a six month interim statement on the Review and published on the Review's website in the October 2022. It was also within the briefing which was given at that time to then Minister and the Permanent Secretary of the Department of Health.
- 6.4 This recommendation was made six months into the Review as there was and is urgency in addressing the serious and significant crisis across Northern Ireland's children's social care services, the experiences of children and families who need help, and the concerns of those who seek to provide this help.
- 6.5 The message which was given then and is repeated now is highlighted below. Without taking this recommendation on board the systemic and endemic issues for Northern Ireland's children's social care services, and for the children and families who need help from the services and those seeking to provide the help, are not likely to be successfully tackled.

6.6 Creating a region-wide ALB for children and families social care will not on its own lead to a resolution of the current crisis. But it will provide the necessary platform on which to build the focus and actions which are needed and on which many of the more specific reflections and recommendations which follow will be dependent.

**It is the clear and firm conclusion of this Independent Review that the children's social care crisis in Northern Ireland is systemic and endemic. It spans all of Northern Ireland and all areas. It is not of recent creation but is long standing. It is not caused by individual failings but by the current children's social care structures, systems and processes across the region. It needs to be addressed by changes in governance, organisational arrangements, and a re-set of the focus to deliver on the requirements of the Children Order (Northern Ireland) 1995. It does not need a fundamental change in the primary statutory legislation. It requires that what is required by statute is delivered. This should be tackled with pace and not allowed to drift.**

6.7 The Review's reflections and recommendations below work from the top down – from governance, to organisation, to practice. This top-down sequence is the opposite of the engagement process throughout the Review. It prioritised building an understanding of what the current situation is within Northern Ireland by engaging with children and young people, with parents and careers, and with practitioners and managers within statutory and voluntary and community services for children and families. There was then checking out and getting the perspective of senior leaders, policy makers, and those within Northern Ireland's children's social care regional infrastructure organisations and within partner agencies and professions, including other statutory services (such within health services and in education, justice and housing) that work with children and families and alongside children's social care services.

6.8 The rationale for the reflections and recommendations to start with governance and then organisation is that it is the strong and clear view from this Review that unless and until the governance and organisational issues are addressed and sorted the practice issues will remain unsorted and unsortable. To start with practice would be like moving the deck chairs around on the Titanic (the Titanic is referred to later as well!) while bigger and all encompassing issues remained unaddressed. The sequence of reflections and recommendations below follows the major overall conclusion of the Review.

6.9 What leads to the conclusion above? There have been longstanding concerns about a number of issues:

6.9.1 The first relates to the workforce within children's social care with high levels of vacancies and turnover, an increasing proportion of more recently qualified and less experienced workers, and with leadership churn and change.

6.9.2 The second issue, which follows from the first, is about children and families who have been assessed as crossing the threshold for the involvement of statutory children's social care services but where they

are on waiting lists for allocation, or if allocated to a worker they may receive little attention or with little active work being undertaken. The pressure is to close work down quickly to take on the new work which is coming in, and to pass more need for help to the voluntary and community sector which then traps statutory organisations and workers in their much more limited role as noted next.

- 6.9.3 The third issue, is that rather than a system and service focussed on children in need, it is targeted and skewed to child protection investigations and monitoring and surveillance and to the statutory removal and care of children from their families. It is not fulfilling the intentions of the primary statute.
- 6.9.4 The fourth issue is that it has not been possible to tackle the concerns above within the current governance and structural arrangements despite the commitment by, and the extensive time given to, previous reviews and past, recent and present strategic forums and working groups.
- 6.9.5 And whilst there are longstanding concerns the crisis is continuing to intensify and deepen. It is moving in the wrong direction.
- 6.10 Each of these major issues are considered below but none will be sufficiently or satisfactorily addressed in isolation. They all need to be tackled together to address the significant crisis in children's social care.

## **CHAPTER SIX REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION: The difficulties within the region's children's social care services are systemic and endemic.**

**RECOMMENDATION: There is a clear and firm recommendation emphasised above for a region-wide Children and Families ALB. So much which follows is likely to be dependent for its impact on having a regional ALB.**

## **CHAPTER SEVEN**

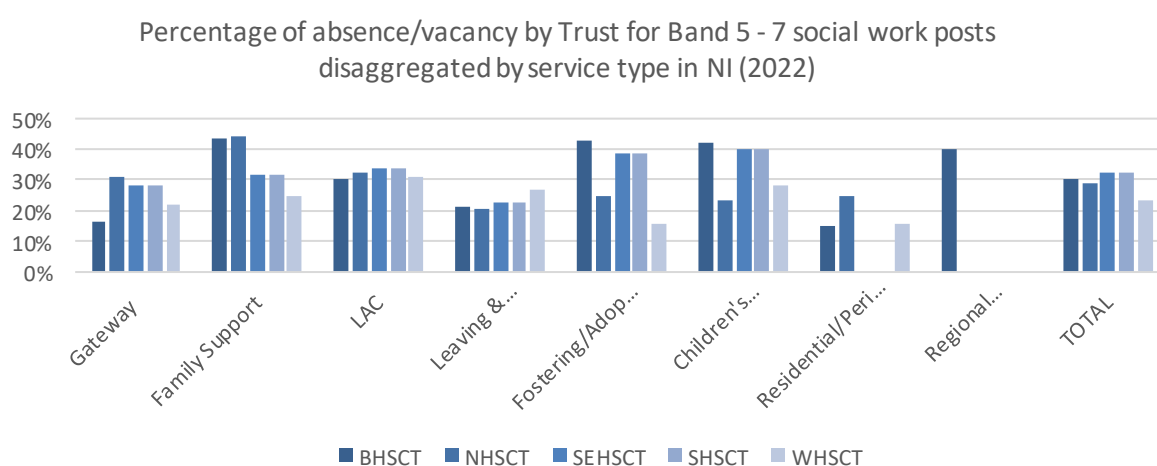
### **THE WORKFORCE**

- 7.1 There have been times when it has been expressed that this Review is only about social work with children, a misunderstanding which has even been expressed by some key senior leaders. It is not. It is a review of children's social care. Social work is the primary profession within children's social care, but there are many others who work with children and families within children's social care services.
- 7.2 But the assumption that children's social care is covered by and equated with social work does reflect that there is less of a skills mix in children's social care in Northern Ireland than might be expected or desirable and that social workers are deployed in roles which might not best draw on their core professional competencies while others are excluded from these roles. This is explored later.
- 7.3 There has also sometimes been the assumption that this Review is only about children's social care services provided by and based within the Health and Social Care Trusts. It is not. It is the five HSCTs which have the main role in providing statutory children's social care services but other statutory services in Northern Ireland and the region's voluntary and community sector also make a substantial social care contribution for children and families.
- 7.4 However, unlike in particular in England and also across each of the comparison UK administrations and the Republic of Ireland, there is in Northern Ireland a much more limited private sector presence within children's social care services. Less money is decanting out of services for children and families as profits to often distant company owners. In Northern Ireland it is positive that leadership remains within the region and the public sector and with the priority and focus remaining on help for children and families rather than the interest of company shareholders.

7.5 In total there are circa 2600 social workers working within statutory children and families services across Northern Ireland. As noted above, the workforce cross-country workforce comparisons would suggest that Northern Ireland has a relatively higher number of children’s and families’ social workers. Most are employed within the five HSCTs, and there are also 160 social workers employed as education welfare officers within the Education Authority, which in total employs 220 social workers, and the Youth Justice Agency employs 58.5 social workers. There are circa 20 social workers employed within the Department of Health in roles focused on strategic planning, performance monitoring and performance management, workforce policy and development, and professional advice to inform policy/ legislation development.

7.6 The lead role in terms of children’s social care provision lies with the five HSCTs. There are high levels of social work vacancies across the five HSCTs, vacancies have been high for some time, and there are variations between the Trusts as to where vacancies are highest. The figure below has been prepared by CES. It is based on the reports compiled within the SPPG which aggregates vacancies with staff absence due to, for example, sickness. As can be seen, many teams and services are operating with a third or more of social work posts vacant or staff absent.

**Figure 9** Percentage of Absence/Vacancy by Trust for Band 5-7 Social Work posts disaggregated by Service Type in NI, 2022





7.7 The high number of social worker vacancies within the HSCTs has a number of implications:

- 7.7.1 It is difficult – indeed not feasible – to respond to all the work which is coming in, hence the high numbers of unallocated cases and waiting lists for allocation and services.
- 7.7.2 Work which is allocated may not get the attention it requires and is, as noted in the TOR for this Review, “unattended”.
- 7.7.3 Children and families with what may be significant needs for help may then not get the assistance they need, or any assistance they get will only be from the referral agency (for example, a school) with no or limited response from the Trusts’ children’s social care services, or the family may be referred through the family support hubs (FSHs) to the voluntary and community sector.
- 7.7.4 Yet the workloads remain high for social workers within the Trusts, there is the pressure to close work down to take on new incoming work, and the stress and dissatisfaction with their role leads to resignations and movement to other services and roles – which are sometimes readily available in Northern Ireland as new innovative initiatives are introduced and given priority, sometime based on the availability of time-limited short-term funding which has to be allocated and used quickly. Examples over recent years include:
  - Rolling out a region-wide adoption of the ‘Signs of Safety’ (child protection) practice model, funded within the £1 billion additional funding allocated by the UK government to Northern Ireland as part of the Confidence and Supply arrangement between the DUP and the Conservative government after the 2017 UK election.

- The current region-wide role out of a trauma-informed approach to working with children and families and the Integrated Therapeutic Care Framework for Looked After Children and Young People in Northern Ireland.<sup>89</sup>
- The priority given to creating multi-disciplinary teams (MDTs) within primary care with over 80 social worker posts within the MDTs.
- The project work on the new Encompass health-based information system which in Northern Ireland is intended to also be the information system for children's social care.

7.8 All of these examples are of actions and initiatives which may have significant value in their own right but they have the aggregated impact of denuding frontline services of experienced practitioners, supervisors and managers. It contributes to the Trusts becoming increasingly dependent on relatively inexperienced newly qualifying social workers who have great commitment and considerable potential but who themselves can be overwhelmed and may move on relatively quickly to other roles.

7.9 There are three further issues impinging on the children's social work workforce within the Trusts – the process of recruitment; the grading and banding structure; and the routes into social work education and qualification.

## **RECRUITMENT PROCESS**

7.10 The recruitment into the Trust's children's social care services has since 2009 been within the remit of a regional Business Services Organisation (BSO). It was introduced to generate economy and efficiency in the recruitment and staffing administration processes within a regional shared services model. It applies to other HSCT employees and potential employees

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<sup>89</sup> <https://www.health-ni.gov.uk/publications/nifitc-overview-document>

as well as those seeking to work and working within the Trusts' children's social care services.

7.11 There are a range of views about how this is working but the most frequent view expressed during this Review, and the conclusion now of the Review, is that this centralised process is a hindrance and not a help. The BOS itself seems to be under pressure and may not be able to keep up with its administrative workload.

7.12 There are delays in the recruitment and appointment process – with examples having been given of it taking months for appointments to be made, months before contracts are issued, and for months before some of those newly in post start to receive payment.

7.13 There is also the issue that those who might apply to work within the HSCTs' children's social care services are not necessarily interviewed by the manager of the team or service where they are offered employment. The candidates themselves cannot determine where they want to work although they can specify the type of service and role in which they want to work. If successful through a regional panel selection process they are added to a regional list. They are offered posts when they become available but if they refuse two job offers they are removed from the recruitment waiting list.

7.14 One consequence of this process is that, even if it has not been an overwhelming deterrence for working within Trusts' children's services, it has previously encouraged newly qualifying social workers to seek employment through social work employment agencies as they have been able to have more control over where they work. The other consequence is that team managers and others within the Trusts have sought to create 'work-arounds' where, in particular, they can hold on to newly qualifying social workers who are within their teams on their final course placement.

## GRADING AND BANDING STRUCTURE

7.15 The terms and conditions of those working within the Trusts' children's social care services are determined within the Health Service 'Agenda for Change' framework. This is the NHS pay and conditions structure negotiated between the NHS and trade unions in 2004 and applies to all NHS employees (with some exceptions for top senior managers and for doctors). It was introduced to harmonise and make consistent terms and conditions of employment for everyone who works in the NHS no matter where they might be employed and located.

7.16 Northern Ireland is exceptional across the UK in that, unlike elsewhere, the HSCTs are the major employer of children's (and adults') social workers and many other social care workers. Hence in Northern Ireland 'Agenda for Change' applies to social workers and others who are employed within the Trusts' children's social care services.

7.17 This has its strengths. It means terms and conditions of employment are generally consistent across the region's five HSCTs. For those working in children's social care it also means that when higher profile nursing and other health colleagues and their trade unions are able to negotiate on pay awards and other employment conditions then the social workers and other social care workers can piggy-back on whatever is determined<sup>90</sup>.

7.18 But it also has its limitations. As potentially a smaller, and may be more marginal, workforce within Northern Ireland's HSCTs particular requirements and opportunities relevant for children's social care services may be hindered and unaddressed.

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<sup>90</sup>[https://www.communitycare.co.uk/2023/03/16/pay-boost-on-cards-for-nhs-social-workers-as-government-and-unions-settle-protracted-dispute/?utm\\_campaign=CC%20Snapshot%2017-03-2023&utm\\_content=Top%20news%2](https://www.communitycare.co.uk/2023/03/16/pay-boost-on-cards-for-nhs-social-workers-as-government-and-unions-settle-protracted-dispute/?utm_campaign=CC%20Snapshot%2017-03-2023&utm_content=Top%20news%2)

## 7.19 Two examples:

7.19.1 Within the HSCTs' frontline children's social services teams newly qualified social workers are employed at 'Agenda for Change' Band 5. After successfully completing their first assessed year of employment (AYE) they progress to Band 6. Many are then held at Band 6 and cannot progress further as there are only a limited number of Band 7 'senior practitioner' posts. But the 'senior social workers' in the frontline fieldwork teams are also graded at Band 7s, despite being accountable and responsible as the team managers. It is recommended by this Review that senior social workers should be re-titled team managers and re-graded to Band 8a.

7.19.2 Grading scales within the HSCTs in Northern Ireland are short with the consequence that salary progression within a role and grade is limited despite increasing experience. This in itself may hamper retention. It also has the consequence that bands closely back onto each other leaving limited salary recognition when moving to a higher graded role.

## **RETENTION AS MUCH AS RECRUITMENT**

7.20 Retention is as much, if not more so, a key workforce issue compared to recruitment if the requirement is to be met of building and maintaining an experienced, stable, competent and confident workforce. The following actions are likely to assist retention:

7.20.1 End the limitation on the numbers of social workers who can progress to Band 7, but link progression to Band 7 to having at least three years post-qualifying experience which would be a positive response to the issue identified in the government's response to the England children's social care review:

*Feedback from the workforce has suggested that years 2 to 4 of social workers' career are often the toughest as they lose the support provided by the Assessed and Supported Year in Employment (ASYE) programme).*<sup>91</sup>

7.20.2 It is also proposed that progression is dependent on completing a post-qualifying award in social work with modules relevant to the role which is held (e.g. assessment; working with parents; communication with children with a disability; working with adolescents; residential social work), and that this should be achievable within two to three years following the completion of the AYE year.

7.20.3 As it is likely to take three years plus to have the proposed PQ process operational and for social workers to have completed the children and families PQ award, introduce now a temporary process whereby – without a limit on numbers – social workers can progress from Band 6 to Band 7 following a competency recommendation from their immediate manager for a decision by a head of service.

7.20.4 Re-title and re-grade senior social workers as team managers on Band 8a and with possibly slightly larger teams with wider skills mix and for existing Band 7 senior social workers and Band 8a principal social workers as the cohort of team managers. Remove the principal social worker role noting that Band 8a team managers should not require the close supervision and support of principal social workers.

7.20.5 Within the remaining Band 7 role have the possibility of allocating supervisory responsibility for (some) unqualified workers within the slightly larger teams.

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1147317/Children\\_s\\_social\\_care\\_stable\\_homes\\_consultation\\_February\\_2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1147317/Children_s_social_care_stable_homes_consultation_February_2023.pdf) p.118

7.20.6 Slightly larger teams should have a wider skills mix, to include family support workers, contact workers, social work assistants and administrative assistants, and other workers skilled and qualified in responding to issues of mental health, drug and alcohol misuse, and domestic violence. This, with more social worker progression to Band 7 as a contribution to retention, should make teams more experienced, more stable and more resilient compared to what are now sometimes quite small teams which are more vulnerable when there are staff absences and vacancies.

7.20.7 It will also be important to expand qualification opportunities for the larger cohort of unqualified workers by increasing the routes into social work, including reintroducing the trainee social worker route. Some of the longest serving social workers and managers met during this Review qualified through the trainee route. They were already well embedded with their families and in their communities which they have then continued to assist. There is further discussion later about social work education.

7.21 Retention is such a crucial issue in addressing the current crisis in children's social care that there are a number of other retention measures which should be considered including recognising continuing and long service through a reward payment at the end of two years (a crucial time in holding on to social workers after their first two years in employment) ) and again at five years and ten years, and providing more assistance and funding for workers' own child and other dependent care and with more readily negotiated flexible employment contracts.

7.22 It is likely to be more possible within a separate and dedicated region-wide children and families social care arms-length body to take the actions needed to build and stabilise Northern Ireland's children's social care workforce. There would still be the requirement to work within the 'agenda for change' (AfC) structures and processes developed for health services. But

within a separate region-wide children and families social care arms-length body there might be more flexibility to achieve what is needed for children's social care.

## **CHAPTER SEVEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** There are significant issues which need to be addressed to stabilise the children's social care workforce.

**RECOMMENDATION:** The organisations delivering children's social care services should undertake their own staff recruitment.

**RECOMMENDATION:** Grading and banding structures need to be reviewed and revised.

**RECOMMENDATION:** Alongside a greater skills mix, re-establish the trainee social worker role and qualification route.

**RECOMMENDATION:** There should be a focus on staff retention.

**There should be a warning and wariness, however, about the proposals above being seen as prescriptive. What is necessary and essential is that the leaders of children's social care services, along with their colleagues in the workforce and their representatives, should decide on and shape the specific actions to be taken and for which they would then have a responsibility to successfully implement. There is always a danger of proposals prepared by here today - gone tomorrow consultants (and reviewers!) being taken forward but with no commitment or ownership by those who have to make it work.**



## **CHAPTER EIGHT**

### **MANAGEMENT AND LEADERSHIP**

- 8.1 There is not only a general workforce crisis across Northern Ireland's children's social care services. There is also a leadership crisis.
- 8.2 Public sector salaries, such as social worker pay, are generally lower than elsewhere within the UK and in the Republic. This has a particular impact for services located close to the border with the Republic and also fuels outward migration of public sector professionals to the rest of the UK. It is particularly stark in relation to management and senior leadership posts. This has consequences. It makes these posts less attractive both to those already within the region and to those who might otherwise consider moving to Northern Ireland.
- 8.3 Whilst Northern Ireland has a positive recognition of the importance and contribution of professions and professional practitioners it does not seem to give the same recognition to the value of experienced, skilled and wise management and leadership.
- 8.4 There is a particular legacy of the decision taken in recent years to cap and freeze the salaries of senior managers resulting in some of the colleagues they directly manage now being paid more than the senior managers. This needs to be tackled with urgency. It is disrespectful of those holding key leadership roles, may have contributed to some of the leadership turnover and churn and change, undermines feeling valued despite working under considerable pressure, and will hinder future recruitment into these roles.

### **DISTRACTED AND DISEMPOWERED**

- 8.5 But the more significant difficulties for Directors of Children's Services within the HSCTs are that they are distracted and disempowered.

- 8.6 The HSCTs in Northern Ireland are especially big and complex organisations. They have the responsibility for acute and community hospitals, for community health services (excluding GP services), mental health, learning disability, and social care for children and for adults. They have the responsibility for the delivery of health and social care across the life span, and cover populations of between just over 300,000 (Western HSCT) and 480,000 (Northern HSCT).
- 8.7 The five HSCTs were created in 2007 by bringing together what previously had been eighteen separate trusts. Two years later four geographical health and social care commissioning boards were replaced by one Health and Social Care Board (which in 2022 was closed and with its personnel brought into the Department of Health's newly formed the Strategic Planning and Performance Group).
- 8.8 The 2009 changes maintained the arrangement introduced in 1973 of children's and adult's social care being integrated alongside health services within the same organisations. This differs from the rest of the UK where social care for children and adults is the responsibility of local authorities. As noted above, amid concerns about the sectarian divide in the 1970s and beyond local councils were not seen as an acceptable vehicle for decisions about and delivery of services such as social care, housing and education.
- 8.9 There are three particular consequences of these historic and continuing arrangements:
- 8.9.1 First, the HSCTs in Northern Ireland have a range of responsibilities which, for example, in England would be covered by and spread across several different organisations. Each large acute hospital might be a separate trust, community health services might be a separate trust, there might be separate trusts for mental health and learning disability services, and children's and adults' social care would be separately led and managed within local councils. The Belfast HSCT might if covering a city population of 340,00 in England be six to eight separate services

and organisations - two or three acute hospital trusts; a community health care trust; a combined or two separate trusts for mental health and learning disability; and two separate services for children's social care and adult social care.

8.9.2 Second, the HSCTs across Northern Ireland (as elsewhere in the UK and the ROI) have big health service issues which dominate their agendas:

*“Waiting times for outpatient appointments, hospital procedures, emergency care, GPs and community health services have all hit record levels in Northern Ireland, with health care staff and patients declaring it the “worst ever” crisis to hit health services in the region. The impact of the COVID-19 pandemic, ever-growing patient demand, staff shortages, and the failure to put together a new Executive government following the recent Northern Ireland elections are being cited as the key drivers of the crisis, with health care staff now at breaking point.”<sup>92</sup>*

8.9.3 Third, it is the conclusion of this Review that there are difficulties which continue to need resolving in the governance (and commissioning) arrangements for health and social care services which were shaped fifty years ago in 1973 and were in essence continued within the 2007 and 2009 changes, and which are discussed in the next chapter.

8.10 Within the HSCTs children's social care is a small fraction of their responsibilities. It has to fight for attention in competition with the big issues facing health services and especially hospitals. This is an uphill struggle. It does not reflect any lack of will or commitment by the HSCTs' chairs, boards, chief executive and top corporate management teams, but the inevitable every-day reality is that the health and hospital crises dominate time and focus.

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<sup>92</sup><https://www.medscape.co.uk/viewarticle/health-care-services-northern-ireland-its-knees-2022a1001c4d>

- 8.11 The Directors of Children's Services not only have the experience of children's social care being less prominent, and may be more marginal, within the issues facing the Trusts, but they are also drawn into daily and weekly corporate discussions and activities focussed on tackling the urgent health service issues, and are on rotas to respond to immediate crises in hospitals. Their and the media and public attention is drawn to ambulances delayed outside of accident and emergency (A and E) departments, waiting times within overwhelmed A and E departments, difficulties in getting patients admitted from A and E departments to in-patient beds and subsequent delays in their discharge, along with the context of extensive waiting times and numbers waiting for out-patient appointments and elective treatment and surgery.
- 8.12 There are variations between Trusts about the status of Directors of Children's Services and whether they are second, third or fourth tier. Two of the five current post holders are also interim appointments.
- 8.13 There are also variations in the range of responsibilities allocated to and held by Directors of Children's Services in addition to their leadership role of children's social care. In one Trust, for example, the director of children's services also has responsibility for out-patient and in-patient paediatric services and genito urinary medicine, along with women's health, including maternity, gynaecology and obstetrics out-patient and in-patient services. Other Directors of Children's Services have in-patient and community paediatric services within their management responsibilities. One director also has dentistry as a management responsibility.
- 8.14 As the most senior professional social worker within the Trusts the Directors of Children's Services are usually (but not always) the executive directors of social work with a remit which spans professional issues and developments for social workers working within adult health, including mental health, services. This, along with their experience within child protection, draws them into the expanding workloads related to adult safeguarding and domestic homicide reviews.

8.15 It might not be a surprise taking into account the points above that the Directors of Children's Services have stated that they only spend about 30% of their time focussed on their children's social care services.

#### **CHAPTER EIGHT REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** HSCTs are big and busy organisations with major responsibilities covering a wide range of hospital and health services along with adult and children's social care. Children's social care is likely to be less prominent amongst the attention needed to be given to hospitals and other health services.

**REFLECTION:** Directors of Children's Services have roles and responsibilities within the HSCTs which are wider than children's social care and which distract from their focus on, and the time they can give to, children's social care.

**RECOMMENDATION:** Statutory children's and families' social care services need to be located within an organisation where this is the primary focus of the organisation.

**RECOMMENDATION:** Future arrangements need to allow the leaders of statutory children's social services to focus on the services without the allocation of other roles and responsibilities.



## CHAPTER NINE

### GOVERNANCE AND GOVERNMENT

- 9.1 But the Directors of Children’s Services are not only distracted and deployed away from children’s social care by other responsibilities and pressures within the HSCTs. They have also been distracted and disempowered by the Department for Health and the governance arrangements for children’s social care in Northern Ireland, and which have had the additional consequence of making authority and accountability more opaque.
- 9.2 The relatively recent Health and Social Care Act (Northern Ireland) 2022 is still in the process of being bedded in. Clarifying its practical on-the-ground implications for the governance of statutory children’s social care services, and the relationships between the Department of Health and the HSCTs, is work in progress.
- 9.3 The recent change in 2022 closing the Health and Social Care Board, and with its personnel brought into the Department of Health’s newly formed Strategic Planning and Performance Group (SPPG), is recognised to have led to some uncertainty and is not likely, without a clear understanding of its intended implications, to address key governance issues for children’s social care, despite the intention of the Minister of Health in 2015:

*"We have too many layers in our system. I want to see the Department take firmer, strategic control of our Health and Social Care system with our Trusts responsible for the planning of care in their areas and the operational independence to deliver it. What I am signalling is an end to the current way we commission healthcare in Northern Ireland. It has not worked and arguably is never going to work well in a small region like ours. I propose that we close down the Health and Social Care Board. This is about structures, not people. The Board has many talented people working within it, doing many important things to a very high standard. But the administrative structures*

*created during the last Assembly term do not serve us well especially as they blur the lines of accountability and weaken authority.”<sup>93</sup>*

9.4 Prior to the closure of the Health and Social Care Board in April 2022 the HSCTs were tasked to deliver what were called ‘delegated statutory functions’ (DSFs). These are the functions – the responsibilities – which are determined by the relevant children’s legislation. But rather than the legislation placing the statutory authority and responsibility on the HSCTs the statutory responsibility and authority in Northern Ireland was held by the Health and Social Care Board which then ‘delegated’ its responsibilities to the HSCTs.

9.5 There has been some difference of view over the past year about the practical implications of the 2022 change closing the arms-length HSCB and with the formation of the SPPG within the Department of Health.

9.6 In an undated paper provided to the Review in March 2023, when clarity was sought from SPPG about its role, it is stated:

*“Following closure of the HSCB the important role in relation to statutory functions will be continued by the SPPG. Until now the legislation assigned the statutory functions to the HSCB who in turn delegated these to the Trusts. As the new SPPG is now part of the DoH the duties can no longer be delegated to Trusts through the HSCB but come directly from the DoH [of which the SPPG is a part] and will be known as directed statutory functions.”<sup>94</sup>*

9.7 So it had been stated that “[the HSCB’s] important role in relation to statutory functions will be continued by the SPPG” and that ‘delegated statutory functions’ have become ‘directed statutory functions’. This is now

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<sup>93</sup><https://www.health-ni.gov.uk/news/hamilton-outlines-ambitious-vision-health-and-social-care-northern-ireland>

<sup>94</sup> ‘Role of SPPG Children’s Services and Relationships with Trusts in the New Arrangement’ (no author or date given).



understood within this Review not to be the intended governance relationship between the Department of Health and the HSCTs.

9.8 The Health and Social Care Act (Northern Ireland) 2022 detailed the “social care and children’s functions” that are exercisable directly by HSCTs. In essence, it is now the HSCTs that have the statutory responsibility and accountability for fulfilling these functions. The responsibility is given to the HSCTs by statute, not as before ‘delegated’ by the HSCB nor now ‘directed’ by the SPPG within the Department of Health. This gives clarity that *statutory responsibility* and *accountability* is held by HSCTs.

9.9 But what about *authority*? Here it seems still to be potentially somewhat confusing. In fulfilling their statutory functions each HSCT has to submit for approval to the (SPPG within the) Department of Health a ‘scheme’ in relation to how they will carry out their statutory functions and this scheme has to be approved, or can be modified, by the Department of Health. The legislation also empowers the Department of Health to direct HSCTs (by way of a Direction) about how HSCT’s social care and children’s functions should be carried out.

9.10 It seems, therefore, that although the position is that the HSCTs are given by statute the responsibility to provide statutory children’s social care services, they have to seek and gain approval from the Department of Health as to how they will provide and deliver those services and the Department of Health can direct how the services are to be provided.

9.11 As well as its role in commissioning children’s social care services from the five HSCTs the SPPG can also choose to directly itself commission and fund services from voluntary and community organisations and the private sector:

*“Commissioning is an important role for [the] Social Care and Children [directorates within SPPG] ... This involves commissioning or developing services within Trusts, as well as*

*buying in services from community, voluntary and private providers.”<sup>95</sup>*

9.12 Within the previous, and the relatively new current arrangements, emphasis is given to the Department of Health *performance monitoring* and *performance managing* how statutory children’s social care services responsibilities and services are being delivered. The performance monitoring and performance management tasks lies within the remit of the SPPG.

9.13 What has been put in place in Northern Ireland is the requirement to submit reports each month from the HSCTs to the SPPG on aspects of children’s social care services. There have been monthly meetings of all the Directors of Children’s Services with the SPPG. There are additional individual meetings of the Directors of Children’s Services with the SPPG to discuss the services they manage. There have also been regular meetings led by SPPG with all of the assistant directors within children’s services within the Trusts, and in more role specific groupings (e.g. on family support and child protection or on corporate parenting). It has been described as a level of micro-reporting and management which is taking much of the time of service managers within the Trusts. It places the SPPG as having the seniority to lead meetings of senior children’s social care managers within the HSCTs.

9.14 It is taking time away from the direct senior management oversight of, and engagement with, frontline services within the Trusts. It is understood within this Review that the meetings seek to enable the tackling of service issues and difficulties and also to promote consistency across the region’s five HSCTs, and that the meetings assist the SPPG in fulfilling its performance monitoring role.

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<sup>95</sup> ‘Role of SPPG Children’s Services and Relationships with Trusts in the New Arrangement’ (no author or date given).

9.15 A briefing note prepared as this Report was being finalised stated that the Health and Social Care Act (Northern Ireland) 2022 *“enabled that the Department of Health may by ‘delegation direction’ provide for specified functions of the Department to be exercisable, in relation to the operational area of a specified HSCT, by that Trust on behalf of the Department. However, there are no ‘delegated directions’ in place at the minute and we anticipate very limited and occasional use of these in the future”*.

9.16 What this is understood to mean is that although the Department of Health has the power to give a ‘delegated direction’ this would be in relation to a function not already allocated by legislation as a statutory responsibility to the HSCTs.

9.17 As the practical governance implications of the 2022 Health and Social Care Act (Northern Ireland) are explored a key issue would seem to be clarification of the nature of the governance relationship and behaviours between the HSCTs as the legally defined responsible and accountable providers of statutory children’s social care services and the Department of Health with its performance monitoring and performance management roles. To what extent should the Department of Health be hands-on or hands-off?

9.18 Within the post-2022 legislative arrangement giving clear statutory authority to the HSCTs to shape and deliver what are now their statutory responsibilities for children’s social care services the role of the Department of Health might be seen to be more enabling rather than directing, although with it needing the oversight to allow it to intervene if there are serious concerns about how services are being delivered. However, only in exceptional circumstances would the Department of Health give directions or use its powers to tackle serious poor performance by the HSCTs. But this may clash with the message which has been heard during this Review that the SPPG intends to strengthen its focus on performance management.

9.19 Much of this is about relationships and it is also about power and status within the relationships. It is the recommendation of this Review that the

Directors of Children’s Services, and other senior managers of statutory children’s social care services, should be given greater recognition as children’s social care leaders, should have more space and status to give this leadership, and that there should be a re-balancing within the relationship with the Department of Health and what it has required in terms of time and attention from the Directors of Children’s Services.

9.20 This would seem to be what is intended by the 2022 Act and the primary aim of the then Minister of Health in 2015 when he referred to the governance arrangements which were *“never going to work well in a small region like ours”*. He wanted *“Trusts [to be] responsible for the planning of care in their areas and the operational independence to deliver it”* and to address the arrangements which did *“not serve us well especially as they blur the lines of accountability and weaken authority”*.

9.21 In summary, what much of the above means is that rather than the senior managers of children’s social services having been focused on **looking down and out** – down to their frontline services and out into the communities they serve – much of their time has taken by **looking up and in** – up to the Department of Health and in to the corporate HSCTs. The recommendation of this Review is that this needs a re-set.

## **GRIP AND GRAVITAS**

9.22 As noted above the Directors of Children’s Services are distracted and disempowered in leading children’s social care services. These services may be smaller scale and on the margins of attention compared to the very big agendas having to be tackled by the HSCTs for hospital and health (and adult social care) services.

9.23 The Directors of Children’s Services need the time to lead children’s social care services without distraction and deployment elsewhere and they need the authority and accountability to be able to ‘grip’ and tackle the long-standing but increasingly prevalent issues within the services. They need to be able to do this without having to frequently report to others.

- 9.24 But there is also a need for position status and what might be termed 'gravitas' to be held by the leaders of children's social care services. They need to be able to 'own' the space and to have the organisational and community status and profile to be able to be the strategic leaders of the help and actions required to address the needs of children and families who may be struggling and in difficulty.
- 9.25 This is not a comment or negative reflection on the competency or capacity of the current Directors of Children's Services. They are limited and hampered by the current arrangements.
- 9.26 Within a Children and Families ALB there would be the ALB chair with the significant status of governance leadership along with the ALB's board, and a chief executive with, as suggested by this Review, five geographical Directors of Children's Services with the profiles and 'gravitas' to 'grip' the issues which need to be addressed and to be the strategic leaders working with children and families, communities, and partner organisations.
- 9.27 This would recognise and deliver on the leadership requirements and the culture necessary within children's social care. First, there should be the imperative of being engaged with children and their families, and the communities in which they live, to understand their needs and together to shape how these needs will be met. This is different from the expert who decides on their own what should be done.
- 9.28 Secondly, the managers of children's social care services are not only the organisational leaders – they are also the practice and 'clinical' leaders. Within children's social care practice and organisational leadership are combined.
- 9.29 This responsibility within children's social services requires that as practice leaders, and with accountability for practice standards and the quality of practice, the top leaders of children's social services need to stay well informed about, visible to, and engaged with their frontline workers

and teams. This is a lesson from Lord Laming’s Climbie Inquiry<sup>96</sup> and from OFSTED inspections in England with OFSTED commenting with regard to the services they judged as the best that:

*Leaders, including the Director of Children’s Services (DCS), chief executive and lead member, used a variety of methods to ensure they had a firm ‘grip’ on frontline practice. This meant that they had a good understanding of the strengths and weaknesses of their workforce and the needs and quality of the services being provided ... Leaders were visible and knowledgeable ... Leaders got to know social workers and the children they worked with ... Leaders, especially DCSs, spent time building and maintaining relationships with staff.<sup>97</sup>*

9.30 There has been much evidence during this Review that Directors of Children’s Services and other managers within children’s social care services within the HSCTs seek to stay informed about and close to their frontline teams and practitioners. There has also been the concern, however, that Directors of Children’s Services time to stay close to their frontline teams and practice was limited and squeezed by the range of responsibilities they held and the demands and distractions within the current arrangements within Northern Ireland.

## **CHILDREN’S SOCIAL CARE WITHIN THE DEPARTMENT OF HEALTH**

9.31 Within the Department of Health there are three separate divisions which have specific roles in shaping children’s social care services. There is the SPPG with its remit to strategically plan and performance monitor and performance manage children’s social care services across the region. There is the Family and Children's Policy Directorate which generates the policy and legislative frameworks. And there is the Office of the Chief Social

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<sup>96</sup> <https://www.gov.uk/government/publications/the-victoria-climbie-inquiry-report-of-an-inquiry-by-lord-laming>

<sup>97</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/424193/Joining\\_the\\_dots\\_effective\\_leadership\\_of\\_childrens\\_services.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/424193/Joining_the_dots_effective_leadership_of_childrens_services.pdf)

Worker (OCSW) which has responsibility for social care and social work workforce policy, qualifications, training and development, professional regulation, standards and professional guidance, and professional advice to all government departments and sectors on social work and social care.

9.32 It is a thought from this Review that there would be greater clarity and focus if there were a Children's Social Care Division within the Department of Health which would bring together the children's social care functions and responsibilities which are spread across the Department. This may also allow for some savings to be made and more coordination of the relationships with the providers of children's social care services.

9.33 Work is underway to tackle some of the immediate difficulties facing children's social care services with a Children's Social Care Strategic Reform programme recently established by the Department of Health. It will have eight work streams looking at unallocated cases, looked after children's placements, children with a disability, policy and legislation, the secure campus, workforce, foster care, and reducing unnecessary bureaucracy. It is understood that any additional reforms arising from this Review will also be overseen by way of this programme. It is a programme being led by the deputy Permanent Secretary with the brief for social care policy rather than by the deputy Permanent Secretary who heads the Strategic Planning and Performance Group.

#### **CHAPTER NINE REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION: Directors of Children's Services, and other senior managers, have been distracted and disempowered within the governance and organisational arrangements for statutory children's social care.**

**RECOMMENDATION: The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland).**

**RECOMMENDATION: Consideration should be given to establishing a children's and families social care division in the Department of Health.**





## CHAPTER TEN

### MORE NOT LESS INTEGRATION

10.1 Refocusing and resetting the arrangements for children's social care in Northern Ireland to address the systemic and endemic issues which need to be tackled will be challenging. This is especially so when there is the argument and belief among some key decision makers that the difficulties for children's social care can be sorted within the current arrangements which just need to be made to work better or through further developing 'integrated' health and social care organisations to include children's social care. An obvious response is why had this not been actioned when the systemic and endemic problems have been reported on regularly, are of long-standing, and are well known.

10.2 The issue of unwinding children's social care from 'integrated' health and social care services is even more challenging when Northern Ireland has been badged and celebrated for fifty years since 1973 as having integrated health and social care within single organisations.

10.3 But the experience of this Review of children's social care is that although it has been housed within the same organisations as health care and adult social care frontline children's social care services are largely separately managed and are within separate professional silos.

10.4 A concern frequently expressed throughout this Review by parents and carers is that services are fragmented with different front-doors, different access requirements and waiting lists, and with different workers not engaged, aware of, and communicating with each other. This is the experience which has been reported by, for example, parents of children with a disability and it has been the experience of other families who have had engagement with children's social care services.

- 10.5 The Review has found impressive examples of multi-professional services – including for children with a disability and their families, within child and adolescent mental health services, working with children in schools, youth justice, for looked after children in residential care, and in leaving care services, but this is not consistent or prevalent across the region.
- 10.6 There are separate points of entry, separate triaging processes, separate waiting lists, and separate (although sometime co-located) specialist professional groupings of workers. Children and families have commented that they have to find out about, navigate, and manage their differing and complex interactions with separate services. This was a clear concern expressed, for example, by parents throughout this Review, along with the concern that there was no consistency of arrangements between the five HSCTs.
- 10.7 There is considerable sense in developing integrated health and social care services where the significant needs to be addressed span health and social care. This would include providing treatment, support and care for people with physical and sensory impairments, people with chronic long-term health conditions, and people with learning disabilities and enduring mental health difficulties. In each instance it is the health condition or impairment which is at the core of the need for help.
- 10.8 But this is not the position for the many of the children and families who need to be engaged with children’s social care services. It is not a health concern or disability which is at the centre of their difficulties. Instead, it is difficulties around parenting and being cared for within families stressed by poverty, conflict within relationships, and for some issues concerning parenting competence and capacity, and with issues about the not unrelated troubled and troublesome behaviour of children and young people. The service interfaces may be more about children’s social care linking with early years provision, schools, police, courts and youth justice, housing and benefits, and community and voluntary organisations working with homelessness, domestic violence, and disaffected young people.

10.9 But the rhetoric in Northern Ireland, and the policy thrust, is towards integrated health and social care and for this to include children's and families' social care.

10.10 Current developments which are underway include the work programme to introduce 'integrated care systems' (ICSs) to promote the vertical integration of hospital and community health services along with adult social care. Within ICSs more priority and attention is intended to be given to health promotion, health inequalities and the life-style predisposing factors of some health conditions, and with this all to be taken forward with more community engagement and community development.

10.11 It is an ambitious and positive agenda. But having read the reports and updates and watched the videos promoting and charting the ICS journey there is hardly any reference to or consideration of children's social care. The leaders of children's social care it seems have been rarely included and engaged in the work being undertaken. It does not bode well for children's social care being other than within a new model and system where it remains a marginal interest, replicating the current concerns about the space and attention it can be given within pressurised hospital and health dominated organisations and systems.

10.12 A second development, not unrelated to ICS, is the roll out across Northern Ireland of multi-disciplinary teams (MDTs) within primary health care. It may be a reflection that they are still at an early stage of development, and with only a partial roll out across the region dependent on the differing capacities of primary care general practice in different areas, but at this time they are more a (partial) co-location of different professionals and workers within a building. MDTs do not have a team structure with shared coordination or leadership. Instead, patients coming into the practice may be referred to different professionals within the building through the decision and triaging of the GP practice receptionist, practice manager, or after being seen by a GP.

10.13 The roll out of MDTs has had a significant implication for already stretched and strained children's social care services within the HSCTs as the MDTs have recruited experienced social workers and managers from the services. In total about 80 social workers are employed within MDTs with significant numbers having been previously employed within statutory children's social care teams. MDT employment offers Band 7 and Band 8a top practitioner gradings without holding statutory children's social care responsibilities for children in need, child protection and looked after children.

10.14 The role of social workers within the MDTs, as explained during the Review, is to work directly (largely through time-limited programmes of six- to eight weeks) with younger and older adults who present to GP practices, and with children and families where the thresholds for referral to statutory children's services are not met. Social workers in the MDTs seek to tackle the difficulties patients are experiencing (including for example housing and benefits issues as well as anxiety, isolation, loneliness and concerns about parenting and relationships), and through community engagement to develop resources within communities to respond to, for example, isolation and loneliness.

10.15 This is a very positive development and programme. There are though two caveats. First, the MDTs are predicated on employing experienced and top of the practitioner banding social workers. This is withdrawing some of the most experienced social workers (and managers) from the statutory teams compounding the workforce difficulties in these teams.

10.16 Second, MDTs may reduce the flow of demand to the statutory children and families teams, but based primarily on short-term time-limited interventions it may be that the MDT social workers become another referral source identifying need, assessing it as meeting the thresholds for the statutory services, and passing it to the statutory teams and increasing the workloads for those teams.

10.17 The third current development which is underway based on further driving health and social care integration is the development and roll out the 'Encompass' information system. It is described as:

*“a Health and Social Care Northern Ireland (HSCNI) wide initiative that will introduce a digital integrated care record to Northern Ireland ... Patients and their carers will be able to book appointments, review test results and correspondence, and communicate with those providing their care ... The system will provide real-time, up to date information to all those involved in caring for our patients, empowering them to make efficient, effective, patient-centred decisions.”<sup>98</sup>*

10.18 Encompass is based on 'Epic'. Epic is a US-developed hospital medical records system. In the US it holds patient medical records and enables the booking of appointments and the charging of patients and insurance companies for the treatment and services the patient has received. It has been introduced into to other countries and expanded to health care services outside of hospitals.

10.19 Development is underway to introduce Encompass based on Epic into Northern Ireland from the autumn of this year (2023). The intention in Northern Ireland is that although essentially a hospital and health care information system it will also be the information system to be used for children's social care across the region.

10.20 Within the current organisational arrangement in Northern Ireland of health, adult social care and children's social care being provided within the five HSCTs having one information system has logic. Integrated health and social care records, with a common identifier for each person, could assist in information sharing between services, albeit with concerns about and

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<sup>98</sup><https://hscboard.hscni.net/encompass/about-encompass/#:~:text=my%20case%20notes%3F-What%20is%20encompass%3F,easily%2C%20communicate%20with%20each%20other>

safeguards needed regarding accessing confidential clinical and other information about individuals.

10.21 This is a high risk strategy and development and is largely breaking new ground. It has been stated that in Finland the EPIC platform has included coverage for some children's social care services but Northern Ireland is in effect the UK's pilot site for the information and recording requirements of children's social care being tied into what is still essentially a hospital and health care information system.

10.22 The Terms of Reference for this Review explicitly asked that the Review give attention to the IT/IS support for children's social care:

*"A final consideration in this strand [on Service Structural Arrangements] is IT support. The five HSC Trusts use 2 different computer systems (PARIS and SOS CARE) 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."*<sup>99</sup>

10.23 There are examples of where EPIC has been introduced within health care systems outside the US there have been difficulties, as with EPIC's first introduction as an electronic patient record system at hospitals in Cambridgeshire in 2014<sup>100 101</sup>. These 'teething difficulties' may be inevitable and inherent within the introduction of any major new system.

10.24 The potential difficulties are likely to be compounded, however, by building into the system the novel requirement for the UK that it also services and stores children's social care records.

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<sup>99</sup><https://www.cscsreviewni.net/files/cscsreviewni/2022-03/terms-of-reference.pdf> p.20.

<sup>100</sup> <https://www.theguardian.com/technology/2014/dec/21/nhs-it-system-failings-addenbrookes-john-naughton>

<sup>101</sup> <https://www.bbc.co.uk/news/uk-england-cambridgeshire-30178011>

10.25 The advice given from this Review in September 2022 was and is to withdraw the requirement that Encompass includes children's social care records. It may be that this was seen as a requirement and the way forward as children's social care is located alongside health services within the five HSCTs. But with the firm recommendation of this Review for a region-wide Children and Families ALB separate from the five HSCTs means that there is less of an imperative or argument to include children's social care within what is essentially a health care information system.

10.26 The reason why over the past 30+years discrete information systems have been created for children's social care is that there are particular requirements which have to be accommodated for children's social care. These are not only about generating data about the performance indicators which may be required for children's social care (and which might be able to be met within other non-specialist children's social care information systems) but the requirement also for example to have case and narrative records (including capturing the life story of children) which may be called upon in court care proceedings or for care experienced adults wanting access to their children's social care records to piece together information about their lives.

10.27 The current situation of differing children's social care information systems across the five HSCTs does, however, need to be addressed. The current variation across the five Trusts means that there is no common children's social care record across Northern Ireland. Each Trust has its own system. Records are not transferable when children and families move across Trust boundaries, and the region-wide out-of-office-hours emergency social work service (managed by the Belfast HSCT) is not able to access at its Belfast base the children's social care records from all of the five Trusts.

10.28 The recommendation from this Review, and also in the context of the recommendation to have one region-wide Children and Families ALB, is that rather than moving forward with what has been described as the ambitious development of Encompass to include the requirement to meet the information systems needs of children's social care the existing systems

(SOSCARE and the variations of PARIS) should be considered together and a decision taken to adopt which from experience is the best functioning system and that this is used throughout the region.

10.29 This is also likely to be less demanding than the work needed to build children's social care within Encompass and which is another example of experienced children's social care practitioners and managers being deployed away from their practice and management roles within the HSCTs and compounds the HSCTs' workforce difficulties.

10.30 The opportunity should be taken whilst deciding on a region-wide children's social care information system based on one of the existing systems to reduce the procedural and bureaucratic recording and data capture burden impinging on frontline practitioners by stripping out some of the incremental additions which will have compounded over time the demands made by the system. The Directors of Children's Services with colleagues started in May 2022 to take action to cut back on the recording requirements taking up (too much) time of social workers and others at the frontline.

10.31 This again might be assisted by having one region-wide Children and Families ALB where there is a cumulative impact of consistently implementing the separate decisions being taken at this time within each of the HSCTs on how to cut back on recording requirements. It is a developing strength that the Directors of Children's Services have already been working more closely together over the past twelve months as a leadership group even within the current fragmented arrangements.

## **PROMOTING MORE INTEGRATION**

10.32 The firm recommendation for a region-wide Children and Families ALB is not a move away from the integration of services. It has the potential to promote integration and to give it greater impetus.



10.33 It may seem contradictory to place children’s social care into a separate organisation and to argue this should enable more integration of frontline services, but a stronger region-wide focus on the strategic leadership of services for children and families within communities should lead to the development of more multi-professional and multi-agency services.

10.34 As noted above, concern has frequently expressed throughout this Review by parents and carers that services are fragmented with different front-doors, different access requirements and waiting lists, and with different workers not engaged, aware of, and communicating with each other.

10.35 And whilst the Review has found strong examples of exemplary multi-professional services, the overall picture is that this is patchy and partial and not consistent between Trusts and across the region. It has also sometimes been found that multi-professional services with a greater skill mix might be more within parts of the voluntary and community sector, such as within Sure Start programmes, family centres and VCS youth organisations.

10.36 The development of integrated services at the frontline would benefit from stronger strategic leadership with the remit, time and capacity to build shared multi-agency agendas leading to more multi-professional teams and services which cross organisational boundaries.

10.37 This should be a core task of the senior leaders within the Children and Families ALB working in partnership with the leaders in partners organisations. It would be a part of the strategic leadership role for the Children and Families ALB board and chief executive. It would provide added impetus to the 2015 Children’s Cooperation Act<sup>102</sup> and further promote the ambitions noted in the Children’s Strategy<sup>103</sup> agreed by the Executive in December 2020.

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<sup>102</sup> <https://www.education-ni.gov.uk/childrens-services-co-operation-act-northern-ireland-2015>

<sup>103</sup> <https://www.education-ni.gov.uk/publications/children-and-young-peoples-strategy-2020-2030>

10.38 In addition to the capacity, focus and leadership from within the Children and Families ALB to drive forward more frontline integration of teams and services this could also be promoted and required through:

10.38.1 statute and statutory regulations, as with the requirement to provide multi-agency and multi-professional youth offending teams in England and Wales<sup>104</sup> and the legislation which established Northern Ireland's Children's Safeguarding Board<sup>105</sup>.

10.38.2 the provision of ear-marked funding, as with the 'Troubled Families' programme in England to develop multi-agency and coordinated services for children and families seen to be in most difficulty<sup>106</sup>;

10.38.3 joint protocols such as the 'Joint Protocol for Interagency Collaboration Between the Health Service Executive and TUSLA Child and Family Agency to Promote the Best Interests of Children and Families'<sup>107</sup>.

10.39 What needs to be embedded within these mechanisms to promote multi-agency services for children and families is clear statutory responsibility and authority allocated to a lead agency. This is a function which might appropriately be allocated to the proposed Children and Families ALB when it is children's social care which has a central role in the help a family needs.

## SKILLS MIX

10.40 In addition to greater clarity about, and easier access by, children and families when frontline service are integrated there is the benefit of pooling the expertise held within different professions and enhancing communication and understanding between those working together.

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<sup>104</sup><https://www.legislation.gov.uk/ukpga/1998/37/section/39>

<sup>105</sup><https://www.legislation.gov.uk/nia/2011/7>

<sup>106</sup><https://researchbriefings.files.parliament.uk/documents/CBP-7585/CBP-7585.pdf>

<sup>107</sup>[https://www.tusla.ie/uploads/content/HSE\\_Tusla\\_Joint\\_Working\\_Protocol\\_v\\_1.0\\_March\\_2017\\_Signed.pdf](https://www.tusla.ie/uploads/content/HSE_Tusla_Joint_Working_Protocol_v_1.0_March_2017_Signed.pdf)

10.41 A characteristic of many of the Ofsted best rated children's services is that they have brought together into their frontline teams the input of a wide range of skilled workers to provide coordinated and coherent help, including mental health, drug and alcohol, and domestic violence workers. Here are three quotes from Ofsted reports:

1. *Children and families receive a wide variety of support to mitigate against harm and risk, including input from domestic abuse services and parental mental health and substance and alcohol services, combined with a wealth of family support. (p.4) Leeds Ofsted 2018 Report<sup>108</sup>.*
2. *With adult specialist workers embedded in family safeguarding teams, the local authority's approach to 'Think Family' is mature and well developed (p.1) ... The quality of partnership working, particularly in the multi-disciplinary family safeguarding teams, is a real strength. The presence in these teams of adult workers with a range of specialist skills, knowledge and experience provides plenty of opportunities for joint working. It also encourages and facilitates creative solutions to long-standing and/or deeply entrenched problems, including those associated with parental substance misuse, mental ill-health and/or domestic violence. (p. 14) Hertfordshire Ofsted 2018report <sup>109</sup>.*
3. *The implementation of children's assessment and safeguarding teams (CAST) and specialist multi-disciplinary teams supports an increasingly holistic approach to children's needs, reducing transfer points and promoting continuity of social work relationships with children and families. (p.8) Hampshire Ofsted 2019 Report.<sup>110</sup>*

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<sup>108</sup><https://files.ofsted.gov.uk/v1/file/50182665>

<sup>109</sup><https://files.ofsted.gov.uk/v1/file/50038887>

<sup>110</sup><https://files.ofsted.gov.uk/v1/file/50083968>

10.42 The TOR for this Review included that there should 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*” (p. 20). The recommendation of the Review is that this can be achieved by building multi-professional frontline teams, either through inter-agency agreements and secondment of mental health, drug and alcohol, domestic violence and other specialist workers into the children’s and families teams or by the direct employment of these workers within the Children and Families ALB.

10.43 The skills mix within these teams would also be enhanced by further extending the range of workers at differing grades within the teams, such as social work assistants and contact workers to assist social workers with tasks within their workloads. A further role which would assist social workers would be, as in Hampshire<sup>111</sup>, the employment of administrative ‘personal assistants’ working beside social workers (in Hampshire there has been a ratio of one PA to three social workers) who, for example, arrange meetings and input records.

10.44 There is one role which would not only assist social workers but be a considerable practical hands-on resource for families – family support workers. They are currently more likely to be employed within, for example, Sure Start and Family Centres but they would be a key resource in helping to re-set the focus of children’s and families’ social care as discussed later in this Report. It is a re-set sought by families as well as many of those working within children’s social care who have engaged with the Review.

10.45 There were some initial, and there may be continuing, concerns that the encouragement through this Review of a wider skills mix within frontline children and families social care teams within the HSCTs might be about down grading and deskilling work with children and families and devaluing the professional role and contribution of social workers. However, it is the reverse.

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<sup>111</sup><https://files.ofsted.gov.uk/v1/file/50083968> p.9

10.46 Social workers are a scarce resource. It is important, therefore, that they are able to concentrate on using and deploying their core professional competencies. But what are these core professional competencies?

10.47 At a Review meeting with social workers who are members in Northern Ireland of the British Association of Social Workers (BASWNI) it was suggested that BASWNI might canvass social workers about their view of the key competencies of social workers. BASWNI took this forward in partnership with the Northern Ireland Social Care Council (NISCC) which has the responsibility for the registration of social workers and for shaping and approving social work education and qualifications.

10.48 What the survey found was that *“the three most frequently cited skills [of social workers] are the ability to communicate with children and adults, the capacity to build effective relationships, and the ability to make decisions in the context of risk and uncertainty”*.<sup>112</sup>

10.49 Building relationships, communicating well, and making crucial judgements about the welfare and safety of children on the basis of necessarily incomplete and evolving information takes time. It also requires intellectual and emotional intelligence. Intellectual intelligence to build an understanding and an assessment of a child’s life and what is happening within families from complex but partial and changing information. Emotional intelligence so that it is possible to engage with children and adults whose lives may be in turmoil, who may be overwhelmed by trauma, and to have the confidence to stay beside distress and pain and, when necessary, to have challenging conversations in the context of what can be threatening confrontation.

10.50 Creating the space to use these core competencies means that there are tasks which might be better undertaken by others working alongside social workers. Supervising contact between children in care and their parents might be important in observing child and parent interaction but not every

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<sup>112</sup>[BASW NI & NI Social Care Council publish findings of the Core Social Work Roles Survey | www.basw.co.uk](http://www.basw.co.uk)

contact needs to be attended by the social worker. Helping exhausted, worn down and possibly isolated parents to regain the energy to get children to school and to maintain the household might be done by family support workers befriending parents, helping with practical tasks, and helping with activities for children with a disability to give other family members some respite. Getting parents and their children to a hospital appointment might be a role of a social work assistant. And arranging meetings and data inputting might be actions to be tackled by a skilled administrator.

10.51 This is not just the view of this Review. It was the view social workers expressed in the BASWNI/NISCC survey:

*Almost nine out of ten respondents (89%) believe that a diversification of skills mix in children's services, through the recruitment of additional non-social work staff, would be beneficial to the children and families social workers work with ... Respondents were asked to identify the additional staff that would most benefit the children and families social workers work with. The most commonly cited responses, (in descending order) are: family support worker; social work assistant; behavioural support worker; administrative support staff, and contact worker.<sup>113</sup>*

10.52 Two further areas for consideration where the skills and professional mix might enhance services. First, collecting information and triaging at the first contact with children's social care services by having other agencies sharing in and contributing to this process. It draws on and further builds the commitment to safeguarding as a multi-agency responsibility. It adds the professional experience and expertise of, for example, police officers, health visitors, education welfare officers, and mental health workers alongside social workers who might be within the initial triaging team which would still be managed and led by a social work manager. It also allows information collection from and discussion back with professionals and agencies which

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<sup>113</sup>[independent review of childrens social care services- core social work roles survey research findings 02.03.23.pdf \(basw.co.uk\)](#)

might be contacting children's social care Gateway teams by someone who has the credibility of being experienced within their services.

10.53 A second area of activity in Northern Ireland which has been set as the (almost exclusive) role for social workers is children's residential care. With the experiences of the institutional abuse of children, which is not unique to Northern Ireland, staffing children's homes with qualified social workers might have been a means of enhancing standards and children's welfare and well-being.

10.54 Two reflections – first, are social work education programmes gearing up social workers to work within group care settings with adolescents? Second, why not broaden the professional and skills mix within residential child care to draw on youth workers, teachers, retired police officers, and those who are not professionally qualified but have experience of working with young people within community youth organisations. The management should remain with social workers with their understanding of risk assessment and in setting and maintaining standards of care but a wider skills mix is likely to enhance the experience of the young people and increase the potential workforce.

## **CHAPTER TEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** Families have expressed their concerns about the complexity, inconsistency and fragmentation of services.

**REFLECTION:** Strategic leadership provided from within a Children and Families ALB would give the opportunity to develop more integrated and consistent frontline services across the region.

**RECOMMENDATION:** There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families.

**RECOMMENDATION:** There should be the further development of a skills mix within children and families frontline teams and services.

**RECOMMENDATION:** The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services.

**RECOMMENDATION:** The existing children's social care information systems should be compared and the best performing adopted as the region-wide system rather than Encompass being developed to incorporate the information systems requirements for children's social care.



## **CHAPTER ELEVEN**

### **PROFESSIONAL DEVELOPMENT AND PRACTICE**

- 11.1 The proposals about extending and expanding the skills mix within children's social care is not, as is made clear above, to devalue or deny the professional competencies of social workers. It is about wanting social workers to have the time, space and focus to deploy these competencies.
- 11.2 Developing and enhancing these competencies comes with experience and with this experience building on the strong foundations of social work education.
- 11.3 Qualifying social work education in Northern Ireland is provided by Queen's University and Ulster University, the latter in partnership with colleges of further education for part of its qualifying programmes. There are two and three year degree programmes, a geographical spread of campuses, and with some financial support (which needs to be updated and updated) for social work students through Northern Ireland's Degree in Social Work Student Incentive Scheme.
- 11.4 Through engagements with this Review social work students spoke positively about their degree programmes and the commitment of the staff who provide the programmes. The quality and commitment of qualifying students entering social work should bode well for the future, and the university staff also have a strong track record of research and publication enhancing social work's knowledge base.
- 11.5 There has also been a significant contribution from the services and agencies employing social workers to provide the practice education and learning opportunities for social work students and with practitioners and managers within the agencies contributing within the universities.

11.6 All of this has been overseen and shaped by Northern Ireland's Social Care Council (NISCC) which has defined the Framework Specification for the knowledge, understandings and competencies which should be held and demonstrated by social workers<sup>114</sup> and which also promotes and regulates social worker's post-qualifying education.

11.7 Reflections are noted below which build on the positive experience and infrastructure for social work in Northern Ireland:

11.7.1 Post-graduates undertaking the two year degree programme are, as with non-graduates who take the three year programme, awarded a bachelor's degree rather than post-graduate diploma or master's degree. This differs from the rest of the UK and could be a deterrent to graduates seeking to qualify in social work.

11.7.2 Additional to the full-time degree programmes the Department of Health and HSCs fund a limited but increased number employees in children's services within the HSCs to undertake the Open University social work degree programme. This is a demanding programme undertaken while continuing to work within the Trusts. Applications (as with the Northern Ireland universities degree programmes) are oversubscribed. The Open University education and qualification route gives opportunities to those who could not commit to fulltime study for a social work degree so it should remain available.

11.7.3 Throughout this Review an argument has been made to reintroduce the trainee social worker programme with access to the Northern Ireland degree programmes. It was decided to end the trainee social worker programme at a time when there was the requirement to make financial savings and when the scheme was seen to be costly and inefficient. But as the skills mix within children's social care

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<sup>114</sup>[https://www.google.com/search?q=competencies&rlz=1C1VDKB\\_en-GBGB967GB967&og=competencies&ags=chrome..69i57i0i10i433i512i2i0i10i131i433i512i0i10i512i6.3849j1j7&sourceid=chrome&ie=UTF-8](https://www.google.com/search?q=competencies&rlz=1C1VDKB_en-GBGB967GB967&og=competencies&ags=chrome..69i57i0i10i433i512i2i0i10i131i433i512i0i10i512i6.3849j1j7&sourceid=chrome&ie=UTF-8)

teams is expanded and enhanced it becomes even more important to spot those who could and should progress to qualifying education as a social worker and to support them in this process. This 'grow your own' strategy is likely to help build a more stable and experienced workforce as these social workers of the future already have their local identities and are embedded with their families in the local communities where they are likely to remain.

11.7.4 Consider and develop part-time routes within qualifying social work education by mapping out potential modular structures which again would widen access into social work across Northern Ireland.

11.8 The reflections above are about initial qualifying social work education with is then followed and supported by the Assessed Year in Employment. It is wisely and sensibly a generic initial qualifying programme focussed on the development of core social work professional competencies and identity whilst also introducing students to the knowledge base across the spectrum of social work roles and activities. It provides the opportunity for students to decide across the range of social work employment where they might want to work and keeps open the opportunity to have a varied career within social work.

11.9 But it is an initial generic qualification which is bound to be only an introduction to areas of specialism and expertise which still needs to be enhanced. Northern Ireland has a richness of post-qualifying development opportunities for social workers and a coherent NISCC framework which structures and shapes these opportunities. But with some exceptions, such as practice educators and approved social workers, there are no post-qualifying requirements beyond the assessed year in employment which have to be met whilst continuing to work and developing careers within children's social work.

11.10 It is recommended that with the leadership of NISCC in partnership with the Department of Health, employers and educators, and with the participation of those representing the children's social care workforce, a

required programme of modular post-qualifying programmes for social workers working within statutory children’s social care services should be developed. It should be available to social workers working within statutory children’s services and within the voluntary and community sector. The post-qualifying modular programme would be a requirement to be undertaken by social workers, linked to grading and career progression within statutory children’s social care services, and with a requirement that it is supported by employers. It would continue to enhance the core competency development of social workers but also focus on specialist areas of practice linked to the social worker’s current work and roles, which might include for example residential child care, working with families, or assessing, supporting and supervising foster carers.

## **MODELS OF PRACTICE INCLUDING ‘SIGNS OF SAFETY’**

11.11 The Terms of Reference for the Review asked that attention be given to models of practice and, in particular, to reflect on ‘Signs of Safety’:

*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, including Building Better Futures and the Trauma Informed Practice Project. This Strand should consider implementation of these practice tools and the interface between them. In 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.*<sup>115</sup>

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<sup>115</sup><https://www.cscsreviewni.net/files/cscsreviewni/2022-03/terms-of-reference.pdf> p.21

11.12 As noted in the Terms of Reference for the Review Northern Ireland has not been unwilling to look beyond its borders to spot developments elsewhere and to bring them into Northern Ireland. Social workers and others are withdrawn from practice and its management and seconded to roles to lead on the introduction and roll out of the new developments. This leads to a depletion of the frontline workforce drawing some of the most experienced workers away from frontline teams for may be two to three years or more. There is also the difficulty that the initiatives are often supported by short-term time-limited funding which even when the initiatives are successful funding is not built into the continuing base budget and the initiative and innovation ends or it is expected that the initiatives will be self-sustaining.

11.13 Each of these new initiatives, such as the introduction of Trauma-Informed Practice, has value in their own right. But none are likely to be successful if launched on to a depleted, unstable and stretched workforce. They also are not magic potions which are guaranteed to improve practice and services. They each contribute insights, frameworks, models and tools which may have benefits but there are also dangers.

11.14 ‘Signs of Safety’ is trademark protected and owned by a private for-profit company which describes it as “*a relationship-grounded, safety-organised approach to child protection practice*”.<sup>116</sup>

11.15 It is described by the What Works Centre for Children’s Social Care, which is funded by England’s Department for Education, as:

*a framework for child protection practice. Signs of Safety aims to stabilise and strengthen families through working in collaboration to identify and harness their strengths and resources. This places relationships between social workers and parents at the centre of child protection.*<sup>117</sup>

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<sup>116</sup><https://www.signsofsafety.net/what-is-sofs/>

<sup>117</sup><https://whatworks-csc.org.uk/research/reports/signs-of-safety-findings-from-a-mixed-methods-systematic-review-focussed-on-reducing-the-need-for-children-to-be-in-care/>

11.16 Research commissioned and reported by the What Works Centre concluded in 2018 that:

*There is little to no evidence to suggest that Signs of Safety is effective at reducing the need for children to be in care. This reflects a limited evidence base, with few studies and none of a high quality for drawing conclusions about the impact of Signs of Safety on this outcome. Lack of evidence is not the same as evidence that Signs of Safety does not work to reduce care. Nor does it establish that Signs of Safety does not have other possible positive outcomes.*<sup>118</sup>

11.17 So the overall conclusion is of little or no evidence of any significant impact of the ‘Signs of Safety’ practice model on rates of children coming into care, but it was also concluded that there is some suggestion that “*Signs of Safety can lead to positive engagement with parents, children, wider family and external agencies*”.

11.18 In 2018 the ‘Sign of Safety’ company reported for itself that the model:

- Increases worker’s morale.
- Increases practitioner clarity and decision-making.
- Improves and focuses relationships between practitioners and families.
- Improves collaboration between child protection and other professionals.
- Reduces rates of child removal.
- Reduces the duration cases are open to the agency.<sup>119</sup>

11.19 A more recent report in 2020, funded again by the Department for Education in England, looked at the impact of introducing ‘Signs of Safety’ in five areas of England. It concluded that:

*None of the different strands of analysis found significant and robust improvement across outcomes in relation to practice, staff wellbeing*

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<sup>118</sup>[https://whatworks-csc.org.uk/wp-content/uploads/Signs\\_of\\_Safety\\_a\\_mixed\\_methods\\_systematic\\_review.pdf](https://whatworks-csc.org.uk/wp-content/uploads/Signs_of_Safety_a_mixed_methods_systematic_review.pdf) p.4

<sup>119</sup><https://www.signsofsafety.net/research/>

*and retention, or the removal of children from their homes. The quasi-experimental approach found no moderate or high strength evidence that Signs of Safety positively affected the outcomes for children and families. Furthermore, the qualitative work found that the visible changes observed seem to be down to good leadership rather than the programme itself.*<sup>120</sup>

11.20 There was also the finding that:

*There was a lack of consensus across the pilots on the nature of SoS [Signs of Safety]. While some viewed it as a practice framework, others viewed it as one element of a wider practice framework that might encompass various approaches such as reflective and systemic practice and trauma informed practice. There were practitioners who saw it as a way of working differently with families, referring to it as a value system or overarching approach. But there were also those who described it as an assessment tool or an assessment structure, and some viewed it as a tick box exercise by which they navigated their recording systems.*<sup>121</sup>

11.21 So what sense to make that although there has been the wide rollout of ‘Signs of Safety’ throughout Northern Ireland, and in 2020 in two thirds of local authorities in England<sup>122</sup>, there is still dispute and uncertainty about its effectiveness with an overall conclusion which might be reached of little evidence of it making much change on the outcomes for children and families?

11.22 But this should not be a surprise. Any framework or model of practice which is introduced into an organisation which is unstable, lacking capacity, and being overwhelmed by its workloads may be an additional burden to be

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<sup>120</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/95662/5/Sofs\\_revised\\_evaluation\\_report\\_270121.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95662/5/Sofs_revised_evaluation_report_270121.pdf) p.7

<sup>121</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/95662/5/Sofs\\_revised\\_evaluation\\_report\\_270121.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95662/5/Sofs_revised_evaluation_report_270121.pdf) p.7

<sup>122</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/95662/5/Sofs\\_revised\\_evaluation\\_report\\_270121.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/95662/5/Sofs_revised_evaluation_report_270121.pdf) p.6

accommodated rather than part of the solution to the organisation's difficulties.

11.23 The What Works Centres 2018 review of the research on 'Signs of Safety' concluded that *"A key moderator emerging from the review is that parents need to trust and collaborate with social workers if they are to develop a sense of shared responsibility for minimising risks to children"*<sup>123</sup>.

11.24 A further finding from a major study of the wholesale introduction (as in Northern Ireland) of a strengths-based model of child protection practice involving 225 frontline workers in a statutory child protection agency in Canada, with the foreword to the research report written by one of the developers of 'Signs of Safety', was that it was experienced practitioners who could *"be strengths-based child protection practitioners"* with the ability and confidence to be *"firm, fair and friendly"* in their relationships with families. They could balance the recognition of parents' strengths alongside still responding to the risks experienced by children. Less experienced workers were not confident in using the model, were struggling with having to integrate recognising parents' and family strengths while also staying focussed on the risk to children, and used the 'Signs of Safety' tools but with limitations in how this informed assessments and planning<sup>124 125</sup>.

11.25 The context in which 'Signs of Safety' was introduced in Northern Ireland in 2018 and rolled out since has not provided the stability and continuity for social workers to develop engaging and trusting relationships with families. There are exceptions but for many families there has been the churn and change, and absence, of social workers. And increasingly the social work workforce has become, with noteworthy exceptions, less experienced with experienced workers leaving and an increasing skew towards newly and recently qualified workers.

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<sup>123</sup><https://whatworks-csc.org.uk/research/reports/signs-of-safety-findings-from-a-mixed-methods-systematic-review-focussed-on-reducing-the-need-for-children-to-be-in-care/>

<sup>124</sup> Strengths-Based Child Protection: Firm, Fair and Friendly, Carolyn Oliver, University of Toronto Press, 2017, p. 200-201.

<sup>125</sup><https://academic.oup.com/bjsw/article-abstract/50/6/1932/5842173>



11.26 This has been reflected within the Review by comments from those who are leaders based within and outside the region in introducing 'Signs of Safety' within Northern Ireland that it has been undermined by workforce and organisational difficulties and turbulence.

11.27 There is also the issue that within a workforce with relatively rapid turnover and new recruits arriving but not necessarily staying it is rather like painting the Forth Road Bridge of the never ending cycle of training new arrivals in the use of 'Signs and Safety' with the consequence of still having to retain away from frontline practice the experienced workers who were seconded to introduce and rollout the model.

11.28 It has also been commented by parents and young people, who were well versed about 'Signs of Safety', that social workers used the 'Signs of Safety' tools, such as the 'three houses' (which looks to capture information about "what are you worried about", "what is working well", and "what needs to happen"), but they get to complete the same exercises by a revolving door of changing social workers and that using the tools seems to become an end in itself. The danger here is that using the tools in the 'Signs of Safety' tool kit become the heads-down task rather than helping to inform heads-up thinking and assessment about what is happening to children within families.

11.29 A further concern expressed by parents of children with a disability, and mothers who have experienced domestic violence, is that as it says on the tin 'Signs of Safety' is a child protection model of practice badged with the message of 'SOS'. However, it seems to be used as the required approach even when child protection is not the issue. For example, parents of children with a disability have reported that when asking for a carers assessment the practice model into which it has to fit is 'Signs of Safety' and that this is a threatening experience for the parents who feel that they and their children are being drawn into a child protection process. The same concern has been expressed by mothers who have experienced domestic violence who have found the 'Signs of Safety' models and tools threatening as they feel and

fear that they are being seen and assessed as a risk and danger to their children – not the absent but still dangerous perpetrator.

11.30 ‘Signs of Safety’ and its recording requirements have also been added and bolted on to the ‘Understanding the Needs of Children in Northern Ireland’ (UNOCINI)<sup>126</sup> assessment and recording framework which was introduced in 2011, making it more complex and cumbersome.

11.31 In essence, the new models and frameworks which recently and are being introduced have value in their own right but will not address the fundamental difficulties which need tackling. The new models and frameworks are not the solution. They should be seen to have the potential to add to the tool kit and understandings of those working within and with children’s social care services but they should not be indiscriminately applied but used selectively and with caution.

11.32 And with regard to ‘Signs of Safety’ there should be particular caution as it traps social workers and others into a mind set and processes about child protection rather than help and support for families, with the potential to keep increasing the numbers of children and families captured in the child protection net and escalated towards the courts, care proceedings, and children compulsorily placed in care.

#### **CHAPTER ELEVEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION: Workforce stability is a necessary platform on which to add new practice frameworks and models of practice which should be used with discretion.**

**RECOMMENDATION: Introduce a trainee social worker programme.**

**RECOMMENDATION: Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children’s social care services.**

<sup>126</sup><https://www.health-ni.gov.uk/publications/understanding-needs-children-northern-ireland-unocini-guidance>

## CHAPTER TWELVE

### REVIEWING, RETHINKING AND RESETTING CHILDREN'S SOCIAL CARE

12.1 It has been noted earlier that the past decade has seen increased numbers of children on the child protection register and increasing compulsory removal of children from families, with more children and young people now in care, with considerable pressure on the workloads of social workers and others, and increasing difficulty in finding and sustaining placements for children in care.

12.2 Northern Ireland is not exceptional. The same trajectory and pressures are to be found across the UK and in the ROI. Within Northern Ireland, however, this trajectory is embedded within and represented by the structures and terminology for children's social care introduced in 2008. Similar pressures experienced then, although not so prevalent as today, were responded to by creating what was seen as a family support structure. On reflection, it may have left the focus on family support to the Family Support Hubs and voluntary and community groups and organisations and established statutory children's services within the HSCTs as primarily child protection and care agencies.

12.3 Contacts were categorised as referrals to be screened and triaged by Gateway teams of social workers who would open or close the gate to allow access into statutory children's social care services. Thresholds have become set so that only where there was a significant concern about children would the gate be opened.

12.4 After an initial assessment, depending on the level of concern about a child, the family might be passed to the Family Support Hubs or there might be no further action.

12.5 If there were significant concerns the family would be passed to a 'Family Intervention Team' with the name and symbolism indicating there would be 'intervention' within the family by social workers. This has come to be increasingly about further assessment, time-limited targets and tasks beings set for parents, and with monitoring and surveillance which might lead to escalating child protection and care proceedings.

12.6 If concerns about the child reduced the case might be closed or stepped down to the Family Support Hubs. If serious concerns continued care proceedings might be initiated in the family courts with children becoming 'looked after' children (LAC) and the focus was then on permanency placement planning. Especially but not only for younger children, adoption has been promoted as the route to permanency.

12.7 This is not only a Northern Ireland story but Gateway, FIT (Family Intervention Teams), and LAC (Looked After Children) teams as the region-wide structure for each of the HSCTs symbolised the direction of travel with 'family support' to be the territory for the Family Support Hubs and, largely, voluntary and community organisations.

12.8 Social workers have come to describe themselves, including during this Review, as child protection social workers. Parents of children with a disability, adopted children, parents who are exhausted by poverty or with mental health, drug and alcohol concerns, and mothers who have experienced domestic violence, have described how they only get a response from Gateway teams and further engagement with children's social care services within the Trusts when there are concerns about the safety and welfare of their children.

12.9 An alternative scenario is described by Professor Pat Dolan in the Appendices. It is about help and support for families. It is what families have

said they want. It is what student social workers have said has motivated them to come into social work. It is what social workers and others have said throughout this Review they seek to do, sometimes are able to do, and would want to be able to do more. There is much which already happens with great examples described during, for example, the Review workshops, but it can be squeezed and dominated by other activities and pressures.

## TURNING THE TITANIC

12.10 The phrase might usually be ‘turning the tanker’ but with the Titanic having been built in Belfast it might be more appropriate to look to ‘turning the ‘Titanic’. But there are a few particular lessons from the Titanic tragedy with resonance for children’s social care in Northern Ireland.

12.11 First, no matter how cutting edge the build and design it is leadership and direction which remain crucial. Secondly, it is wise to be watchful and to be scanning the horizon all the time to spot hazards ahead. Third, avoid ploughing ahead when it is no longer sensible and avoid freezing in the headlights - be willing and able to re-route when necessary. Fourth, do the basics well.

12.12 Statutory children’s social care services in Northern Ireland, as elsewhere across the UK and in the ROI, have been on a journey of an increasing focus on child protection. It has skewed much of the work of social workers and others, including for example health visitors and school nurses, and with families who are struggling and in difficulty left without the support and help they might need but instead experiencing more intrusive and threatening investigations, monitoring and surveillance.

12.13 And be wary of ‘mandatory reporting’<sup>127</sup> to the police and statutory children’s social services of any concerns about children as it is likely to draw even more families into the initial child protection net, overwhelm services, and make it less likely that children who need more attention and maybe

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<sup>127</sup><https://commonslibrary.parliament.uk/research-briefings/sn06793/>

protection will be unspotted and lost within the significant flow of referrals of (low level) concerns about children. As Professor Eileen Munro has argued, spotting the needles in a bigger haystack will get harder and harder<sup>128</sup>.

12.14 A further proposal which needs to be approached with caution is that the most experienced social workers should not be deployed to work directly with families but should be held back to undertake child protection investigations, monitor families, and oversee child protection plans. England's children social care review recommends that the more experienced social workers should be 'expert child protection practitioners'<sup>129</sup>. This potentially could drive an impetus to more defensive practice prioritised over help for children and families in difficulty.

12.15 Child protection investigations make heavy demands on the time of social workers but also others who might need to provide information for the investigation and the possible subsequent initial case conference – taking the time of health workers, early years workers and teachers, police officers, those working in voluntary and community organisations with families, and others such as housing officers and youth workers. The time given to child protection investigations, preparing and submitting reports, arranging and attending case conferences and meetings, and the detailed recording which is then required is time which might otherwise be deployed on direct work with children and families.

12.16 It is not that the child protection systems across the UK which have grown and burgeoned over fifty years since 1974 are without value and strengths. They have led to many more children who need protecting being made and kept safe. But there is a need to have the confidence to re-set the balance and to be more discriminating when the child protection processes and procedures should be applied and where instead the task is to be beside and engaged with families who are struggling and in difficulty without the need to instigate child protection procedures.

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<sup>128</sup><https://www.localgov.co.uk/A-needle-in-a-haystack/23796>

<sup>129</sup><https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf> p.71

12.17 But even when child protection procedures are initiated, and when children might be removed from families, family support still remains important. It is not only about 'early help' which is no longer available to families when they progress further into the statutory children's social care system. It is the golden thread which should run throughout children's social care and social work with children and families.

12.18 How to do it? Family support is about helping families to care well for their children and to be positive within their children's lives even if the child or young person cannot be living with them. It is about having relationships with children and families which are emotionally supportive but also when necessary challenging. It is about creating space for reflection and forward thinking with parents, carers and children when their lives may be exhausting, out of control, chaotic, or full of threat and fear. It is about practical help to assist with the difficulties families may be facing, provided directly by children's social care services and by mobilising the help which might be available from others within the wider family, community and agency networks. For some families it may be more limited but others might have a need for greater intensity and frequency of involvement. It may be short-term at a time of crisis or to generate change, but for some families it may need to be longer-term and continuous as their limited capacity to change or problem-solve, or the chronic issues and difficulties they are facing, are likely to continue.

12.19 It means resetting the agenda and actions of children's social care to focus on meeting the primary and first requirement of the 1995 Children Order to help children in need and their families. It means rebalancing from the overwhelming focus on gate-keeping, thresholds and triaging to getting closer to families within their communities. It means more time on action and less on assessment.

12.20 It requires that there is a review and rethink about the role of social workers and others working within and with children's social care services so

that it is not dominated and overwhelmed by a focus on risk assessment and risk management but can re-emphasise its roots in help and support.

12.21 It is a call for a radical, and some may think unrealistic, change. But without it the trajectory will be more children and families left in difficulty, more intrusive investigations, surveillance, and monitoring of families, and more children being removed from their families, generating greater costs.

12.22 It would give greater emphasis to the role of social workers depicted in Northern Ireland's Framework Specification for the Degree in Social Work:

*Social work training must prepare students to make a difference to the quality of life for the broad range of people with whom they work and the communities in which they live. It must also enable students to understand, work with and value people as individuals with unique life histories.*<sup>130</sup>

12.23 To achieve the change which is necessary is going to be hard when all working within children's social care are very busy, head down and, for some, worn out. There will be the need to create the head space and time, attention and leadership to make it happen. It is not only about changes structures, policies and processes. It will require hearts and minds to have the confidence that it can and should be different.

12.24 After so many years of travelling in one direction, with the overwhelming focus on child protection, it will not be easy to re-route. But re-routing is likely to make it more likely that parents will be helped to care well for their children, it will promote children's welfare and well-being, and it will allow social workers and other to have more opportunity to deliver on their motivation to be agents of help and support.

12.25 It also has the prospect of restraining the increasing costs and budgetary demands of more children being placed and living away from their families.

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<sup>130</sup><https://niopa.qub.ac.uk/bitstream/NIOPA/1409/1/Norther%20Ireland%20Framework%20Specification%20for%20the%20Degree%20in%20Social%20Work.pdf>



12.26 Child protection will remain a crucial and central responsibility and activity – but not the default position for much of the activity within children’s social care services.

12.27 For example, although in 2020/2021 Family Support Hubs received 8405 referrals<sup>131</sup>, more families are within the workloads of the Gateway, Family Intervention, and Looked After Children teams than Family Support Hubs. This is illustrated by a ‘heat map’ generated for an area of Belfast.

12.28 It should not be a surprise that Northern Ireland’s largest urban conurbation - with areas of high deprivation – has some of the biggest workload pressures. But the ‘heat map’ below raises two issues for consideration. First, there are the pronounced differences between neighbourhoods, and differences in levels of deprivation may be a part of the reason. Second, for all the neighbourhoods within the area covered by the map the case load held by the city’s Gateway team is much greater than the case loads of the Family support Hubs.

**FIGURE 10: A ‘HEAT MAP’ OF WORKLOADS  
OF DIFFERENT CHILDREN’S SOCIAL SERVICES  
WITHIN ONE AREA OF BELFAST**

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<sup>131</sup> [https://cypsp.hscni.net/wp-content/uploads/2020/08/FSHAnnual\\_Report-Card-2020\\_21-1.pdf](https://cypsp.hscni.net/wp-content/uploads/2020/08/FSHAnnual_Report-Card-2020_21-1.pdf) p. 2



12.29 The organisational structure for children’s social care introduced across Northern Ireland thirteen years ago in 2008 has been described as a family support structure. This was the aspiration – the majority of work would be support for families in difficulty and with children protected when necessary. The Family Support Hubs were the innovative introduction to harness resources across the voluntary and community sectors and statutory services to assist families. But what has and is happening is that more of the work is held within statutory children’s social services within the HSCTs than the Family Support Hubs.

12.30 But the workforce pressures span the HSCTs and also the voluntary and community sector services which receive referrals through the Family Support Hubs. The VCS services are in particular experiencing reductions in funding as grants end and with no functioning Executive to take decisions to replace terminating funding streams, such as from the European Union, or to top up and replenish the real-term value of grants amid high inflation. It is destabilising the VCS sector with experienced staff being made redundant, services which have taken time to develop being closed, and the recruitment taking place only able to offer unattractive temporary contracts.

12.31 Damage is being done now and will intensify further while there is no functioning Executive. It will take time to recreate and rebuild what is being quickly lost. This is wasteful, demoralising and damaging for communities and for children and families.

12.32 One area for urgent investment is within the services which assist families within the VCS sector and where referrals are received through the Family Support Hubs.

12.33 It would also be sensible to consider bringing the Family Support Hubs and Gateway teams closer together and for the Family Support Hubs to have involvement with the initial decision making about the response to, and the routing of, referrals.

## **SURE START**

12.34 An increased investment in Sure Start, with it rolled out across the communities of Northern Ireland, would also be a significant enhancement in supporting young children and families. Currently Sure Start is provided within communities which have the highest rates of deprivation. This is sensible as these will be the areas where, reflecting the impact of deprivation, more families are likely to be under pressure and struggling.

12.35 It excludes, however, families who may also be in difficulty and struggling within other communities and who because of their postcode are excluded from Sure Start programmes. Not only are they not allowed to benefit from the open access walk-in programmes and resources provided by Sure Start but they are also excluded from being eligible to participate in the referral-based targeted programmes for those who might need more help and assistance.

12.36 It is recommended, first, that Sure Start should be rolled out to all communities across Northern Ireland. Second, in the meantime Sure Start targeted programmes should be available on referral from statutory children's social care and health visitors for those beyond the Sure Start

community catchment area, and with flexibility if it would be helpful to allow children and families referred to the targeted programmes to have continuing participation within the open access activities as a means of continuing befriending and support.

12.37 One means of extending the support by Sure Start might be to have increasing partnerships between Sure Start and Home Start to expand volunteer befriending for parents who might be isolated or not confident in their parenting role, and including those who are outside the current Sure Start areas.

12.38 Sure Start is largely funded in Northern Ireland by the Department for Education and is for children and their families from birth to school (0-3 years). It is described as focusing on *“improved language skills; early identification of developmental delay; improved access to services; enhanced parenting skills; and effectively integrated Services”* and *“to help children get ready for pre-school, Sure Start projects run a programme for two to three year olds”* which can *“help their social and emotional development, improve their communication and language skills [and] encourage their imagination through play”*.<sup>132</sup>

12.39 Families are told that:

*There are 38 Sure Start projects across Northern Ireland. It brings together health, family support and early education services which are designed to support children’s learning skills, health and well-being, and social and emotional development. Services are offered both in the home and in group based settings ... Your Postcode will determine whether you live in a Sure Start catchment area and you should contact your nearest Sure Start service, who will be able to check this for you.*<sup>133</sup>

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<sup>132</sup><https://www.education-ni.gov.uk/articles/sure-start>

<sup>133</sup><https://www.familysupportni.gov.uk/Support/94/about-sure-start#:~:text=There%20are%2038%20Sure%20Start,and%20in%20group%20based%20settings.>

12.40 The history of Sure Start in Northern Ireland was described within an independent evaluation which was commissioned and undertaken in 2015:

*The Sure Start Programme was introduced in 2000/01 by the DHSSPS [Department of Health, Social Services and Public Safety] . Policy responsibility for Sure Start transferred to DE [Department for Education] in 2006. Sure Start is therefore now funded by DE and administered by the Health and Social Care Board (HSCB). As Sure Start originated as a Health and Social Care programme, it was in the beginning strongly focused on health and wellbeing outcomes. However with the move to DE the focus has widened to also include education outcomes.*<sup>134</sup>

12.41 The 2015 report also detailed the statutory funding and management arrangements for Sure Start:

*DE is the lead Government Department for the Sure Start Programme. It has overall responsibility for the strategic development and policy for the Programme, with a duty to ensure the proper use of public money for the purposes for which it is given. The HSCB is responsible for the operational issues associated with the Programme and the oversight of funding provided by DE in relation to Sure Start. Funds are allocated to the HSCB by DE for dissemination to Sure Start Projects. The HSCB is required to adhere to the accountability and governance arrangements as set out in the SLA to safeguard the use of public money. The CCP [Child Care Partnership] managers are the executive arm of HSCB and they are responsible for reviewing the performance of Sure Start Projects. While they have no management responsibility, the CCP managers support the development of the Sure Start programme at a local and regional basis.*<sup>135</sup>

12.42 This Review found that this arrangement continues to work well and was a good example of cross-departmental partnership. Three slight caveats:

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<sup>134</sup><https://www.education-ni.gov.uk/sites/default/files/publications/de/final-report-review-of-sure-start.pdf>

<sup>135</sup><https://www.education-ni.gov.uk/sites/default/files/publications/de/final-report-review-of-sure-start.pdf>  
p.22

12.42.1 With the funding routed from the Department for Education and with the inspections undertaken by the Education and Training Inspectorate it is the group programmes preparing children for school which have the more secure funding and focus.

12.42.2 The programmes and activities providing support for parents are often more dependent on generating voluntary grant funding from a range of sources with this funding time-limited and less secure.

12.42.3 The participation and engagement of health professionals within the Sure Start programmes visited as a part of this Review was variable with the opportunity of having, at least in part, community midwives and health visitors, and other health professionals such as speech and language therapists, based within and working from Sure Start centres, patchy and limited. There was some experience of the health care professionals primarily working with young children and families being withdrawn from Sure Start Centres.

12.43 It is a strength in Northern Ireland, unlike for example England, that since 2010 investment in Sure Start has been maintained and indeed enhanced (although it is feared it may now be reduced amid the financial crisis for publicly funded services in Northern Ireland while there is no functioning Executive or Assembly). It would be sensible to enhance Sure Start funding. The evidence of the impact of Sure Start is that it reduces children's hospital admissions through promoting immunisation and with fewer accidents and injuries to children<sup>136</sup>, and with the positive outcomes for parents and parenting "*in terms of greater life satisfaction, engaging in less harsh discipline, providing a less chaotic home environment and a more cognitively stimulating home learning environment*"<sup>137</sup>. The evidence has

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<sup>136</sup> <https://ifs.org.uk/publications/health-effects-sure-start#:~:text=These%20effects%20build%20over%20time,%2DSure%2DStart%20baseline>

<sup>137</sup> [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/182026/DFE-RR067.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/182026/DFE-RR067.pdf)

been recently and summarised by Naomi Eisenstadt who led on introducing Sure Start to the UK.<sup>138</sup>

12.44 Sure Start is focused on families with children aged up to four years old. Statutory youth services in Northern Ireland are for young people aged 4 to 25. But there might be benefit in expanding Sure Start to help children and families at least throughout the primary school age period.

12.45 Children's and families social care is focussed on the interface between children within families. Other services working with children have differing primary foci – the health service is largely focussed on the individual child and young person as a patient; schools are focussed on the child and young person as a pupil, student and learner. Each engages with and takes into account child and parent relationships and interactions and the family context, but it is not their primary focus whereas it is the focus of children's and families social care services.

12.46 For older children and young people youth services and youth workers primarily work with young people who voluntarily engage with them, and often in the context of their peer groups of adolescents, but youth workers also engage with families on behalf of the young people with whom they are working. Young people do not live in isolation, even when isolated. They live within their family, peer and community contexts and this is the territory in which youth workers also work.

12.47 There is the need to mind the gap of support for children aged 4-10 and their families. Over 40% of referrals to Family Support Hubs are related to children aged 5-10<sup>139</sup>. This is now on the agenda in England with the introduction of 'Family Hubs' within the areas with highest deprivation.

12.48 This is how the government in England describes the rationale for, and the contribution intended, for family hubs:

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<sup>138</sup> <https://thetci.org/in-residence-articles/sure-start-review-by-naomi-eisenstadt>

<sup>139</sup> <https://cypsp.hscni.net/wp-content/uploads/2022/02/Northern-Ireland-Family-Support-Hubs-Review-November-2021.pdf> p. 23.

*Family hubs are a place-based way of joining up locally in the planning and delivery of family services. They bring services together to improve access, improve the connections between families, professionals, services, and providers, and put relationships at the heart of family support. Family hubs offer support to families from conception and two, and to those with children of all ages, which is 0-19 or up to 25 for those with special educational needs and disabilities (SEND), with a great Start for Life offer at their core.”<sup>140</sup>*

12.49 ‘Family hubs’ in England are planned to be a local community-based resource providing information to help families know about and navigate services but also as a source of centre-based and out-reach help for families with children aged from birth to age 19 (to age 25 for young people with special educational needs and disabilities). They are to provide integrated and multi-professional services located within the areas with the highest rates of deprivation.

12.50 Northern Ireland may be in a stronger position to introduce similar services spanning childhood as unlike England there has not been the decimation since 2010 of Sure Start and family centres. There is the opportunity to build on the early years provision of Sure Start local help for families and to span, in particular, the ages 4 to 10. This might make even fuller use of premises into the evenings and weekends. It would be enhanced by the continuing geographical roll out of what might be extended Sure Start centres to build towards universal coverage throughout Northern Ireland and also enhanced by a commitment to have a range of workers spending at least a part of their time working within and out of the centres.

## **COMMUNITY-BASED CHILDREN’S SOCIAL CARE**

12.51 Alongside this focus on help for children and families within their communities there is the opportunity to re-set how statutory children’s

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<sup>140</sup>[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1096786/Family\\_Hubs\\_and\\_Start\\_for\\_Life\\_programme\\_guide.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1096786/Family_Hubs_and_Start_for_Life_programme_guide.pdf) p.4 and p.7.



social services are organised so that they too might have more of a community alignment and might be part of a community network of local resources for children and families.

12.52 Thirteen years ago in 2008 a region-wide arrangement was introduced for the provision of statutory children's social care within the HSCTs. It had a structure of Gateway teams, Family Intervention teams, Looked After Children teams, and Leaving Care teams, with separate teams for children with a disability, fostering and adoption teams, teams for court welfare services for private family law proceedings, and teams for the registration of early years services such as child minders and day care.

12.53 With regard to the latter two teams noted above - the court welfare services for private family law proceedings and the teams inspecting and registering early years services - the recommendation of this Review is that these functions should not remain within the HSCTs or be within the Children and Families ALB.

12.54 There is now no longer a consistency in how statutory children's social care services are structured across Northern Ireland. For families moving across HSCTs' boundaries this means potentially moving into the territory of differently arranged and described services.

12.55 Whilst some HSCTs still hold to the 2008 model there is variation in that Family Intervention Teams in one Trust have been renamed as Children and Families teams, one Trust has merged Gateway, Family Intervention, and Looked After Children teams into integrated teams covering a geographical patch, and although the 2008 model had Leaving Care teams for young people aged 14 and above one Trust now has age 16 years and another age 18 as the entrance age for its leaving care services. There are also differences in what responsibilities are held within similar teams across Trusts. For example, whether or not Children's Disability teams undertake child protection investigations.

12.56 As commented previously, how services are to be structured and organised ought to be decided and owned by the leaders of the services and

not determined or dictated by others, but a recommendation for consideration from this Review is to:

12.56.1 Retain Gateway teams – albeit with a wider multi-professional membership for initial screening of referrals and with a closer relationship and partnership with the Family Support Hubs.

12.56.2 Create Children and Families teams based on community areas.

12.56.3 Retain Leaving Care teams which would stay alongside young people transitioning from children’s services and to support them as necessary and appropriate up until potentially age 25, as provided for by the Adoption and Children Act (NI) 2022.

12.56.4 Children’s Disability teams should become multi-professional and multi-agency teams and include social workers from the Children and Families ALB as members of the integrated Children’s Disability teams alongside health and education colleagues.

12.57 The retention of Gateway teams allows a continuing focus and attention to new referrals and initial assessments with the requirement to act speedily when children might need protecting. It would also through multi-professional initial screening, and with close partnership with Family Support Hubs, assist in accessing other services which might be appropriate for a family or to decide there is no need for further action.

12.58 If after an assessment continued help and assistance, and may be oversight, from statutory children’s social services is needed this would transfer to a Children and Families team (which would incorporate current Family Intervention and Looked After Children teams) and would work within a community area. This would avoid the disruption and distance of hand-overs between separate teams and different workers who are more centralised and remote from local communities.

12.59 A concern has been expressed that less attention would be given to children in care because of the other workload pressures likely to be experienced by a children and families team, but the opportunity is to build more consistent relationships with, and knowledge of, children and families without enforced changes between teams and workers.

12.60 The Children's and Families team (with as argued above a wider skills mix) would be working within a smaller community area than the wider geographical areas currently covered by teams because of the fragmentation caused by specialisation. There would be the opportunity to build more knowledge about the dynamics and relationships within communities and become more of a part of a community's network of resources for children and families including, for example, working more closely with early years providers, schools, and primary health care.

12.61 It also gives recognition that children and young people may be in care and living away from their families but that they may leave care and return to their family bouncing again between teams and workers within the current organisational arrangements.

12.62 The retention of separate Leaving Care teams is based on the argument which has been made that preparing and staying beside young people as they move in to young adulthood is best delivered by workers with a focus on accommodation and housing; employment and education and training; social security; and continuing advice, assistance and support; and that this is a different enough territory and role to require its own focus, knowledge and experience.

## **CHAPTER TWELVE REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION: Statutory children's social care services have become skewed and heavily focussed on child protection and on the increasing number of children compulsorily placed in care through the courts.**

**REFLECTION:** The pattern of HSCTs' children's social care teams has contributed to the skew noted above and with disruptive 'hand-overs' between teams and workers.

**REFLECTION:** Statutory children's social care services are viewed as a child protection service with family support seen as largely the territory of the VCS sector.

**RECOMMENDATION:** There needs to be a re-set and re-focus for children's social care services to give a greater focus and attention to family support.

**RECOMMENDATION:** The success and contribution of Sure Start should be recognised and with it, along with other family support services, expanded, including for children aged 4-10 years

**RECOMMENDATION:** Re-arrange the statutory services team structure to have more of a community focus and presence.

## **CHAPTER THIRTEEN**

### **CHILDREN AND YOUNG PEOPLE IN CARE**

13.1 Within a re-set children's social care services there will still be the crucial importance of providing quality care for children and young people who need to be cared for apart from their families.

13.2 The increasing and high numbers of children in care in Northern Ireland has created a heavy demand for foster care and for residential care. Throughout this Review the pressure on, and scarcity of, options for children and young people who need to be cared for through children's social care has been emphasised.

13.3 Continuing the current trajectory of more children in care will lead to poorer quality care options as children and young people will be squeezed into whatever might be available rather than getting the care how and where they need it.

### **FOSTER CARE**

13.4 One of the strengths and successes of children's social care in Northern Ireland is the relatively high proportion of children in kinship foster care. It generally promotes less disruption, more stability and better outcomes for children and young people. It is a strength which should be preserved and continued and through, for example, family group conferencing to engage family networks as a potential resource for children.

13.5 Where it is not possible or appropriate to have a kinship placement unrelated foster care needs to be more readily available than is the present position in Northern Ireland (and across the UK).

13.6 In the meetings with children and young people the major contribution and strength of the relationship with foster carers has been highlighted but there has also been the concern about children and young people having

many moves between foster carers, unplanned and at short notice, and between foster care and residential care.

13.7 Foster carers have spoken about the support they have had from social workers but also about the absence and changes of social workers and feeling pressurised to take children into their homes outside of the approval and matching process because of the shortage of foster care placements.

13.8 There have also been accounts from those who have wanted to adopt children but with concurrent placements continuing for long periods – in one instance approaching three years for a young child placed as an infant – while estranged birth parents and other family members have belatedly come forward and being assessed as potential carers.

13.9 In a submission to the Review, The Fostering Network estimated that there was *“the need to recruit 261 foster carers in Northern Ireland in 2022-2023 if we are to meet the needs of children currently in care and those who will become looked after this year”* and that *“vacancy rates and high turnover also impact on the social work support provided to children when they come into care. Foster carers tell us they are not getting the support they need from social workers, with a lack of understanding of the role of foster care compounding the impact of staffing issues”*.

13.10 The Adoption and Children Act (Northern Ireland) 2022<sup>141</sup>, although primarily focussed on updating and modernising Northern Ireland’s adoption legislation (and including, for example, its positive requirements for post-adoption support), strengthens the position of foster carers by introducing (albeit not until 2025-2026) a *“special guardianship order, a new legal order intended to provide greater permanence for children who cannot return to their birth families and for whom adoption is not appropriate”* and by reducing *“the time period a child is required to have lived with a foster carer, from three years to one year, before a foster carer is permitted to seek an order under Article 8 (a Residence Order stipulating the person with whom a child should live)”*.

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<sup>141</sup> <https://www.legislation.gov.uk/nia/2022/18/contents>

13.11 It is salutary to note in the context of the recommendations in this Review, and in particular the firm and clear recommendation that a region-wide Children and Families ALB should be created, that there was a gestation period of sixteen years before the 2022 Adoption and Children Act was legislated:

*The need for adoption legislative reform in Northern Ireland was highlighted in the consultation of the Department of Health's draft strategy document, Adopting the Future, in 2006. The development of the strategy was driven principally by significant changes to the wider legislative and social contexts which govern the delivery of children's services. The strategy set out a number of proposals linked to the reform of adoption and children's legislation in Northern Ireland. The Act is principally (although not exclusively) the outworking of the Department's commitment to legislative reform in adoption as set out in Adopting the Future and many of the provisions that were consulted on are contained within the Act.*<sup>142</sup>

13.12 The length of time it is taking to address issues for foster carers was noted in The Fostering Network's submission to this Review:

*The 2013 Review of Statutory Fostering Services by the Regulation and Quality Assurance Authority (RQIA) identified a range of issues in Northern Ireland foster care including: support for relationships; social work support; recruitment and retention; foster care allowances; delegated authority [to foster carers for day-to-day decision making with children in their care]; placement stability; increasing levels of complex needs; the role of IFPs [Independent Foster Care Providers] ; kinship care; and the need for fostering regulations and standards. The report set out a range of recommendations. Nearly ten years later all these longstanding issues remain and many have been exacerbated by the pandemic ... The review concluded that 'Changes need to be made to transform foster care from a volunteer-based service to a modern, highly stable, child-centred service that places foster carers at the centre of the*

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<sup>142</sup> <https://www.legislation.gov.uk/nia/2022/18/notes/division/2>

*professional team'. The Fostering Network supports this conclusion, yet we are still as far from realising this change as we were in 2013.*

13.13 There were a small number of instances during this current Review in 2022-2023 when it was highlighted that there may still be some distance to travel before foster carers are acknowledged and recognised for their experience, expertise and commitment. There have been times when in conversation foster carers have been equated with birth parents or as service users rather than as members of the children's social care workforce. Examples have been given of foster carers – who may have most knowledge of a child or young person – being explicitly excluded from 'professionals planning meetings' about a child because foster carers are not seen as professionals or of information about children and families being withheld from foster carers about children.

13.14 Some foster carers have also spoken during this Review about the isolation and impact they have experienced when a concern or complaint is made about them or their care and about how they are left for long-periods without contact with social workers or only with the social worker investigating the complaint, without placements while complaints are being investigated, and with no one alongside to support or represent them.

13.15 The concern about how complaints regarding foster carers are addressed has also been raised with the Review in submissions from the Foster Care Workers Union (FCWU), which argued that there was the need to:

- 1. Establish a foster care task force to coordinate a regional care strategy.*
- 2. Address foster carer retention pressures and improve recruitment practices.*
- 3. Ensure equitable foster care allowances and foster care pay structures.*
- 4. Enhance the status, support, and training available to foster carers.*



5. *Reform the registration of foster carers and the allegations and complaints system.*
6. *Establish an inspection system for ALL fostering providers in Northern Ireland.*

13.16 The Foster Care Workers Union has also commented in a submission to the Review on fee payments to foster carers:

*The percentage of fee paid foster carers in Northern Ireland is significantly below other parts of the UK. There is also wide variation in foster carers' access to fee payments in Northern Ireland. This disparity in fee payment structures was noted by the RQIA in 2013 and has yet to be resolved ... In Northern Ireland there is a postcode lottery of fee payments ... The FCWU has determined there are twenty-three different schemes that are in operation in Northern Ireland. In addition, there are different proportions of fee paid foster carers within each trust area ... Northern Ireland wide 17.58% of foster carers [receive a fee which] is in stark contrasts to the 60% of foster carers in England who receive a fee."*

*Health and Social Care Trusts foster carer fee payments have not increased in over a decade ... This systematic devaluing of foster care fees has been experienced acutely by HSCT foster carers in Northern Ireland unlike in other parts of the UK ... The majority of the current HSCT foster carer fee schemes in Northern Ireland were initiated pre-2010, over a decade ago. All Trusts have confirmed via FOI [Freedom of Information requests] that they have not increased fees since before 2011-12 or since the introduction of each respective fee scheme.*

13.17 In a report prepared by the Heads of Service for foster care in each of the five HSCTs it was noted that there is a wide variation between Trusts in the staffing structures, skill mix, and staffing numbers in foster care teams and also whether teams were separate for fostering and adoption or combined teams.

13.18 Two Trusts also had high staff vacancy rates in their foster care teams of 28% and 30%. There were also in three Trusts between 26 and 43 foster carers with no allocation of a social worker and three Trusts had over 20 potential foster carers/ foster homes unallocated for assessments. For each Trust the impact of the covid pandemic and lockdowns reduced the number and availability of non-kinship foster carers. The report by the Heads of Service also recorded that there were 15 potential adopters waiting assessment and 12 approved adopters with no allocated social worker.

13.19 Each of the five HSCTs provide their own separate foster care service and each is also a separate adoption agency, supported by a regional adopter and foster care recruitment and marketing service<sup>143</sup>. In addition, there are four other foster care agencies in Northern Ireland provided by Barnardo's, Action for Children, Foster Care Associates and Kindercare.

13.20 A consultation ended in January 2023 about the regulation and inspection of the independent agencies. In terms of quality requirements and assurance the same processes and standards should apply to the foster care (and adoption) services provided by all foster care and adoption services, including those provided by the five HSCTs.

13.21 One of the strengths in Northern Ireland is that there has not been the intrusion and injection within foster care services by private commercial foster care companies which, for example in England, drain as profits significant funding out of children's social care.

13.22 But for a country which is "small and not that big" it does not seem sensible that there are five separate public sector foster care (and also adoption) agencies and four independent sector agencies.

13.23 It would be more consistent, equitable, efficient and economic to have one foster care (and adoption) service for Northern Ireland where the pool

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<sup>143</sup> <https://adoptionandfostercare.hscni.net/home/about-us/>

of foster carers (and potential adoptive parents) is more flexibly available across the boundaries of HSCTs.

13.24 It would also be sensible not to have each voluntary organisation competing to provide a relatively small scale foster care service. The voluntary sector agencies should collaborate and work in partnership with each other to decide which organisation would be the independent sector provider for specific specialist services to reduce duplication and inefficiency.

13.25 Foster carers during the Review have described, however, that they are more likely to receive consistent, accessible, and available support from the voluntary sector agencies than from the foster care services within the HSCTs. There should be further consideration of the skills mix within the HSCTs' foster care services to seek to improve the support for foster carers.

13.26 There also ought to be more discretion about the statutory visiting requirements for children in kinship and non-kinship foster care with possible ranges being set for visiting frequency rather than a potentially intrusive, costly in terms of worker, carer and children's time, one-size-fits – all requirement which impinges on children and carers in long-standing settled placements.

13.27 There should also be the funding for foster carers with their experience and expertise to support each other. The Mockingbird Programme<sup>144</sup>, with its rollout being championed and led by The Fostering Network across the UK, provides a model to enhance the support and the status of foster carers and with 'extended foster care families' for children and young people. It is one the recommendations of the children's social care review in England<sup>145</sup> and the government in England has given a commitment to pilot the

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<sup>144</sup> <https://www.thefosteringnetwork.org.uk/policy-practice/projects-and-programmes/mockingbird-programme>

<sup>145</sup> [https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp\\_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf](https://webarchive.nationalarchives.gov.uk/ukgwa/20230308122535mp_/https://childrensocialcare.independent-review.uk/wp-content/uploads/2022/05/The-independent-review-of-childrens-social-care-Final-report.pdf) pp. 135-136.

Mockingbird programme in the north east of England<sup>146</sup>. The Mockingbird model is also recommended by this Review.

13.28 The Fostering Network's 'Step Up, Step Down' model of foster carers supporting parents in the care of their children, and the 'Fostering Attainment and Achievement' programme where foster carers assist children with their educational development and achievements, also are positive in recognising and harnessing the skills and commitment of foster carers and enhancing their status as key contributors within the children's social care workforce.

13.29 But the experience in Northern Ireland has been of delay in introducing necessary changes for foster care with issues well recognised but not tackled, and of piecemeal development in parts of the region but not in others.

13.30 The argument is again made for a region-wide Children and Families ALB to give consistency and focus to the necessary developments in foster care (and adoption) services across Northern Ireland. These developments should be shaped and co-produced with foster carers as valued members of the children's social care workforce and with the foster carer organisations which give them a collective voice. It would be within the remit of a lead children's minister to give this attention and impetus so that the delays since 2006 and 2013 are not replicated.

## **RESIDENTIAL CARE**

13.31 The most recent Children's Social Care Statistics for Northern Ireland reported that:

*At 30 June 2022, there were 48 Children's Residential Homes in Northern Ireland, 42 homes were statutory and six were independent. Statutory*

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[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1147317/Children\\_s\\_social\\_care\\_stable\\_homes\\_consultation\\_February\\_2023.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1147317/Children_s_social_care_stable_homes_consultation_February_2023.pdf) p.98.

*homes provided 255 places at an average of six places per home; independent homes provided 22 places at an average of four per home. The Belfast and South Eastern HSC Trust had the highest number of Children's Residential Homes (11); the Western HSC Trust had ten residential homes, and both the Northern and Southern HSC Trusts had eight homes ... The South Eastern HSC Trust had the highest average number of places per statutory home at eight, while the Southern and Western HSC Trust's had the lowest average at five.<sup>147</sup>*

13.32 This represents a good spread and coverage of children's homes across the region. The Independent Reviewer visited and spent evenings in children's homes in each Trust area and the quality of the homes and the care provided was seen to be good and with impressive relationships between young people and staff.

13.33 Northern Ireland has largely avoided the difficulties now prevalent elsewhere in the UK, and especially in England, of the privatisation of children's residential care. In England the location of homes are determined by commercial cost interests, children are placed in children's homes at some considerable distance from their families and social workers, and with profits margins of over £20% taking more than £200m a year as profits from children's social care.

13.34 Residential care for older children and young people should be a positive choice and option. Not all young people want to be living within a foster family which may challenge their continuing loyalty to their birth family, and some young people do not want what they may experience as the intensity of living within an unrelated family.

13.35 There are other young people, however, whose challenging behaviours which have led to them not being able to be placed or remain within a family placement and there is a difficult, and sometimes combustible, mix of young people within residential children's homes. It is why the homes need to be limited in how many children can be in residence, the importance of

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<sup>147</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-21-22.pdf> p. 45

staff continuity and experience, and the availability of additional staff when there are especially challenging young people or combinations of young people.

13.36 The children's homes provided by the HSCTs have an average number of places per home of between 5 and 8. Independent sector homes have an average of four places per home, with the HSCTs arranging for young people to live within the smaller independent sector homes in Northern Ireland when they cannot be cared for within the Trusts' managed homes. There are also young people who are living outside of Northern Ireland in small independent sector homes.

13.37 Within a region-wide Children and Families ALB there would be more scope and flexibility to use and manage Northern Ireland's public sector overall residential care provision rather than it being fragmented between five HSCTs and also to more readily review the capacity which is needed.

13.38 From the current experience of the heavy demand for children's residential care it might be that there is the need for a spread of a small additional number of more intensively staffed residential homes each for 3 to 4 young people to avoid placements outside of Northern Ireland or the expansion of private provision into Northern Ireland. In tackling the potential insurgence of privatised commercialised care of children and young people it is wise not to be behind the curve of need and demand.

13.39 The possible benefits of a small number of smaller homes needs to be considered, however, against the capital and revenue costs which would be required and alongside the additional operational residential care capacity which could and should be created by making fuller use of Woodlands as a regional secure care and justice centre and then being able to repurpose Lakewood (which is discussed later in this Report).

13.40 An audit was undertaken for the Review of the availability and usage of the HSCTs' children's homes on the night of 31 January 2023 and the Table below reports on the audit.

**TABLE 9 - HSCTS' RESIDENTIAL CHILDREN'S HOME AVAILABILITY AND USAGE  
NIGHT OF 31 JANUARY 2023**

	REGISTERED PLACES	OPERATIONAL PLACES	RESIDENTS	OCCUPANCY
BELFAST	59	55	55	50
NORTHERN	30	26	26	21
SOUTH EASTERN	46	43	39	37
SOUTHERN	30	30	25	23
WESTERN	38	36	36	32
<b>TOTAL</b>	<b>203</b>	<b>190</b>	<b>181</b>	<b>163</b>

13.41 The table above shows operational places were 6% lower than registered places due to refurbishment within homes and because of required staffing ratios in relation to particular young people. Several homes had temporary agreements to go above their registered number of residents to meet local need (e.g. from 6 to 7 residents). Ninety five per cent of registered places were allocated to young people on 31 January 2023. There were 10% of residents not sleeping in their care home on the night of 31 January, and the reasons varied from staying overnight at their family home or their place being reserved for their return from another placement such as Lakewood secure children's home or Beechcroft CAMHS in-patient hospital.

13.42 There were also additional 'bespoke' and 'out of Trust' placements, and 'extra contractual referrals' (ECRs) funded by the Department of Health. On the night of 31 January there were 8 'bespoke' placements recorded. These are specific arrangements made for individual children and young people to

meet their care needs. They included, for example, a young person cared for within an annexe of a Trust's children's home because they could not manage within the larger group resident and two children below the age of 10 cared for within a temporarily registered house because of their ages.

13.43 'Out of Trust' (7 placements funded by HSCTs) and 10 ECR placements (funded by the Department of Health) were purchased from non-Trust providers of residential care to meet children's special and particular needs. These included placements in the Republic of Ireland, Scotland, and England and included independent sector adolescent mental health placements. Other placements were purchased in specialist services because of the young age of the child (below 10) or because of the need for low-stimulus small group care.

13.44 Six of the 10 young people in placements funded direct by the Department of Health are placed because they need a small home, low stimulus environment and are with a private sector children's home provider in the Republic of Ireland. Reflecting on a comment above it may be that within an overall children's residential services strategy this is a resource which might be developed within a region-wide Children and Families ALB.

13.45 There may always be some Northern Ireland young people who need very specialist provision and that the numbers requiring the provision may not allow or justify its development within the region. Within a region-wide Children and Families ALB it would not make sense, however, to continue having specialist ECR provision funded separately by the Department of Health. Having the funding historically committed to ECR placements allocated to the Children and Families ALB would give the opportunity to decide whether the money might be better spent by developing services provided by the Children and Families ALB in Northern Ireland rather than the cost, vulnerability and the distress (as noted in the Children's Commissioner's report relating to one young person<sup>148</sup>) of being placed in a care setting outside of Northern Ireland.

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<sup>148</sup> <https://www.niccy.org/wp-content/uploads/2023/01/NICCY-Formal-Investigation-Report-final-web.pdf>



## **SHORT BREAKS AND RESPITE CARE FOR CHILDREN WITH A DISABILITY**

13.46 One significant concern expressed throughout this Review by parents of children with a disability, and also by social workers, other professionals and managers, has been the shortage of respite care for children and young people with a disability.

13.47 With the increasing number of children with a disability in Northern Ireland there is an increasing need for services to assist families with a child with a disability and also to offer experiences beyond their family for children and young people with a disability.

13.48 Respite care might be provided within the family home or community to give parents and other family members some time out from the tasks and stresses of caring for a child with a disability. It might also be provided by short breaks within a residential respite care service.

13.49 The availability of respite care for children with a disability was severely impacted by the covid pandemic and lockdowns. Families were left largely to care on their own 24 hours a day 7 days a week when schools were closed and residential respite care was curtailed. This was compounded by some respite facilities becoming longer-term care services for children and young people with a disability when families were no longer able to provide care and when no alternative care provision was available. There has also been the difficulty of some independent sector residential respite care services not being sustained.

13.50 The 2021-2022 Children's Social Care Statistical Report noted:

*During the year ending 31 March 2022 there were 4,366 episodes of short breaks in Northern Ireland. This was substantially higher than in the previous year when 2,813*

*episodes were recorded but remains much lower than in 2019/20, when 6,304 short break episodes took place. It is assumed that this reduction was influenced by Covid-19 restrictions and regulations.*<sup>149</sup>

13.51 It was also noted that there were quite wide variations between the HSCTs in the provision of residential short breaks:

*The largest proportion of short break episodes that took place during 2021/22 were in the Northern HSC Trust (40%), 24% in the Southern HSC Trust, 18% in the Belfast HSC Trust, 10% in the South Eastern HSC Trust, and 9% in the Western HSC Trust.*<sup>150</sup>

13.52 The need to replenish and to increase residential respite care services, and to achieve greater equity of provision across the region, has been widely recognised and ought to be pursued at pace.

13.53 There should also be a review and relaxing, as is now allowed by provision within the Adoption and Children (NI) Act 2022, of the requirement that children and young people with a disability having residential respite care become a looked after child with the annual statistical return noting that “during a short break, the child becomes a looked after child by virtue of the short break arrangement”.

13.54 Parents have expressed their unhappiness and distress that by using a residential respite care service their child becomes ‘looked after’ and have described it as threatening and stigmatising. It also generates an additional workload for children’s social care services and social workers in having to implement the requirements and procedures of the child becoming ‘looked after’.

13.55 In the absence of residential respite care parents have told how they have been offered direct payment as an alternative so that they can make their own respite arrangements. But they have then told of the difficulty of

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<sup>149</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-21-22.pdf> p. 44

<sup>150</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-21-22.pdf> p. 44

being able to recruit anyone to assist with the care of their child with a disability and of the restrictions which have sometimes been placed on the help and opportunities they are allowed to fund from the direct payment.

13.56 Being willing and able to use a direct payment can give greater flexibility and choice and control in how help and opportunities might be provided. But the process of managing a direct payment, and for example recruiting and employing personal assistants, can also be onerous. This emphasises the importance of having the Centre for Independent Living<sup>151</sup> and its region-wide services available for children with a disability and their families.

13.57 It is outside the scope of this Review but it has been commented that in Northern Ireland there is less residential school provision for children with special needs because of disability. If this is so, it would add to the argument that there is a need for additional residential respite care provision.

## **TRANSITIONS**

13.58 A considerable concern for young people with a disability and their parents is the cliff edge they face when reaching the age of 18 and with responsibility for help transferring from children's services to adults' services or to no services. This is despite the transition planning which should have been undertaken from when the young person was aged 14.

13.59 It is likely to be a reflection of all services being under pressure and responding to crisis work rather than longer term planning and preparation. It is a capacity and workforce stability issue for children's and adults' services with the here-and-now urgent work as the focus of workers who may change several times during a period of a young person's transition from children's to adults' services.

13.60 Three reflections which might help ameliorate the panic and fear of abandonment that has been described by parents during this Review:

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<sup>151</sup> <https://cilni.org/>

13.60.1 Fund a region-wide independent transitions advice and advocacy service so that young people with a disability and their families are supported and assisted during the transitions process.

13.60.2 Remove the age 18 cliff edge with an entitlement that if alternative post-18 help and assistance is not in place current help and services will continue.

13.60.3 Have flexibility with a transition period (between ages 18 and at least 21) recognising that children's services should have a longer period of engagement with some young people whose development and transition to adulthood may take more time.

## **POST 18 SUPPORT, CARE AND ACCOMMODATION**

13.61 The issue of transitions also arises for young people who do not have a disability and who are approaching the age of 18 and have engagement with children's social care services, and especially for young people in care.

13.62 The Children (Leaving Care) Act (Northern Ireland) 2002 has the purpose of improving:

*the life prospects of young people who are looked after by Health and Social Care Trusts as they make the transition to independent living [and] to prevent premature discharges from care, improve preparation, planning and consistency of support for young people, and to strengthen arrangements for financial assistance. Central to the act, are duties to assess and meet young people's individual needs, provide personal advisers and develop pathway planning for young people up to the age of 21 (or beyond if continuing in education)<sup>152</sup>.*

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<sup>152</sup> <https://www.health-ni.gov.uk/articles/children-leaving-care-and-aftercare>

13.63 The 2021 'A Life Deserved – A Strategy for Looked After Children' stated as one of the strategy's fundamental building blocks:

*Supporting care leavers and children and young people returning home from care and their families; extending support for care leavers and children and young people after care, to help them to live in appropriate accommodation and make a successful transition into independent living as adults with good emotional and mental health.*<sup>153</sup>

13.64 There has been the structure within HSCTs' children's social care services across Northern Ireland of Leaving Care teams working with young people from age 14 to prepare for leaving care, although there is now some variation between Trusts about the age of a young person which triggers the involvement of the Leaving Care teams.

13.65 There are very positive examples of the work and initiatives being undertaken with young people in care who are approaching adulthood with a skills mix within teams preparing young people for more independent living and with the provision of supported accommodation and help with employment and continuing education.

13.66 There is also the provision of accommodation and support services provided by voluntary agencies and jointly commissioned with the Housing Executive working with young people who are care experienced, and the region-wide 'Going the Extra Mile' (GEM) scheme whereby foster carers can be funded to continue to have a young person living with them between the ages of 18 and 21 (and possibly beyond).

13.67 In one Trust area there is the opportunity for care experienced young people to have employment placements and apprenticeships within the Trust. During the Review there has been the opportunity to meet impressive care experienced young people who are building careers within health care, youth work, law and social work, who are studying for undergraduate and

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<sup>153</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-lac-strategy.pdf> p.16

post-graduate degrees, and others who sustaining employment in a wide range of roles and sectors.

13.68 They are impressive and whilst they may have been well supported they are also demonstrating considerable motivation and have had to be problem-solvers and resilient when facing issues and isolation which may not be faced by other young people.

13.69 There is no lack of clarity, creativity and commitment to assist and stay beside care experienced young period as they move into adulthood. But there is the difficulty of limited capacity and continuity of provision. Waiting lists for heavily rationed services and worker change and churn within the services impact on the experience of young people. Services are stretched and vary across the region and there are particular pressures on the availability of supported and more independent accommodation. Some young people are left vulnerable.

13.70 What will be important is to hold on to Northern Ireland's intentions and ambitions for young people with care experience, to continue to seek to make services and help more comprehensive, and to reinforce rather than reduce the rights and safeguards for care experienced young people.

13.71 It will also be important to continue to recognise and resource the major contribution made by VOYPIC and the positive contribution young people are making in peer-to-peer support, advice and befriending.

## **FAMILY COURTS**

13.72 The family courts are outside the remit of this Review and have also had their own review. They are only considered within this Review to the extent that they interface with, and impinge on, children's social care services and, in particular, with care proceedings in the family courts as the major route into care.

13.73 During this Review there has been the benefit of meeting with the Lady Chief Justice, the family court's judiciary, and the shadow Family Justice Board. The meetings have been facilitated by Her Honour Judge Patricia Smyth, who has been a wise advisor during this Review, and who also facilitated an on-line meeting of the Independent Reviewer with Sir John Gillen who as the Right Honourable Lord Justice Gillen undertook the review of the family courts system in Northern Ireland and which was reported in September 2017<sup>154</sup>.

13.74 Key recommendations within the Gillen review included:

- The creation of a single family court, replacing the existing Family Proceedings Court and Family Care Centre, with the jurisdiction of the High Court preserved only for the most complex or legally sensitive cases.
- The creation of a Family Justice Board, replacing the Children Order Advisory Committee, as a strategic level forum for driving significant improvements in the performance of the family justice system.
- A fresh culture of problem-solving courts within the family justice system, bringing together civil and criminal matters, including a new drug and alcohol court and a domestic violence court.
- A fresh emphasis on solutions outside the court system, with more accessible mediation and educative parenting programmes in private law cases involving children, with a special focus on the future well-being of children and not on the conflict between the adults.

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<sup>154</sup> <https://www.judiciaryni.uk/sites/judiciary-ni.gov.uk/files/media-files/Family%20Justice%20Report%20September%202017.pdf>

13.75 The Gillen report covered private and public law proceedings in the family courts and although published six years ago many of its recommendations remain still to be addressed. The recommendations are as important and constructive in 2023 as they were in 2017.

13.76 The key issues at the interface between the family courts and children's social care services, and for children and families, are not unique to Northern Ireland. They are also current and present in, for example, England, especially in the time being taken to conclude public law proceedings<sup>155</sup>.

13.77 Delays are compounded when permission is granted within proceedings for independent assessments and the appointment of expert witnesses, including social work expert witnesses appointed in addition to the advice to the courts from the HSCT social workers and by the Children's Court Guardians (the term introduced in 2023 to replace Guardian ad Litem).

13.78 The issues at the interface between children's social care and the family courts include:

13.78.1 The workload pressures and the churn of social workers within the HSCTs. It leads to delay in papers being prepared and presented to court, the social worker may have little knowledge of the children and family, there may be changes of social worker during proceedings, and the social workers may be inexperienced and less confident within court.

13.78.2 The absence of pre-proceedings planning and activity so that when proceedings are commenced the HSCT and the family are not well prepared. This then challenges the credibility of the social workers and the HSCT and how they are viewed within the proceedings and by the judiciary.

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<sup>155</sup> <https://www.communitycare.co.uk/2022/12/09/target-needed-to-cut-length-of-care-proceedings-with-durations-far-in-excess-of-26-week-legal-limit-peers/>



- 13.78.3 The delay in appointing and getting reports completed by Children's Court Guardians with the Children's Court Guardian Agency for Northern Ireland's (formerly until March 2023 the Northern Ireland Guardian ad Litem Agency) workload pressures.
- 13.78.4 The length of the reports being prepared by HSCT social workers which have described by judges as being longer than necessary (but there might be a counter cause for concern if they are not seen to be comprehensive and to cover the necessary ground).
- 13.78.5 The time taken by the requirement to have interim hearings with the attendance of social workers every four weeks while proceedings are still in progress and with updating reports being required.
- 13.78.6 The delays which occur when cases are transferred from magistrates Family Proceedings Courts to the county court Family Care Centres and then possibly to the High Court
- 13.78.7 The variation in case management within the judiciary and the delays, costs and complexity created by the agreement to and ordering of expert witnesses, independent social worker reports, and further assessments mid-proceedings.
- 13.78.8 The ordering of supervised contact between parents and children which is often contentious. It is a major workload demand for the HSCTs' children's social care services. It has also been raised as a concern by mothers where the father is controlling and abusive and by foster carers and others in terms of the disruption for children when the contact is felt to be (too) frequent and demanding. On the other hand, fathers have expressed concern about their contact with children being limited.

13.79 The implementation of the recommendations in the 2017 Gillen Report would greatly assist in tackling many of the issues noted above and in particular:

13.79.1 Improved information systems and data collection to enhance case management within the courts and to compare performance across courts and the judiciary.

13.79.2 Simplifying and reducing the tiers within the family courts and the complexity and delays caused by case transfers between courts.

13.79.3 Greater emphasis, as within the Family Drug and Alcohol Courts pilot, on dispute resolution and problem-solving rather than adversarial proceedings.

13.79.4 A fully constituted independently chaired Family Justice Board to tackle issues.

13.80 There are tensions and difficulties between the courts and children's social care services which would be helpfully addressed by relationship-building and less formal arenas for discussion between the judiciary and local senior managers and leaders within statutory children's social care services. This would be assisted by having greater alignment between court catchment areas and the geographical areas of each HSCT.

13.81 There is, however, an underlying issue which is of a different nature and that is the limitations of the workforce and capacity across the courts and for the social workers in the HSCTs and the Children's Court Guardian Agency for Northern Ireland. This is a funding and resource issue.

## **CHAPTER THIRTEEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** With the increasing numbers of children in care there is a heavy demand for foster care and residential care which is presenting difficulties in finding stable and appropriate placements for children and young people.

**REFLECTION:** There is good quality geographical coverage of public sector children's residential care across Northern Ireland.

**REFLECTION:** There are delays within the family court processes which impinge on children and families and also create increased workload pressures.

**RECOMMENDATION:** Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift.

**RECOMMENDATION:** Foster Carers should be recognised and positioned as valued members of the children's social care workforce.

**RECOMMENDATION:** The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model.

**RECOMMENDATION:** Consideration should be given to the public sector provision of additional smaller children's homes.

**RECOMMENDATION:** Do not allow the privatisation of care of children.

**RECOMMENDATION:** Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children.

**RECOMMENDATION:** Extend the transition period where appropriate and necessary for young people moving to adult services.

**RECOMMENDATION:** Introduce a region-wide transitions advice and advocacy service.

**RECOMMENDATION: Accommodation within the positive post-18 services needs to be expanded and more readily available.**

**RECOMMENDATION: Implement the major recommendations of the Gillen Review of the family courts.**

**RECOMMENDATION: Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services.**

## CHAPTER FOURTEEN

### THE EXPERTISE OF THOSE WHO HAVE EXPERIENCE OF PROBLEM-SOLVING AND OF SERVICES

14.1 In addition to, and alongside, the services available to children and families within their communities, including statutory children's social care services, is the potential contribution which might be made by those who have had experience of engagement with the services.

14.2 Throughout the process of this Review there have been many occasions and many opportunities to be reminded of the advice, help and support which children, young people and parents have provided for each other. Whether it has been seeing young people as wise counsellors for each other through activities arranged by VOYPIC, meeting parents who have experience of children's social care now working as volunteers or paid workers in Sure Start and family centres, or parents within for example PAUSE or local parent forums who have established Facebook and What's App groups to support and look out for each other, what has been shown is how young people, parents and other family members can be and are a resource for each other.

14.3 Some of the most powerful presentations at the five large workshops held during the Review have been by young people and by parents. They have shared their experiences and the considerable insight and expertise they have about what is helpful. They also have the track record of having been on the journey young people and parents engaged with children's social care are on today. They have credibility, empathy and wisdom based on their experience and having had to find out about, navigate and indeed manage the complexity of access points, different roles and services, and policies and procedures. They were experts on UNOCINI!

14.4 Those who engaged with this Review wanted to, and were, using their experience to benefit other young people, parents and carers. Some had

had the experience of being the parent of a child with a disability and having to fight hard for help for the child and assistance. Others had had their own difficulties with their mental health or with alcohol and drug misuse or domestic violence or with severe poverty and homelessness. They were each impressive. Sometimes worn down but still looking to contribute and make a difference for others.

14.5 Through VOYPIC there is the region-wide opportunity for young people in care to come together and with VOYPIC providing advocacy and peer-to-peer support for young people. It is impressive. Young people in care, young carers, and young people with a disability have also been brought together by voluntary organisations such as Barnardo's, Action for Children, and the Cedar Foundation and have contributed within the Review.

14.6 There is no similar resource bringing together parents across Northern Ireland. In some areas there are forums for parents, some facilitated by a HSCT, some within Sure Start and family centres, and some arranged by voluntary organisations such as Autism Northern Ireland and Women's Aid. Their contributions to the Review have been invaluable, as have the meetings with mothers participating in the PAUSE programme.

14.7 But it is patchy and hit and miss whether there are the opportunities and means for parents to meet together, share experiences, and to support and inform each other.

14.8 Within the Review this became an issue and unresolved concern when attempts were made to seek who could act as a befriender and may be bridge building for isolated parents (mothers) who were largely on their own without a supportive family or friends and were in dispute with HSCTs' children's social care services. Their solicitors and barristers might be engaged and immersed in the legal battles which were underway but it might have been helpful to have someone who could mediate and bridge build in addition to the legal advocate. It is a role which might be well provided from within a parent peer-to-peer resource.

14.9A recommendation from this Review is that the Children and Families ALB should commission, fund and support an independent parent-led parent support organisation or organisations available and accessible throughout the region.

14.10 In addition, to the help which might be available from other parents in navigating the complexity of services it is also recommended that where families are engaged with a range of different services and agencies, as is the case for many families with a child with a disability, there should be a **named key worker** (chosen in consultation with the family) formally identified and recorded with a responsibility to be alongside families in coordinating the actions of services and as a navigator for the family across services. This role might be held by the worker who has the most active engagement with the family.

14.11 Young people who are care experienced have commented that they might like the opportunity to formally identify and have recorded and recognised a person within their lives who they trust and who would be a continuing presence beside them throughout and beyond their time in care. It might, for example, be a relative, a teacher, youth worker, someone from within the family of a friend, or someone within their community.

## **CHAPTER FOURTEEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** The wisdom of children, young people, parents and other carers has been visible and valuable throughout this Review.

**REFLECTION:** VOYPIC has and does play a very positive role in supporting care experienced and other young people, and in supporting this Review.

**REFLECTION:** There is no similar region-wide organisation supporting parents.

**RECOMMENDATION:** An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services.

**RECOMMENDATION:** Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children's social care and other services.

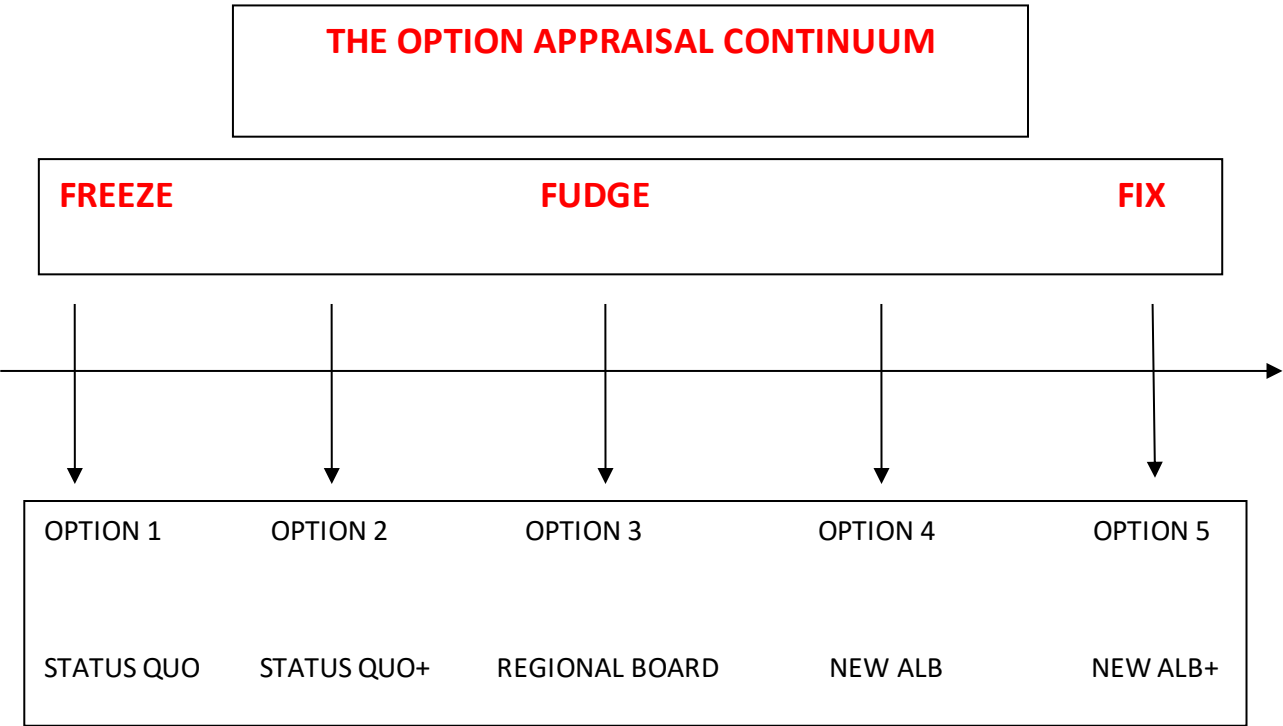


## CHAPTER FIFTEEN

### **AN OPTIONS APPRAISAL OF A REGIONAL CHILDREN AND FAMILIES ARMS-LENGTH BODY FOR NORTHERN IRELAND**

- 15.1 It has already been noted in this Report that the major recommendation from this Review is that a single region-wide organisation be created for statutory children and families social care services.
- 15.2 It is noted that this is for statutory services as there is also much children's social care provided within the voluntary and community sector, and one of the tasks of the statutory organisation would be to enhance further partnerships with the voluntary and community sector.
- 15.3 It would have a lead responsibility to promote the multi-professional and multi-agency integration of services for children and families as it should have a strategic leadership role to implement Northern Ireland's 2015 Children's Services Co-operation Act. With its dedicated and single remit and focus on children and families it will be well placed to take on this strategic role.
- 15.4 As discussed earlier, within Northern Ireland the children and families social care regional organisation would need to be established as an arms-length body (ALB). It would be at 'arms length' from the Executive and government departments, and it has already been recommended in this Report that it should have the authority and accountability to deliver what is required by statute and within statutory regulation and guidance.
- 15.5 The options appraisal below covers a range of possibilities for statutory children's social care in Northern Ireland and it indicates why the Children and Families ALB is so firmly recommended as the way forward to tackle the systemic and endemic difficulties within the current

arrangements and services. There are a range of options considered which span continuing with the current arrangements to introducing an enhanced ALB.



**OPTION ONE**  
**THE STATUS QUO**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• No resources needed to manage change.</li> <li>• What is working well will continue.</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Current issues are unlikely to be tackled</li> <li>• The opportunity to re-set children’s and families social care is likely to be lost.</li> </ul>
<p><b>OPPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• To continue current arrangements without interruption.</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Not only will current difficulties not be tackled but may continue to intensify.</li> <li>• Budget demands will continue to escalate with a greater number of children in care.</li> <li>• A hit to the morale of those who were hoping for change and progress from this Review.</li> </ul>

**OPTION TWO**  
**CURRENT STRUCTURAL ARRANGEMENTS**  
**BUT WITH CURRENT DIFFICULTIES TACKLED**

<p><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• The intention of sorting long-standing workforce and workload difficulties.</li> <li>• Minimal disruption.</li> </ul>	<p><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• Hope trumps experience.</li> <li>• If this is the solution why has it not worked already?</li> <li>• Could generate a lot of activity but with no significant positive outcomes.</li> </ul>
<p><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• To look to re-set the focus of children’s social care services.</li> </ul>	<p><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Systemic and structural difficulties continue into the future.</li> <li>• An impact on morale with no expectation of improvement.</li> </ul>

**OPTION THREE**  
**A REGIONAL COLLABORATIVE BOARD**  
**FOR CHILDREN’S SOCIAL CARE**

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• It does not disrupt the current arrangement of each HSCT delivering children’s social care services.</li> <li>• It may enable greater regional consistency and equity.</li> </ul>	<ul style="list-style-type: none"> <li>• Why will this be different and more effective than the previous and current arrangements to have regional consistency?</li> <li>• There will still be five separate organisations delivering statutory children’ social care with it not their major focus.</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• It is presented as creating consistent planned change and improvement across the region.</li> <li>• To promote collaboration.</li> </ul>	<ul style="list-style-type: none"> <li>• It will further confuse authority and accountability.</li> <li>• It will add organisational costs.</li> <li>• It will add to the distraction and disempowerment of the on-the-ground leaders of children’s social care.</li> </ul>

15.6 It is, however, the model which is being adopted for mental health services in Northern Ireland, as described in the October 2022 report ‘From Silos to Systems: Report of the Project for a Regional Mental Health Service for Northern Ireland’:

*A newly established Regional Mental Health Collaborative Board will be responsible for regional leadership and oversight of mental health services development and delivery ... It will help oversee governance and performance arrangements, develop common approaches to*

*service challenges and advise on workforce planning and on the regional development of information systems ... At an area level, five Area Mental Health Collaboratives reporting to the AIPBs [Area Integrated Partnership Boards], will be responsible for the development and delivery of integrated mental health care across services and providers within their geographical areas. They will work to build upon and further develop existing working relationships and arrangements in meeting the mental health needs of local populations. Area Mental Health Collaboratives will support and oversee the establishment of Local MH Integrated Care Arrangements, where the different organisations and services in localities come together to develop and deliver joined-up local care pathways, ensuing locally integrated care delivery which best meets the needs of their populations.*<sup>156</sup>

15.7 This is the route being taken for mental health services. It will not address the authority and accountability and grip and gravitas issues which have been highlighted throughout this Review of Northern Ireland's children's social care services.

15.8 If introduced for children's social care in Northern Ireland it will add another layer of distracting activity and additional costs seeking to achieve what similar arrangements of region-wide planning, commissioning, and performance management by the Health and Social Care Board, and now the Department of Health's Strategic Planning and Performance Group, and by the Children and Young People's Strategic Partnership (CYPSSP), have not achieved.

15.9 It will be too amorphous. It will be another iteration of what has not worked for children and families social care in Northern Ireland. It is not a sensible way forward taking into account what should be learnt from past failures to address the systemic and endemic issues which need to be tackled.

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<sup>156</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-summary-paper-regional-mhs.pdf>

**OPTION FOUR**

**A REGIONAL CHILDREN AND FAMILIES ARMS-LENGTH BODY  
BASED ON THE CURRENT HSCTs' CHILDREN'S SOCIAL CARE  
FUNCTIONS, RESOURCES AND SERVICES**

<p style="text-align: center;"><b>STRENGTHS</b></p> <ul style="list-style-type: none"> <li>• Focussed on children and families within communities.</li> <li>• A consistent region-wide service but able to be locally responsive.</li> <li>• With dedicated leadership.</li> </ul>	<p style="text-align: center;"><b>WEAKNESSES</b></p> <ul style="list-style-type: none"> <li>• The disruption of organisational change.</li> <li>• May still be hindered by governance arrangements with its government department.</li> </ul>
<p style="text-align: center;"><b>OPPORTUNITIES</b></p> <ul style="list-style-type: none"> <li>• To have a strategic leadership role for children and families.</li> <li>• To grip and tackle the issues which need to be addressed.</li> <li>• To generate more integrated multi-agency services.</li> <li>• To make financial savings by not duplicating functions across five HSCTs.</li> <li>• A lead agency for social work with children and families.</li> </ul>	<p style="text-align: center;"><b>THREATS</b></p> <ul style="list-style-type: none"> <li>• Required funding may not be made available.</li> <li>• It may fail to re-set how help is provided to children and families and demand continues to escalate.</li> </ul>

**OPTION FIVE**

**A REGIONAL CHILDREN AND FAMILIES ARMS-LENGTH BODY  
BASED ON THE CURRENT HSCTS' CHILDREN'S SOCIAL CARE FUNCTIONS,  
RESOURCES AND SERVICES AND WITH THE ADDITION OF OTHER ALLIED  
SERVICES WORKING WITH CHILDREN AND FAMILIES**

STRENGTHS	WEAKNESSES
<ul style="list-style-type: none"> <li>• In addition to the strengths in Option Four it adds professional groups who also work similarly with children and families.</li> <li>• Better coordination and shared working of closely related workforces.</li> </ul>	<ul style="list-style-type: none"> <li>• The disruption of organisational change.</li> <li>• May feel threatening to colleagues who are not currently located within children's social care services.</li> <li>• May have staff re-grading implications and costs (although not necessarily a weakness).</li> </ul>
OPPORTUNITIES	THREATS
<ul style="list-style-type: none"> <li>• More coherent response for children and families from across a wider workforce.</li> <li>• To make better use of scarce workforce capacity.</li> <li>• More integration of the social work workforce working with children and families.</li> <li>• To give more professional recognition and attention to social workers and youth workers who might not be central within their existing organisations.</li> </ul>	<ul style="list-style-type: none"> <li>• Danger of the specialist functions undertaken by colleagues joining children's social care not recognised and resourced.</li> <li>• Current allied workforces choose not to join children's social care adding to workforce difficulties.</li> </ul>



15.10 Moving from five HSCTs providing children’s social care services to one Children and Families ALB will provide the vehicle to drive greater consistency across the region whilst still allowing scope for tailor-made and responsive services to meet the varying local the needs of different communities and areas. This would be achieved by having a geographical divisional structure within the Children and Families ALB based on the HSCTs’ boundaries and where each director of children’s services would head a geographical division. But as members of the senior management team with the chief executive of the ALB they would have the responsibility for policies, resources and practice which are regionally consistent. Each director of children’s services in addition to their geographical senior management role might also have a cross-cutting regional functional lead role on, for example, children’s residential care.

## **THE NEWLY EMERGING OPTION OF CHILDREN’S SOCIAL CARE BASED WITHIN INTEGRATED CARE SYSTEMS**

15.11 An option which has recently been suggested is that children’s social care should be within the Integrated Care Systems (ICSs) being planned for Northern Ireland, or even possibly that separate children’s integrated care systems should be the way forward for Northern Ireland. But this has the danger of continuing and replicating the well founded and long standing concerns that children’s social care is marginal within organisations and arrangements understandably and necessarily focussed on the significant difficulties within health services. On the continuum of Freeze-Fudge-Fix it might be added as the **Fallacy option** and as another iteration of children’s social care still marginal within Health (and Adult Social Care) organisations which will not address the systemic and endemic issues for children’s social care which need to be tackled.

15.12 Having tracked the published reports, and watched the videos, about the development activities for ICSs across Northern Ireland attention or reference to children’s social care has been almost totally absent. There is every likelihood of children’s social care being a late bolt on to what is being shaped to address the vertical integration of hospital and community health

services with the attention on tackling hospital and ambulance pressures, waiting times and waiting lists. It is a sensible direction of travel for health (and adult social care) services with a focus on community engagement and contribution and on public health and promoting healthy life styles, but leaves children's social care as an after-thought and on the margins.

15.13 The lessons from elsewhere might be relevant. The recently published Hewitt review of integrated care systems in England<sup>157</sup> reinforces the picture that ICSs are primarily and overwhelmingly dominated by concerns about, and the attention given to, reshaping and rebalancing health services. Not only have they not been expected or designed to include children's social care, but adult social care also gets limited attention. As noted in the response to the Hewitt review by the British Association of Social Workers<sup>158</sup> the contribution of social work and social workers within adult health and social care services is largely unmentioned, unrecognised and unnoticed.

15.14 ICSs across Northern Ireland as the response to the systemic and endemic issues facing the region's children's social care services would be a replication and further iteration of the hurdles and hindrances which have faced children's social care in the region. Indeed it could be worse. The independence necessary for ICSs to develop could mean an even more patch work quilt of social care services for children and families across Northern Ireland.

## **VIEWS ABOUT A REGION-WIDE CHILDREN AND FAMILIES ALB**

15.15 Reports summarising the views of children and young people, parents and family carers, and voluntary and community sector organisations have noted the possible positive potential of a region-wide children and families

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<sup>157</sup>

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1148568/the-hewitt-review.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1148568/the-hewitt-review.pdf)

<sup>158</sup>

[https://www.basw.co.uk/system/files/resources/hewitt\\_review\\_response\\_basw\\_england\\_summary\\_of\\_key\\_messages\\_from\\_members\\_and\\_family\\_carers\\_5.4.23.pdf](https://www.basw.co.uk/system/files/resources/hewitt_review_response_basw_england_summary_of_key_messages_from_members_and_family_carers_5.4.23.pdf)

social care arms-length body. There has also been some (guarded) support from organisations of those working within children's social care services, but with variation within the views of their membership.

15.16 Senior managers of statutory children's services see the ALB proposal as a sensible way forward as has the previous Children's Commissioner.

15.17 Senior leaders in the Department for Education, the Education Authority, the Department for Justice, and the Youth Justice Agency, along with practitioners and managers such as the education welfare officers, youth justice workers, and youth workers who participated in meetings within the Review have also been engaged and considered the potential of a regional ALB+ which would have integrated within it some of the services currently within their remit.

15.18 There has also been opposition to the proposal for a region-wide Children and Families ALB. The concerns which have been expressed are that a regional Children and Families ALB would unwind health and social care integration and that the issues which need to be tackled for children and families and for children's social care can be addressed and resolved within the current arrangements and without system and structural change.

15.19 It is hard not to wonder if the issues which need to be addressed, and which are long-standing and right across the region, are able to be tackled within the current arrangements (or the previously tried arrangements of a regional commissioning board), why they have remained unresolved and, indeed, why was this Review commissioned if the answer was that this could and would be sorted with no or little change.

15.20 The clear view and recommendation of this Review – as previously stated – is that there is the need for a speedy, and not delayed and drifting, step change to provide the platform to tackle the long-standing systemic and endemic problems for children's social care – and for children and families – inherent and embedded in the current arrangements.

15.21 Governance and organisational change is not in itself the solution. But it is a necessary precondition and platform on which to generate more clarity about authority and accountability, more grip and gravitas, more freedom and focus, to tackle the distractions and disempowerment, the division and duplication, and the confusion and complexity, which have been and are major impediments to providing help and care for children and families across Northern Ireland.

## **WHICH SHOULD BE THE LEAD GOVERNMENT DEPARTMENT FOR A REGIONAL CHILDREN AND FAMILIES ARMS-LENGTH BODY?**

15.22 There might be competing interest and arguments about which government department should be the 'parent' department for the ALB. Least disruptive would be for the Department of Health to remain the lead department. It will continue to have within its establishment, for example, the Chief Social Worker and her team and have a professional shaping role for social work. And retaining the Department of Health as the lead department would not require the transfer and separation to another department of those with a policy brief for children's and families social care and who work beside colleagues with an adult social care brief.

15.23 There are already good examples, such as Sure Start, of positive cross-departmental working for children and families but no politician has the cross-cutting responsibility to give political leadership to coordinating action to assist children and families. There ought to be consideration given for a **lead political role for a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner.**

## WHAT'S IN AND WHAT'S OUT

15.24 Option 5 above presents a proposal for other services to be integrated within the Children and Families ALB alongside the children's social care services currently provided by the HSCTs. The inclusion of these services within the ALB would recognise that these services are also focussed on work with children and families and that the workers delivering these services have much in common with the current children's social care workforce. There are opportunities to make better use of an integrated and expanded workforce within the ALB.

15.25 During this Review there has been engagement with a range of services which work with children and families and alongside children's social care. In each service meetings have been held with practitioners and frontline managers, with senior managers, and with the senior civil servants in the relevant government departments. There has also been participation within the five workshops held as part of the Review. It has included:

- Health visitors and school nurse practitioners and managers.
- The chief nurse and senior nurses in the Department of Health.
- School head teachers in meetings and in visits to primary and post-primary schools.
- Education welfare officers and managers.
- Youth workers and managers.
- Senior managers in the Education Authority and senior civil servants in the Department for Education.
- Youth justice workers.
- Probation officers and manager.
- Prison officers and managers.
- Senior managers in the Youth Justice Agency and senior civil servants in the Department for Justice.
- Child and Adolescent Mental Health Services teams and managers.
- Paediatricians.
- Allied health professions practitioners and managers.

- Nursing and allied health professional leads within the Public Health Agency.
- Senior public protection police officers.
- Police child abuse investigation teams.
- Judges and justice officers.
- Senior housing managers.



COLLEAGUES IN THE  
EDUCATION WELFARE SERVICE



EDUCATION AUTHORITY, COUNCIL FOR CATHOLIC  
MAINTAINED SCHOOLS AND SCHOOL PRINCIPALS  
AND VICE-PRINCIPALS

**SOME OF THE ENGAGEMENT WITH  
EDUCATION SERVICES**



SENIOR TEACHERS  
AND A VERY IMPRESSIVE  
HEAD GIRL  
AT THE REVIEW'S  
WORKSHOP AT  
HAZELWOOD INTEGRATED  
COLLEGE

THE  
EDUCATION  
REVIEW  
PANEL



## WITHIN THE ALB

15.26 It is recommended that the Children and Families ALB includes the following services and workers.

15.27 **The Education Welfare Service.** It employs 160 qualified social workers and although it has a focus on children where school attendance has dropped below 85% it is essentially a resource to families to get children to

attend school and address child and family issues which may be hampering school attendance.

**15.28 The Youth Justice Agency.** The Youth Justice Services employ 42 qualified social workers and 33 youth workers working alongside others and a further 16.5 social workers are employed at Woodlands Juvenile Justice Centre. The agency has had considerable and laudable success in reducing the number of children facing criminal prosecutions.

15.29 The age of criminal responsibility in Northern Ireland is 10. It was recommended within an independent review in 2011 that it should be raised to age 12 but this has not been enacted. There has been a consultation in 2022 about raising the age to 14<sup>159</sup>. Whether the age of criminal responsibility is 10, 12 or 14 youth justice workers will continue to have within their core role working with children, young people and their families and as such would sensibly be located within the Children and Families ALB.

15.30 Following a major review of regional facilities for children and young people<sup>160</sup> which reported in 2018, and a public consultation which reported in 2021<sup>161</sup>, action is already underway to more closely align the regional secure care centre (Lakewood) and juvenile justice centre (Woodlands). This would be greatly assisted by having a regional Children and Families ALB which would have responsibility for Regional Care and Justice Centre which would be jointly commissioned by the Department for Justice and the Department for Health. Other options would be much less satisfactory – one HSCT having the management responsibility or setting up a separate small Regional Care and Justice ALB to ensure it gets adequate attention as a specialist resource for children and young people. There is further discussion below about regional services for children and young people.

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<sup>159</sup><https://consultations.nidirect.gov.uk/doi/increase-in-minimum-age-of-criminal-responsibility/>

<sup>160</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/review-of-regional-facilities-for-children-young-people.pdf>

<sup>161</sup><https://www.justice-ni.gov.uk/sites/default/files/publications/justice/ecic-consultation-analysis-report.pdf>

15.31 **The Youth Service** is currently within the remit of the Education Authority. There is considerable involvement of young people with youth organisations in Northern Ireland with 140,000 young people registered as participating with youth services with it noted that *“There are almost 1,600 registered youth service providers, the regular running of which is reliant on a workforce of 20,881, of whom over 90% are volunteers”*.<sup>162</sup>

15.32 The statutory youth service employs about 900 youth and community workers who offer a core open-access programme from, for example, youth centres and targeted programmes. One of the essential characteristics of youth work with young people is that the involvement by young people is voluntary and takes place in the spaces which are acceptable to them. Wherever the statutory youth services are organisationally located it is important that this style of working continues. Locating the statutory youth service within the Children and Families ALB would recognise that within communities, and with families, there is a close affinity between social care and social development services for young people.

## OUTSIDE THE ALB

15.33 There are other possible services which might be brought into the Children and Families ALB but where this is not recommended by this Review.

15.34 **Children’s public health nursing.** This includes health visitors and school nurses who are employed by the five HSCTs. They each have roles which include both universal and targeted services. Health visitors for children aged under five, and school nurses for school aged children, provide services for all children such as health and development checks and vaccination and early intervention and prevention programmes. They also provide more targeted services, including for children with disability and developmental delay, but also with an increasing workload in relation to child protection.

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<sup>162</sup><https://www.education-ni.gov.uk/articles/youth-service>



15.35 Health visitors and school nurses each told the Review that child protection activity had increased within their workloads and that their provision of universal services for children were having to be more heavily rationed and reduced. School nurses, for example, recounted how they were the collators and conduits of school and health information for child protection investigations and case conferences for school aged children and were the attendees at the case conferences.

15.36 There would seem some sense in possibly bringing public health nurses within the remit of the Children and Families ALB, but the public health nurses also interface, in particular, with GPs within primary health care.

15.37 They also have a strong identity as health professionals and it would be professionally challenging to be moved outside the provision of healthcare into what would primarily be a children and families social care service. It is likely that this would undermine the recruitment and retention of what is already a depleted and stretched workforce.

15.38 It is recommended, therefore, that public nursing services across Northern Ireland remain within the management of the five HSCTs but that the services are jointly commissioned by the Public Health Agency for the universal provision and provision for children with a disability and children with developmental delay and by the Children and Families ALB for the child protection and parent and family support activity.

15.39 It would be another opportunity through the (joint) commissioning process to promote more integration of services, with for example health visitors to be deployed and based for some of their time within all Sure Start and family centres.

15.40 It would also help to minimise the current variation between HSCTs in the employment, availability and capacity of public health nurses with significant differences in what health visitors and school nurses are able to provide in the different HSCTs' areas. It was in a meeting arranged within this Review with health visitors and school nurses that they surprised each

other with how different and varied are their services and capacity between the HSCTs.

15.41 There are other services currently provided within children's social care services within the HSCTs which it is recommended should be provided by other agencies rather than the Children and Families ALB.

15.42 **Private family law court welfare services** are currently provided by separate teams of social workers within children's social care services within each HSCT whilst the court welfare service for public law cases are provided by social workers within the Children's Court Guardian Agency for Northern Ireland (previously NIGALA). No one has been able to explain during the Review the history of why there is this separation of court welfare functions. The HSCTs' private law family court welfare teams employ 25 social workers across the region.

15.43 There are a number of implications of having the private family law court welfare services provided by statutory children's social care:

- Families have the enforced involvement of statutory children's social services which may feel like a threatening intrusion.
- The courts may look to maintain the involvement of statutory children's services with families, through for example ordering the supervision of contact to be provided by the services which keep the services engaged with families and which may not have happened if the services were not already engaged with the family through the court welfare duties.
- This adds to the workload of the services with supervising regular and frequent contact a significant workload pressure.
- The Children's Court Guardian Agency for Northern Ireland social workers have the expertise, specialism and credibility to be the family court welfare service for both public and private law proceedings and

should be resourced to provide this service rather than courts working with two separate arrangements for court welfare services.

- Section 137 of the Adoption and Children (Northern Ireland) Act 2022<sup>163</sup> legislated for the Northern Ireland Guardian Ad Litem Agency (NIGALA) to be known as the Children’s Court Guardian Agency for Northern Ireland and with Guardian Ad Litem (GALs) to be called Children’s Court Guardians (CCGs). With this now as their clearly stated role it would be confusing if there continued to be other social workers reporting to the courts as guardians.

15.44 There is another confusion to be resolved. During the Review it was stated that GALs appointed by NIGALA were also being engaged separately as self-employed independent social workers to prepare reports in family proceedings. This creates the situation where in addition to the child’s social worker and a court guardian social worker a further independent social worker, who also works with the family courts as a court guardian, may be involved within proceedings. The same social worker may have an identity with the court as a court guardian and within different proceedings as an independent social worker. They would be reporting separately within proceedings alongside, and possibly in opposition to, a colleague from the court guardian service. This should stop. Court guardians should not also be allowed to work as independent social workers reporting to the family courts.

15.45 **The registration and inspection of early years providers**, such as child minders and day care providers, is also undertaken by separate teams of social workers within children’s social care services in each HSCT. The HSCTs employ 62.2 social workers within their early years registration and inspection services. Two reflections:

15.45.1 This is not the most appropriate use of the scarce resource of social workers and their core professional competencies. There are other professional and experienced workers where their

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<sup>163</sup> <https://www.legislation.gov.uk/nia/2022/18/section/137>

knowledge and skill set might be a better match with the inspection and registration of early years providers, including for example those with a background in nursery nursing and early years and early stage primary education and those who have themselves had experience as early years providers.

15.45.2 Why is this registration and inspection function and responsibility within the remit of statutory children's social care services rather than with Northern Ireland's Regulation and Quality Improvement Authority (RQIA) or the Education and Training Inspectorate? These inspectorates already have the remit to regulate and inspect other direct social care provision for children, including Sure Start, residential children's homes and independent foster and adoption agencies.

15.46 One service which the Terms of Reference for this Review asked should be given particular attention was **children and adolescent mental health services (CAMHS)**.

15.47 Demand and waiting lists for these services are high and long. This is not only an issue in Northern Ireland but spans the rest of the UK. It pre-dates the covid pandemic lockdowns but the isolation of children and young people throughout the pandemic has added to their anxieties and loss of confidence alongside their educational and social development delay with no school attendance.

15.48 It is also likely to be more prevalent a concern in Northern Ireland, as discussed earlier, as a consequence of the experience of 'Troubles-related' inter-generational trauma and the current creation of trauma of the fear and threat within some communities. For example, Northern Ireland has the highest rate of suicide for young people compared to the rest of the UK<sup>164</sup>:

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<sup>164</sup> <https://stateofchildhealth.rcpch.ac.uk/evidence/mental-health/suicide/>

*The strong link between suicide and mental illness is well established. Mental ill health is one of the leading causes of disability in Northern Ireland. Moreover, research suggests that Northern Ireland, being a post conflict society, experiences 20-25% higher levels of mental health illness compared to the rest of the UK, and around 1 in 5 adults have a diagnosable mental health condition at any given time... There are also significantly higher levels of depression in Northern Ireland than in the rest of the UK, higher antidepressant prescription rates, higher incidences and presentations for self-harm (albeit that in many cases, people who self-harm do not present for medical attention and are not visible to healthcare professionals) and high rates of post-traumatic stress disorder ... In 2020, 13,348 referrals were made to Child and Adolescent Mental Health services in Northern Ireland.*<sup>165</sup> Research regarding children and young people from Northern Ireland also shows that:

- *One in 10 children in Northern Ireland experience anxiety or depression, which is around 25% higher than in other UK jurisdictions.*
- *One in eight children meet the criteria for mood and anxiety disorders,*
- *One in eight report having suicidal thoughts, or having attempted suicide.*
- *Rates of suicide in children under 18 in Northern Ireland are disproportionately higher when compared to rates in the rest of the UK.*
- *A significantly higher percentage of young people who died by suicide in Northern Ireland had a history of alcohol and/or drug misuse when compared to the rest of the UK.*<sup>166</sup>

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<sup>165</sup> <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2017-2022/2021/health/2321.pdf>

<sup>166</sup> <http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2017-2022/2021/health/2321.pdf>

15.49 Each of the Trusts have multi-professional child and mental health teams and services and the Belfast trust manages within its mental health division Beechcroft, the regional in-patient hospital CAMHS service.

15.50 The recommendation of this Review is that a distinction be drawn between emotional health and well-being services for children and young people and what this Review is calling 'clinical CAMHS'. Emotional health and well-being services should be working with early years settings and schools and be a partnership between the Education Authority and health services along with VCSs.

15.51 'Clinical CAMHS' should continue to be managed by the HSCTs, albeit as multi-professional services with, for example, social workers seconded from the Children and Families ALB to work within the multi-professional and multi-agency teams.

15.52 The rationale for this recommendation is that many children and young people experience emotional distress and anxiety and unhappiness as a consequence of life experiences, such a parental loss or parental conflict, the experience of domestic violence, or threat and fear and bullying. This may be reflected in their behaviour where they may withdraw, start to self-harm, or may become more challenging within and outside their families.

15.53 A CAMHS referral may be seen as the 'magic potion' to help these children and young people. But being placed on a CAMHS waiting list, and then receiving a delayed assessment and a time-limited intervention if any, may not be the most helpful response compared to the availability of, for example, a counsellor or other adult who gives them special time and attention and who is more easily, regularly and frequently available and accessible over a longer period.

15.54 The joint 2021 Department of Education and Department of Health ‘Emotional Health and Wellbeing in Education Framework’<sup>167</sup> charts a sensible direction of travel, albeit requiring stable and further investment (including in voluntary sector counselling services for young people) to improve capacity and region-wide coverage. The linkages for children between health and education sectors are also referenced in the 2021-2031 Mental Health Strategy<sup>168</sup>.

15.55 ‘Clinical CAMHS’ should focus on children and young people with more pronounced and serious mental health difficulties. Referrals to CAMHS and waiting lists should be lessened if there is greater capacity and confidence to assist children and young people through school-based and voluntary sector emotional health and well-being services.

15.56 The children and young people involved with clinical CAMHS will require the skilled assessment and intervention (diagnosis and treatment) of specialist health professionals including psychiatrists and clinical psychologists. As with the argument above regarding health visitors and school nurses, these health professionals have a strong medical and health identification and value their location within health services. It is where their professional peers are located and it is where their careers are likely to progress. It is where they and their services should continue to be located.

15.57 If the demand for CAMHS seems high, it is outstripped by the demand for **autism and other neurological disabilities, such as Attention Deficit Hyperactivity Disorders (ADHD), assessments and services**. Northern Ireland is not alone or unique with this experience, as noted by recent media coverage in England<sup>169</sup>.

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<sup>167</sup><https://www.education-ni.gov.uk/sites/default/files/publications/education/Children%20%26%20Young%20People%20s%20Emotional%20Health%20and%20Wellbeing%20in%20Education%20Framework%20%28final%20version%29.PDF>

<sup>168</sup>[https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031\\_para72](https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031_para72) and p. 38.

<sup>169</sup><https://www.theguardian.com/society/2023/mar/26/children-put-at-risk-as-nhs-autism-assessments-are-cut-back?>

15.58 The diagnosis of autism has increased significantly within Northern Ireland and the demand for assessments related to autism and other neurological disabilities has led to extensive waiting lists. This has been given particular political and policy attention with autism specific legislation<sup>170 171</sup> and an autism strategy<sup>172</sup>, which is currently in the process of being reviewed and updated<sup>173</sup>. A diagnosis is also the access route to special educational support and to disability-related social security benefits and possibly to a carers grant.

15.59 A child or young person with autism or other neurological disabilities may, depending on the severity and impact of the condition, need specialist assistance with regard to education and with managing and coping with a range of tasks of daily living. This is largely within the remit of education and health services, and it is the recommendation of this Review that this should be a partnership between the Education Authority working with schools and health services.

15.60 The role for children's social care services should be focussed when and where necessary for families seeking and needing help with the pressures, strains and stresses as a consequence of having a child with a disability. It does not need to, and should not wait, for a diagnosis. What should trigger help from children's social care services is a family's need for support and assistance. Conversely, not all families who may have a child or young person with a neurological or any other disability need to be referred to children's social care services and do not need to be allocated to, or on the waiting list for an assessment by, a social worker.

15.61 The role of children's social care services is likely to be largely about providing practical help and some respite for the family possibly along with emotional support and counselling.

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<sup>170</sup><https://www.legislation.gov.uk/nia/2011/27/contents>

<sup>171</sup><https://www.legislation.gov.uk/nia/2022/13>

<sup>172</sup>[https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/autism-strategy-action-plan-2013\\_0.pdf](https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/autism-strategy-action-plan-2013_0.pdf)

<sup>173</sup><https://static1.squarespace.com/static/5cf788f054106a000185c13a/t/627a57988e86607987703048/1652184989443/doh-autism-interim+strategy.pdf>



15.62 Young people with neurological and other disabilities told the Review about the importance of youth activity opportunities as provided, for example, by the Cedar Foundation, and where statutory and voluntary youth workers may be the lead workers. It provides some respite for the family and enhances the independence and social development and social networking of the young people.

15.63 Multi-agency and multi-professional children and young people disability teams, with health and education as the lead agencies, and linked with community paediatricians with a clinical lead role, would help tackle the experience of families having to navigate a complex system of different and duplicating access points and being stranded on different waiting lists for professionals working in silos and separately located.

15.64 It would also be sensible for the worker having most engagement with the child or young person to also be the key worker and care navigator or service coordinator rather than there being a default requirement that a social worker should be involved to take on this role.

15.65 The importance and value of having access to the support and the expertise of other families has also been stressed throughout this Review and needs to be structured with availability across the region. There are already very good examples of parent, and young persons, peer support in patches within the region, and of integrated teams and services for children with a disability and their families within Northern Ireland. The challenge and task is to make this available everywhere.

**Nothing in any of sections above should stop or prevent the Children and Families ALB from having seconded to it, or directly employing, educational and clinical psychologists, teachers, nurses, speech and language therapists, occupational therapists, physiotherapists and others to work, for example, with looked after children. There may also, as with child disability and clinical CAMHS teams, be social workers employed by the ALB but seconded to services led by other agencies. Indeed with the focus and strategic leadership of the Children and Families ALB there should be more opportunities to develop multi-professional and inter-agency services for children and families.**

#### **CHAPTER FIFTEEN REFLECTIONS AND RECOMMENDATIONS**

**RFELECTION:** There are a number of possible responses to the systemic and endemic difficulties for children's social care services, and which impinge on children and families.

**REFLECTION:** Responses include continuing as now with no or little change (the Freeze option), trying again versions of what have unsuccessfully been tried before (the Fudge option), making a substantial and radical change (the Fix option), or introducing a significant change which will continue the systemic and endemic issues (the Fallacy option).

**RECOMMENDATION:** A decision should be taken to introduce a region-wide children's and families Arms-Length Body which includes current HSCTs' statutory children's social care services along with other allied services and professions closely related to children's social care.

**RECOMMENDATION:** Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner.

## CHAPTER SIXTEEN

### REGIONAL CHILDREN'S SERVICES

16.1 Within the TOR for this Review it is asked that particular attention is given to the children and young people's regional residential care services and mental health and learning disability in-patient hospital wards. This section also gives brief attention to one further regional service – the out-of-office hours regional emergency social work services (RESWS) which covers both statutory children's social care and adult social care responsibilities.

16.2 It is the fragmentation and separation of statutory children's social care services across five HSCTs which creates a number of issues about regional services. These issues include which Trust manages the services and questions about whether there is equal access to the services across the region and Trusts.

16.3 There are also issues and debates about the functions of the regional residential services which overlap in the catchments and constituencies of children and young people who are within the different but not totally discrete services. Many young people move around these regional services. There have been several young people who have engaged with this Review who have provided very insightful comparative perspectives on each having had direct personal experience of three of the four regional residential services considered below. In essence, these services are a network of interlinking and inter-related regional facilities.

16.4 The four regional residential services referred to in the Terms of Reference are Lakewood Secure Children's Home, Woodlands Juvenile Justice Centre, Beechcroft CAMHS in-patient unit, and the Iveagh Centre, a hospital in-patient facility for children and young people with a learning disability. Each is considered below along with their relationship with each other.

16.5 This is a territory which has not been short of reviews. The most recent was in March 2018 and it noted:

*Within Northern Ireland in recent years there have been 3 major over-viewing reviews of relevance to the Regional Facilities Review. These address Youth Justice (2011), Children’s Residential Care (2014) and Child and Adolescent Health (2014) and together map out a shared landscape which provides the interface in which the regional facilities provide their services. Useful detailing of aspects of that landscape is provided by three other reports which look in detail at aspects of the actual experiences of young people in one or more of the Regional Facilities.”<sup>174</sup>*

16.6 The 2018 review was commissioned because there was “*was a growing concern that children and young people in care, often with the most complex needs, were spending periods of time within each of the facilities and sometimes experiencing repeat admissions and moving directly between them*”.<sup>175</sup>

16.7 **Lakewood Secure Care Centre** is a secure children’s home with the capacity to care for 16 children and young people who for their own safety or the safety of others require close supervision within a secure perimeter. For much of the period during which this Review has been undertaken it has had an operational capacity for 15 children and young people because of staffing issues and also because of the challenges presented by some young people. Lakewood has three separate group care units within the overall centre building. The centre is managed by children’s social care services within the South Eastern Health and Social Care Trust.

16.8 There are three particular difficulties for Lakewood:

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<sup>174</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/review-of-regional-facilities-for-children-young-people.pdf> p.8.

<sup>175</sup><https://www.health-ni.gov.uk/sites/default/files/publications/health/review-of-regional-facilities-for-children-young-people.pdf> p.4.

16.8.1 It has a small footprint and is a quite claustrophobic environment for 16 children and young people with limited outside space within its secure perimeter.

16.8.2 It has limited resources for education and even more so for health care.

16.8.3 It frequently has had a waiting list of young people who are assessed as needing secure care and who remain very vulnerable and at risk when this is not available.

16.9 **Woodlands Juvenile Justice Centre** is located near to Lakewood. It is well equipped and resourced and has what must be close to a state-of-the-art design for secure accommodation for young people. It technically has a capacity for 48 young people within six separate self-contained accommodation units although it was planned that at any one time one or two places in each unit might not be available because of repairs and refurbishment or for the necessary separation of young people, giving a maximum operational capacity for 36 to 42 young people.

16.10 Each unit has shared access to outside recreational and sports facilities, classrooms and craft and trade training rooms, health care (including psychiatric care), and with on-line access to courts so that young people, for example, do not have to attend in person every remand hearing. It also has overnight accommodation for families when visiting young people and employs a family support worker who maintains family links and contact. Woodlands is managed by the Department of Justice Youth Justice Agency and the young people are admitted by the police, remanded by the courts, or serving a custodial court sentence.

16.11 There are four specific issues regarding Woodlands:

16.11.1 It is significantly underused. In one sense this is a tremendous success story as the Youth Justice community teams, with the courts, have reduced the number of children and young people being

remanded in custody or receiving a custodial sentence. During the period of this Review occupancy at Woodlands has ranged between 8 and about 15 children and young people (with current staffing for 24 young people and a total capacity for 36-42 young people).

16.11.2 The majority of children and young people admitted to Woodlands have been admitted by police officers using their powers conferred by the Police and Criminal Evidence Order (Northern Ireland) 1989<sup>176</sup> and the children and young people are held at Woodlands until the next available court. If Woodlands was not available to police officers they would either hold the child or young person until a court hearing is arranged or bail them back to their parents or with whatever conditions they might set. In discussions during this Review it has been suggested that PACE admissions to Woodlands results in more young people being held in secure custody.

16.11.3 Periods of custodial remand pre-sentence for children and young people can be for very long periods of over a year and more. Again, this skews Woodlands (small) population. During the five visits to Woodlands during this Review only one young person has been detained because they have been sentenced to custody. It is more likely that the outcome following remands in custody is a non-custodial sentence.

16.11.4 During the Review visits to Woodlands there have been children as young as 12 remanded to Woodlands because of charges of assault and criminal damages within children's homes. There has been a general and wider concern about what has been an increase in the criminalisation of children and young people in residential children's homes following criminal charges due to their behaviour within the children's home<sup>177</sup>. Again, the ready access and

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<sup>176</sup><https://www.legislation.gov.uk/nisi/1989/1341/article/30>

<sup>177</sup><https://howardleague.org/news/howard-league-research-finds-childrens-homes-calling-the-police-200-times-a-year/>

availability of Woodlands may be making it more likely that children and young people in residential care will get a custodial remand.

16.12 None of the above is a criticism of the staff, services and care at Woodlands. It is, however, an expression of concern that Woodlands is being inappropriately used. There should also be the very serious concern that there is a significant waste of the funding which could and should be available for children and young people.

16.13 The capital and revenue costs of a service currently available for up to 24 children and young people (and with a potential capacity of 36-42 young people) is being used for only 8-15 young people at any one time. Just around the corner is Lakewood with a similar age range of young people, and often with similar life histories and behaviours, which cannot meet the demand for admissions and offers a much less satisfactory care environment within a much more limited physical footprint.

16.14 This Review agrees with the recommendations and much more extensive analysis of the regional facilities review which was completed five years ago. It recommended the creation of a 'Regional Care and Justice Campus' bringing together the services provided at Woodlands and Lakewood. It described the campus as comprising the two sites. It is the recommendation of this Review that the service could and should be integrated within the much better resourced Woodlands site. Without fuller and better use of the Woodlands site it remains wasteful and uneconomic and not sustainable into the future.

16.15 There are four issues for resolution:

16.15.1 There are different cultures and care regimes at Lakewood and Woodlands. Concerns have been expressed that the behavioural rewards and sanctions programme at Woodlands within a juvenile justice facility would not be appropriate for children and young people within a secure children's home. Conversely, concerns have been expressed that the therapeutic focus of the care regime at

Lakewood undermines containment and control. The view of this Review is that the characterisations of difference are exaggerated and harmonisation whilst integrating the services should not be as controversial as might have been feared by some, and there are actions already underway to share some resources and staffing.

16.15.2 The concern that integration will stigmatise those who have not been placed in custody though the youth justice system but who are accommodated alongside those who have been remanded or sentenced to custody. But these are very often the same young people, and young people with similar histories and behaviours, and they currently pass between Woodlands and Lakewood. There is the scope if necessary and operationally desirable to have separate designations for the six units within the integrated Woodlands campus. There is also the scope to lessen the criminalisation of young people by having the integrated secure campus defined and categorised as a secure children's home rather than a youth justice centre.

16.15.3 The Woodlands social workers (along with Woodland's family support worker) have the role and some time to link and work with families in addition to the young people at Woodlands still having a social worker from a youth justice team. Within an integrated care and justice centre there would be the opportunity to deploy the social worker resource to work with the families of all the children and young people within the centre.

16.15.4 There is also the opportunity which could be created to have a peripatetic team working out from a young people's care and justice centre within a region-wide ALB to support other residential children's homes across the region, not only by providing advice and training but also when necessary enhanced shift cover.

16.15.5 What to do with the remaining Lakewood building? With some limited redesign, and for a smaller number than 16 children and



young people, it could be used as a step-down from Woodlands whilst being within the management of Woodlands. Alternatively, it could be repurposed, again for a smaller number of children and young people, to reduce the need for children and young people who require closer supervision and care (including because of challenging behaviours related to their disabilities) being placed at some distance (and some expense) in residential services outside Northern Ireland.

16.16 This re-patterning would be greatly assisted by having a Children and Families ALB for Northern Ireland which could both manage the changes and also have the governance and management responsibility for the services in the future rather than this being a responsibility of one HSCT.

16.17 **Beechcroft** is Northern Ireland's regional CAMHS In-patient Hospital. It has two wards – a 15 bed admissions ward and a 12 bed treatment ward. There is also a small separate 4 bed intensive care area. Beechcroft is located in Belfast and managed within the mental health division of Belfast HSCT.

16.18 Beechcroft is an open hospital although access to the wards is via secure doors. As such it seems to fall between being an open and secure environment, although a number of young people are detained with a mental health order. It is registered and inspected by the RQIA as an open hospital.

16.19 There are a number of issues considered within this Review regarding Beechcroft:

16.19.1 As the only in-patient psychiatric facility for children and young people across Northern Ireland demand for admissions has outstripped available places. If there were more intensive services available from the community CAMHS teams provided by each HSCT the demand for, and length of stay within, Beechcroft might be lessened. As noted in the 2018 report of the review of regional

facilities for young people<sup>178</sup> there is noticeable variation in the community CAMHS provision [and Drug and Alcohol Mental Health Services – including detoxification services - which are also relevant] across the five HSCTs.

16.19.2 There would be benefit if Beechcroft’s psychiatrists and other professional staff had the capacity to out-reach more into community CAMHS services and for these services to have the capacity for more of a through-care model with patients within Beechcroft who will largely have had, and will have on discharge, services provided by community CAMHS teams.

16.19.3 The 2018 review noted that admissions to Beechcroft (and to each of the regional facilities) are not proportionate to child populations within each HSCT area but with greater usage by the Trusts geographically located closest to the services.

16.19.4 The lack of any facility categorised as providing low, medium and high security psychiatric in-patient care and treatment for young people within Northern Ireland has been considered for some time. Currently Beechcroft has to stretch its remit, and its registration, to seek to contain young people who need a placement in a secure facility. A small number are placed in (private) secure hospital provision outside of Northern Ireland, with the distress that they are at some distance from their families and the danger that they are at a distance from those within Northern Ireland responsible for their care. There have been discussions about a shared facility with the Republic of Ireland. This makes sense as the need for secure CAMHS in-patient care in Northern Ireland will be small scale, but there could also be the option of creating a small low secure facility within the overall health service campus partly occupied by the current Beechcroft site and managed as a part of the Beechcroft hospital service.

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<sup>178</sup><https://www.health-ni.gov.uk/publications/review-regional-facilities-children-and-young-people-review-report> pp. 45-46.

- 16.19.5 A significant concern from this Review is that within Beechcroft there is a challenging, distressing and potentially harmful mix of young people. Within the same wards there are young people who have challenging and threatening behaviours who can be frightening and may pose a risk to others. They are accommodated within the same space as an increasing proportion of Beechcroft's patients who have serious eating disorders. They are likely to be more physically frail and may need physical care and interventions as well a mental health care. They are likely to be more timid, withdrawn, anxious and fearful. In discussions during the Review young people have expressed how distressed and frightened they have been by the behaviours they experienced during the days and nights on their wards.
- 16.19.6 The increasing incidence of serious eating disorders among young people suggests that increased more local specialist services may need to be provided.
- 16.19.7 Within the current two ward facility at Beechcroft further consideration should be given as to whether, and if so how, there might be more of a separation of young people with very active challenging behaviours and young people with serious eating disorders.
- 16.19.8 Beechcroft is managed within the mental health division of Belfast HSCT and not within the management of children's social care services. As a psychiatric hospital in-patient facility this is appropriate. The clinical and nursing staff all have within their professional reference groups other medical and nursing professions, and their patients all have significant requirements for specialist psychiatric health care. It is why this Review does not recommend that Beechcroft, or the lead on clinical CAMHS more generally, should be within the proposed Children and Families ALB.

16.19.9 One further issue in relation to Beechcroft, but shared with the Iveagh Centre which is discussed below, and of concern to the young people who were met at Beechcroft during this Review, is the high staffing dependence and churn of agency nurses and nursing assistants, and especially on night shifts. This is also sometimes a feature of the staffing within children's homes, but was more pronounced at Beechcroft and Iveagh. The young people expressed feeling vulnerable when adult strangers, particularly at night, had access to them and the responsibility for their care and supervision. For example, in June 2022 out of 85 nursing posts at Beechcroft across all nursing grades 30 posts were vacant and these vacancies were largely covered on shifts by lower graded agency nursing assistants.

16.20 The **Iveagh Centre** is described as:

*a hospital inpatient facility for young people with a learning disability and additional mental health problems, including neuro-developmental disorders, acute psychiatric disorders or illness or severe behaviour difficulties. The Iveagh Centre has six beds and is open to young people aged from 12 to 17 years. Children under the age of 12 may be considered for assessment and treatment as a day patient if appropriate.*<sup>179</sup>

16.21 During the period of this Review the Iveagh Centre had fewer than six young people as in-patients. This related to difficulties in staffing the centre, having young people with particularly challenging behaviours, and where there was no appropriate facility to which young people could be discharged. For a period Iveagh only had one young person as an in-patient and there was also an instance when because of staffing issues it was not able to provide any in-patient service and one young person had an unplanned and hasty return to the care of their family<sup>180</sup>.

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<sup>179</sup> <https://belfasttrust.hscni.net/hospitals/iveagh-centre/>

<sup>180</sup> <https://www.belfastlive.co.uk/news/belfast-news/children-discharged-disability-mental-health-25065125>

16.22 Iveagh was a re-provision for the children's ward at Muckamore Learning Disability Hospital. Although located on the edge of the Royal Victoria Hospital site in Belfast it is a stand-alone service and is managerially isolated. It is not registered as a secure hospital but it has perimeter security and secure internal areas.

16.23 It has the function of providing clinical assessment for children and young people with a learning disability and co-morbidity with mental health difficulties and with challenging behaviours. It is staffed primarily by nurses with clinical leadership from a psychiatrist and with clinical psychologists and a social worker within its staffing establishment. It is managed within the mental health and learning disability division of the Belfast HSCT and not by children's services.

16.24 There are several reflections from this Review regarding Iveagh:

16.24.1 It is an isolated service which has had significant staffing issues and has not been able to provide assessment, treatment and care for its registered capacity of six in-patients.

16.24.2 Although not registered as a secure hospital the young in-patients are held within what is largely an environment which restricts their liberty.

16.24.3 It is quite a sterile clinical setting with an environment which does not seem to be designed or decorated for young people and offers little stimulation.

16.24.4 It is not clear from within this Review why young people with a learning disability need to be in-patients and held within a hospital rather than being within a residential care setting with the availability of in-reach clinical assessment and treatment.

16.24.5 The isolation of Iveagh should be a concern. If there is to be a continuing hospital in-patient provision for children and young

people with a learning disability combined with mental illness and challenging behaviours it ought to be more closely integrated with other in-patient provision for young people. Consideration should be given to relocating Iveagh, if its provision is to continue, to the Beechcroft campus site.

16.25 Concluding overview comments are noted below about the regional residential services for children and young people:

16.25.1 It is very positive that each service has input from VOYPIC which assists young people within the facilities to have their voices heard and to be advocates alongside the young people when appropriate.

16.25.2 Being placed within a restrictive, and secure, environment might be anticipated to be unwelcomed by young people. Not so. Although the initial placement may not be welcomed the overall view of the young people is that they valued and benefitted from the routine and care of being within a more secure and contained setting when their lives were out of their control. They felt safe. They felt cared for. And in Northern Ireland this included young people placed within Lakewood or remanded in Woodlands (and in Hydebank prison), and who had experienced serious threats to their safety from criminal 'paramilitaries' within their communities.

16.25.3 There was a hierarchy of feeling safe within the regional facilities which was expressed quite consistently by young people who had experience of more than one of the regional facilities. They felt most safe within Woodlands, not so safe in Lakewood, and less safe in Beechcroft (there were no young people spoken with during the Review who had been within the Iveagh Centre). Young people valued clarity about consistent expectations and standards of behaviour which gave them a structure which allowed them to feel safe and contained at a time when their lives had been chaotic.

16.25.4 The linkages and interconnections between the non-clinical services and their pan-regional provision would be better considered and managed within a region-wide Children and Families ALB rather than the separate and fragmented allocation of management responsibilities between HSCTs.

16.26 The final regional service considered in this section is the **Regional Emergency Social Work Service (RESWS)** managed by the Belfast HSCT. This is the out-of-office hours social work service for children and for adults. It covers statutory social services responsibilities, including responding to child protection concerns and mental health assessments. Whilst being based in Belfast it has home-based RESWS social workers on rota located across the region.

16.27 There would be much to be gained by enhancing the out-of-office hours services. It has been recommended by young people, by parents, and by foster carers.

16.28 This might include providing more evening, weekend and bank holiday support where needed to families (including for families with a child with a disability), foster carers and to residential children's homes through having a stand-by capacity of family support workers and residential workers. Options to be considered for out-of-hours crisis support might include a region-wide availability of the 'Mockingbird' model of networked peer support for foster carers and having crisis outreach workers available from the secure children and youth justice centre to deploy to residential children's homes when there is a challenging crisis or disruption.

16.29 This would all again be assisted by having a region-wide Children and Families ALB rather than services and responsibilities fragmented and disjointed between five HSCTs.

## REGIONAL INFRASTRUCTURE ORGANISATIONS

16.30 Northern Ireland has a similar pattern of regional social care infrastructure organisations as much of the rest of the UK. This structure was mapped out in the ‘Modernising Social Services’ white paper by the then ‘New Labour’ UK government in 1998<sup>181</sup>. The structure includes an inspectorate (in Northern Ireland it is the RQIA), a social care council with a remit for the education, registration and regulation of social workers and possibly other social care workers (NISCC), and a more independent body to collate, promote and disseminate the knowledge base of social work and social care (SCIE). In addition, and with a different genesis and history related to child abuse concerns, there is a regional safeguarding children board (SBNI).

16.31 This structure is now embedded across the UK but over the past 20 years it has evolved with some differences across the devolved governments. It is timely to reflect on what might be learnt from the differing developments, especially bearing in mind Northern Ireland is the smallest in terms of population and geography of the four UK administrations.

16.32 With regard to inspection, the **RQIA** with its brief spanning health and social care services has less capacity than the inspectorates within the other administrations. For example, in England and Wales there are extensive programmes for inspecting and reporting on the delivery of all statutory children’s social care responsibilities. But in England in particular, inspections have been experienced as bruising, taking too much resource and attention, and with a poor rating undermining and a hindrance to progress and development. Inspection and rating is a dominant focus within the process rather than service development and improvement.

16.33 It was not always like this. There is a previous history of a shared partnership between the lead government department and service agencies

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<sup>181</sup> Modernising Social Services (Cm 4169)



in quality assuring, developing, and enhancing services rather than what might be seen as an inspectorate doing to rather than working with service agencies.

16.34 It is the recommendation of this Review that there is the opportunity provided by a Children and Families ALB to have consistent region-wide internal quality assurance processes, procedures, and programmes. This should include feedback, conversations and co-production with children, young people and families. It should include case auditing and data collection and reporting. It should capture the overall picture but also drill down into practice. It should be embedded within the organisation.

16.35 To prevent it being too cosy and not challenging when necessary there should be independent participation in the processes by the link professional policy leads within the suggested children's and families division within the Department of Health. It would allow them to remain informed about and grounded in current practice and issues, able to give advice and challenge, but also to independently report back into the Department of Health and the Minister on practice and performance. It is about quality assurance and development but with independence within the process. It is a more constructive process than more distant inspection.

16.36 If performance and delivery of the ALB's statutory functions and services were not adequate there should be the power for the Minister to appoint someone to advise the ALB and to report back to the Minister. Stronger responses might include appointing someone with the authority to give direction to the ALB. If it is considered that the leadership within the ALB does not have the competence to deliver required improvements the Minister should have the power to replace the chair, board and/or chief executive as might be considered appropriate. The power to give directions to the providers of statutory children's social care services, or to remove the responsibility and provision of the services from an organisation, already exists. Having one regional Children and Families ALB, rather than statutory children's social care immersed in what are largely health care organisations,

would make it more feasible to use the range of possible statutory powers noted above.

16.37 One recommendation which relates to the **NISCC** is to have a regional requirement for more specialist and modular post-qualifying development opportunities, following on from social worker generic core competency and knowledge development through the initial qualifying degree programmes. The PQ programmes and qualifications should be tailored to social workers areas of practice and current roles and should be a requirement and linked to career progression. The framework exists. It needs to be mandated rather than permissive and optional. It has the potential to be a retention as well as competency enhancement.

16.38 The cross-country arrangement with the **Social Care Institute for Excellence (SCIE)** makes much sense for Northern Ireland, but there would be benefit in Northern Ireland having more funding to commission its own specific research for children's social work and social care to meet particular issues which might require attention or be on the agenda for the region. Northern Ireland has internationally acknowledged social work and social care researchers within its universities but with limited funding allocated to commission any of their work.

16.39 The **Safeguarding Board in Northern Ireland (SBNI)** has the remit which spans developing multi-agency policies, procedures and training to enhance the safeguarding of children and young people, quality assuring children's safeguarding arrangements and practice across agencies across Northern Ireland, and identifying and promoting learning from case management reviews (CMRs) following significant harm and death of children through neglect and abuse.

16.40 It is understood that it is intended that CMRs be completed more quickly (the average time to complete the six CMRs completed in 2021-2022 was 16 months; in May 2023 there were three CMRs ongoing, two were started 18 months ago in December 2021 and one more recently in December 2022) and within a format where there is more participation by the workers who

were involved with the child and family. This would follow changes already made over recent years in Wales and England. It is to be welcomed as the process of undertaking CMRs has been resource intensive, lengthy, time consuming, and experienced as worrying and threatening by practitioners and managers involved with the children and families.

## **CHAPTER SIXTEEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** There are four regional services which provide residential and in-patient services for young people and which many young people move between.

**REFLECTION:** This has in recent years had its own review and this Review reflects further on that review and its recommendations.

**REFLECTION:** There are regional children's social care 'infrastructure' organisations which support the provision and development of services across Northern Ireland, and this arrangement is similar to the arrangements within the other UK countries.

**RECOMMENDATION:** Within the context of developing a region-wide Children and Families ALB there should be the development of a regional care and justice centre within the Woodlands site.

**RECOMMENDATION:** The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland.

**RECOMMENDATION:** There should be the development of emotional health and well-being services separate from clinical CAMHS services.

**RECOMMENDATION:** Within Beechcroft consideration should be given as to how best to tackle the concerns about young people with challenging and confrontational behaviours being within the same hospital ward space as young people with eating disorders.

**RECOMMENDATION:** There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient service. If this is to continue, action should be taken to tackle the isolation of the in-patient service.

**RECOMMENDATION:** The regional Children and Families ALB should develop its own quality assurance and development processes and with independent participation within the processes.

**RECOMMENDATION:** The process, as already intended, of undertaking Case Management Reviews, should be speedier and more participative.

## CHAPTER SEVENTEEN

### FUNDING AND FINANCE FOR CHILDREN'S AND FAMILIES SOCIAL CARE

- 17.1 Of critical and crucial importance in promoting the welfare and safety of children is the capacity to help families and, when necessary, to protect and care for children.
- 17.2 The difficulties in getting information on the trends in the funding for, and its use within, the region's children's social care services were noted earlier, but the limitations of this information means that what can be covered within this Report are only general reflections on issues related to funding and where investment is needed and also where money might be saved to be invested elsewhere.
- 17.3 The first comment is that without accurate and timely financial information money which may be available will not be best used. The ability and authority to take action is hampered if there is not the opportunity to move money between budget headings. There is a lack of clarity and certainty about what money is available and where it is lodged.
- 17.4 There is also in Northern Ireland the impact of no Executive deciding on and setting departmental budgets. The impact throughout the period of this Review in 2022 was of considerable uncertainty about what money was available within what was then the current financial year with expenditure continuing but without a budget having been set.
- 17.5 The impact in April 2023 of no Executive to set budgets has been widely reported, with its clear and dramatic consequences. Departments across the region's government are having to take action to consider significant cuts in services – the police, justice, schools, health and social care services - and all at a time of high inflation and cost increases. Services which have taken time to put in place are being closed. Poverty continues to increase and

intensify for children and their families. Services they might have used are being cut within the public sector or are ending or being curtailed within the voluntary and community sectors with, as noted earlier, European Union grant funding ending. Experienced and committed VCS workers are being made redundant.

17.6 This is a high profile issue at this time with much media coverage. But it is not a totally one-off experience. Northern Ireland's emphasis on annual budgeting means uncertainty is ingrained and longer-term planning restricted. Short-term temporary contracts are issued because of the uncertainty about funding in the next financial year. Redundancy notices are issued in December to give the three months required notice in case there is no more funding after the end of the financial year in March.

17.7 A further consequence of the limitations in political decision-making and short-term funding horizons, and again Northern Ireland is not unique across the UK, is that when funding does become available it is often deployed for short-term initiatives and to pilot innovation. It has to be allocated and spent quickly but with no follow through on embedding successful innovations within the budgets for the future.

17.8 Two examples of particular relevance for this Review are the successful piloting in Northern Ireland of Family Drug and Alcohol Courts (FDACS) and of the PAUSE programme for mothers who have had children removed from their care. Each had initial investment and took time to set up, and then had to be ended without any funding to continue or to roll them out more widely. Mothers and families were left stranded.

17.9 The consequence right now is more children and families getting into much greater difficulty and with much less help available when they struggle to care well for their children who may be experiencing more neglect and emotional abuse with parents overwhelmed by poverty, anxiety and anger.

17.10 But this not only has consequences today. It is also recognised to have longer term consequences<sup>182</sup>. It is impacting on the development and wellbeing of children now but will have consequences throughout their lives. Northern Ireland in particular knows that trauma today creates a legacy of trauma for the future.

17.11 The recommendation of this Review is that there should be a move to longer term budgeting. VCS contracts should be for no less than three years but with the norm being five years with a review at the end of the fourth year to determine whether the contract and funding is to be extended for a further period beyond five years. It will generate better use of the funding which is available. It will help create stability and greater certainty for services and for children and families. It will also build a more experienced workforce.

17.12 There should also be a move to a culture of greater partnership working between statutory children's services and the children's and families VCS sector. This would be assisted by having a region-wide ALB where its strategic leadership role for children and families would encompass community and VCS development. It would be a move away from a culture of competitive tendering which pitches voluntary and community organisations against each other and which is itself a costly process of creating detailed service specifications, preparing and assessing bids, and then the development and management of contracts.

17.13 Within a culture of partnership working the VCS sector itself should work more collaboratively across the sector rather than in competition. It would be sensible, for example, for the larger children's charities to agree on which service areas they might each focus. It would also be sensible for the services to be available across the region compared to the piece-meal patchwork which currently exists. This too would be assisted by having a region-wide ALB to promote consistency and coverage across Northern Ireland.

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<sup>182</sup>[Stormont crisis: Punishment budget awaits Stormont, Conor Murphy warns - BBC News](#)

17.14 Two strengths to harness and to hold on for Northern Ireland are the contribution made by the VCS sector and the value placed on not-for-profit statutory public and VCS services. Unlike in particular England there has not been the thrust towards the privatisation and commercialisation of children's social care, including residential and foster care services. Scotland and Wales are already seeking to restrict the privatisation of care for children which leaches funding as profits out of children's social care budgets. It also leads to poorer and less well planned services with children being placed considerable distances from their families, schools, communities and social workers. There should be an explicit commitment that private for-profit companies will not be allowed to provide foster and residential care for children within Northern Ireland, reflecting the decision which has already been taken that social workers within public service health and social care statutory agencies should not be recruited and employed through private for-profit employment agencies.

## **THE POTENTIAL SAVINGS FROM A REGION-WIDE CHILDREN'S SOCIAL CARE ARMS-LENGTH BODY**

17.15 There are two ways of sourcing the much needed funding which needs to be found and invested in the region's children's social care services. One is to make additional funding available. This will be essential if the needs of children and families who are in difficulty are to be met. It is discussed below.

17.16 But there is also the opportunity to better use some of the funding which is currently allocated to children's social care, and the proposals from this Review of re-setting the relationship with the Department of Health and of creating a single region-wide Children and Families ALB should allow some savings to be made for re-investment.

17.17 As noted above, this Review has not been able to obtain information about the current budgets and expenditure for children's social care services across Northern Ireland. This in itself indicates that there is not the clarity or



control of current funding. The picture is clouded by the Department of Health directly commissioning and contracting services not only from the five health and social care trusts but also from the VCS sector and, in addition, directly purchasing care placements for some children and young people where the necessary care is not available from within the provision of the HSCTs.

17.18 It has been stated during the Review that money allocated for children's social care by the Executive is aggregated within the HSCTs with the allocation for health services, and that there is no consistency across the Trusts in how the children's social care budgets and expenditure are recorded. When new specific funding has been made available it has been stated that it is hard to trace where it is to be found and how it has been used.

17.19 A single Children and Families ALB would give the opportunity for greater clarity, transparency and accountability about the funding provided for children's social care as there would be one set of accounts. Along with clarity and accountability there would be the opportunity to re-pattern funding to meet and match the strategic redirection and resetting of children's care services which has been argued for earlier in this Report.

17.20 A single region-wide ALB provides a range of opportunities to make savings to invest in services:

- There are current children's social care functions which are duplicated and provided by each of the five HSCTs. They span, for example training and staff development and data collection and performance reporting, but also include the provision and management of five separate foster care services. Even a modest assumption that having one single Children and Families ALB rather than five children's social care services might allow savings of, say, 20 posts (i.e. four per Trust) at an average full on-cost of £50,000 per post would allow £1m for reinvestment each year.

- Within amended governance and accountability arrangements there might also be the opportunity to reduce the number of qualified and experienced social workers employed within the Department of Health. They are employed at higher grades so a possible reduction of five posts at an estimated £70,000 average full year cost per post would generate another recurrent £350,000 each year.

17.21 There would also be the opportunity provided by a region-wide ALB to take action to make better use of the care and juvenile justice campus and to reduce the demand for extra-contractual referral placements.

## **COSTS OF A CHILDREN AND FAMILIES ALB**

17.22 The annual savings would need to be off-set against the recurrent costs which would be incurred by having a stand-alone Children and Families ALB. These would include the costs of the chair and board of the ALB and of the ALB's chief executive, but in total these might be in the range of £250,000.

17.23 Other corporate costs of the ALB should be covered by allocating to the ALB, the children's social care share of current corporate costs, for example for human resource and staffing administration and for financial accounting, within the five HSCTs.

17.24 With regard to the HSCTs properties occupied by children's social care workers the use of the properties could be allowed to continue as now or there could be a transfer to the ALB of the running costs and rental for the properties used by children's social care which would be repaid to the HSCTs by the Children and Families ALB.

17.25 The rationale and argument for a single region-wide Children and Families ALB is not, however, primarily about money and how it might best be used. It is about tackling the systemic and endemic issues which have hindered services for children's and families for so long.

## PRIORITIES FOR INVESTMENT

17.26 Within this Report there have already been indications of where additional funding is much needed and should be deployed to secure and enhance the services to assist children and families who are struggling and in difficulty. This Review recommends that the priority areas for investment include:

- **Social security benefits** to curtail and reduce the increasing prevalence and severity of family poverty.
- **Sure Start** to roll it out more extensively across Northern Ireland and also to extend usage to families with children up to the age of 10.
- Other **Family Support Services** to provide more help, including practical help, for families, including respite care to assist children with a disability and their families.
- **Payments to foster carers**, noting not only the increasing costs of caring for and enriching the lives of children but also as a reward payment to recognise the commitment and service provided by foster carers as a part of the overall children's social care workforce.
- The provision of additional **respite care for children with a disability**.
- **Retention measures** to stabilise the children's social care workforce, including more routes in to qualifying social work education for unqualified social care workers, more access to Band 7 social work posts, and a re-grading of management and senior leadership posts.

17.27 Detailed figures have not been given for the priorities for investment. With the information on current budgets, expenditure and service costs not available to this Review it is not possible to provide recommended figures for the future additional investment which is required.

17.28 In the Northern Ireland context there is an urgent requirement for the politicians to step up to the plate and to decide on both the size of the cake and how it is to be sliced between public services. The current context of a real-terms shrinking cake has a significant impact especially on the poorest children and families across Northern Ireland.

#### **CHAPTER SEVENTEEN REFLECTIONS AND RECOMMENDATIONS**

**REFLECTION:** There are considerable difficulties in sustaining services in the absence of a functioning Assembly and Executive and with inadequate funding.

**REFLECTION:** Not having financial information to track trends in funding and its use has been a limitation for the Review.

**REFLECTION:** A region-wide Children and Families ALB would assist in having clarity about the money allocated for, and used within, children's social care services.

**RECOMMENDATION:** It is important that the work currently underway to report on and account for children's social care funding provides future clarity on what money is available, how it is being spent, and to allow it to be re-patterned to support the refocusing of services and to tackle current issues.

**RECOMMENDATION:** The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership rather than a purchasing relationship.

**RECOMMENDATION:** There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets.

**RECOMMENDATION:** There is without doubt the need for increased funding and investment to respond to the increasing poverty creating difficulties for children and families and to allow them to receive the help and assistance they need.

## CHAPTER EIGHTEEN

### WHAT NEXT?

18.1 Archbishop Desmond Tutu once said “I’m not an optimist but I am a prisoner of hope”. This may be a relevant reflection as this Review concludes. The history within Northern Ireland, as noted several times within this Report, is of review following review with un-acted upon recommendations waiting to be read by the next reviewer. And there are three reasons why this may not be a fertile time to be presenting the recommendations of this Review.

18.2 First, there is no Minister, no Executive, and no Assembly to take strategic political decisions. The political vacuum has and is creating a strategic desert. This Review may just sink into the sands. It has had little political attention. It may get no political commitment. By the time Northern Ireland’s politicians start governing again this Review will be in the past.

18.3 Secondly, there is a need for up-front short-term bridging funding to put in place the region-wide children’s social care arms-length body and to make the step change to address the systemic and endemic difficulties which led to this Review being commissioned and which have been highlighted in this Report. But another consequence of Northern Ireland’s elected politicians not governing throughout the time of this Review is that the public sector and public services in Northern Ireland are in the midst of big financial cuts which are causing distress for many children and families. Finding money to make the necessary step change for children’s social services will be difficult.

18.4 Thirdly, the direction of travel which is being funded is for Integrated Care Systems (ICSs) across Northern Ireland. The development of ICSs has given little, if any attention, to social care for children and families but it may be bolted on as a late consideration, with children’s social care as a marginal after-thought. This would intensify not tackle the systemic and endemic difficulties for children’s social care.

18.5 But hopefully the £879,494 budget which was set for this Review will not be money wasted. It is a budget which included commissioning VOYPIC and CiNI to facilitate the engagement with children and young people and with parents and family carers. The budget also included funding of the Review's Secretariat and the costs of the Advisory Panel. Both have underspent as the planned Secretariat was never fully recruited and the Advisory Panel did not incur the full planned cost. What has been a little higher than initially estimated is the costs of arranging the extensive engagements throughout the Review, including the autumn workshops.

18.6 Also higher than initially planned is the fee received by the Independent Reviewer. It increased from 2 days a week to 3 days a week during the Review. This fee of £140,000 has been transferred to the Gold Scholarship programme at the University of Bath<sup>183</sup>. With a ratio contribution of 3:2 from the university, this will allow sixteen scholarships to be awarded (four starting each year) for young people who are care experienced, estranged from their families, from areas of high deprivation, young carers, and unaccompanied asylum seeking young people – the last four scholars funded via this Review will complete their degrees in 2029 (one of the recent university gold scholars is from Northern Ireland and has graduated with a degree in social work).

18.7 Overall against an initial budget of £879,494 the cost of the Review will be £729,360, an underspend of just over 150,000 (17%). But £3/4m is still a lot of money to have spent if the outcome of this Review is another report on another shelf waiting to be read by the next reviewer.

## **RECOMMENDED ACTIONS AND IMPLEMENTATION**

18.8 This Review is being published towards the start of summer 2023. It has far reaching recommendations to create a platform for a step change for children's social care in Northern Ireland. It is a Review which has been informed by extensive engagement with young people, families,

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<sup>183</sup> <https://www.bath.ac.uk/campaigns/gold-scholarship-programme/>

children's social care and social work practitioners, managers and leaders in the statutory and VCS sectors, and with colleagues working alongside children's social care services.

## **CONSULTATION**

18.9 There ought now to be an open public consultation about the Review's recommendations, recognising the considerable commitment and contribution to the Review already given by so many across Northern Ireland.

18.10 It would not be sensible or credible to hold this consultation during the summer months holiday season. It is recommended, therefore, that the consultation be planned over the next two months, with the involvement of the members of the Review's Secretariat who are remaining in post during the summer, for it to be launched at the beginning of September, and to conclude by the end of November, and with its outcome to be reported by the end of 2023. The issues to be raised and the questions to be asked within the consultation should be shared in advance with the lead Reviewer and the Advisory Panel to confirm that they reflect the issues explored within, and the recommendation of, the Review.

## **IMPLEMENTATION**

18.11 Article 22A of the Personal Social Services (NI) Order 1991, was a change introduced in 2021:

*Paragraph 22A provides that the Department may, by direction, cease the exercise of specific Social Care and Children functions by HSC trusts and for them to be exercisable by a substituted body or person. Further detail in 22(A) provides for the making of transitional provisions to ensure continued delivery of services in any situation in which another*

*body or person takes over responsibility for Social Care and Children functions.*<sup>184</sup>

18.12 It would seem, therefore, that the power may exist to move statutory children's social care responsibilities from the five HSCTs and to place these responsibilities with another body (such as the proposed Children and Families ALB) although new primary legislation may be necessary to allow the other allied services noted in this Report to be within an expanded Children and Families ALB.

18.13 Depending on the outcome of the consultation about the recommendations from this Review, it is proposed that in early in 2024 a shadow chair and board be appointed along with a chief executive designate for the ALB. Their task will be to lead the creation and development of the ALB working closely with the HSCTs and, in particular, the Directors of Children's Services who would transfer to the ALB when it is established. This would mean that those who will have the governance, strategic and operational leadership roles within the ALB will have been able to shape it and have ownership and responsibility for what they have developed.

18.14 Reflecting the process of this Review, the shadow chair, board and chief executive designate should engage with all who have an interest in the ALB providing the platform to address the systemic and endemic difficulties for children's social care services and to progress the refocusing of children's social care services. And as a part of the process of developing the ALB some of the issues facing children's social care services can start to be addressed with the guidance of the shadow board and chief executive designate.

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<sup>184</sup> <http://www.niassembly.gov.uk/globalassets/documents/committees/2017-2022/health/primary-legislation/hsc-bill/departamental-correspondence/2-3-march-2021-hsc-bill-delegated-powers-memorandum.pdf> p.5



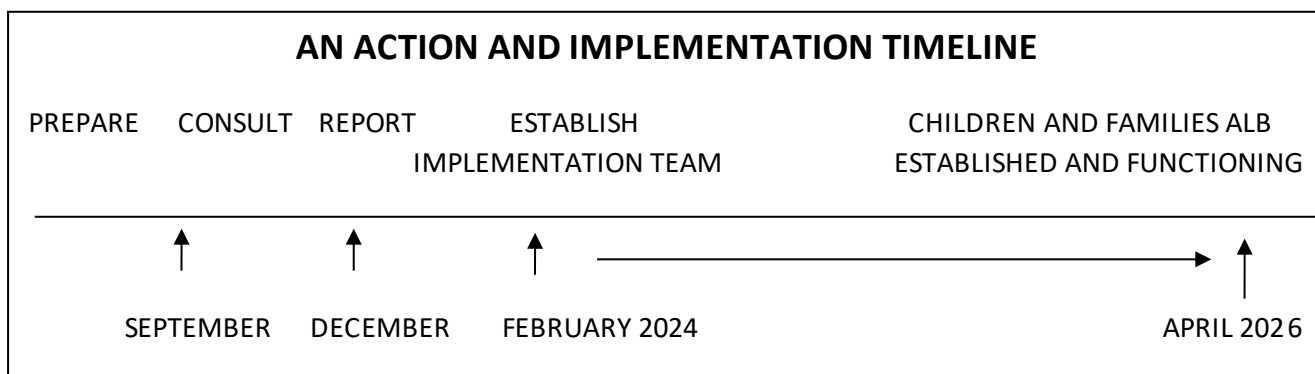
18.15 At the same time as the ALB is being created the role of the Department of Health in relation to the ALB needs to be clarified to tackle the governance and accountability issues highlighted in this Review.

18.16 And the funding needed for investment in policies and services to help children and families needs to be relentlessly placed on the agenda of Northern Ireland’s politicians when they are again engaged and active. There is a lot of lost ground which needs to be made up.

### CREATING IMPETUS

18.17 How to give impetus to what needs to happen? Throughout this Review much energy and commitment has been given by those who have a major interest in, and concern for and about, children’s social care and what is happening for children and families across Northern Ireland. This Review, shaped by its Terms of Reference, has sought to take on board the identification of issues which need to be addressed and with the Review charting a direction of travel about creating a platform for a re-set for children’s social care. The energy and commitment which has already been given needs to continue with canvassing and a call to action to give impetus to the changes which are necessary to strengthen help for children and families and to bolster children’s social care.

### TRACKING AND REPORTING PROGRESS



18.18 The timeline above may seem ambitious, indeed possibly unrealistic. But it is a necessary timeline to avoid drift, delay, and even possibly decay,

with the current Review getting no traction and instead possibly just waiting to be read by the next reviewer who would look again at the systemic and endemic issues which have continued.

18.19 To generate and keep momentum it is proposed that there should be an **annual children's social care conference** to reflect on what would be the contemporary state of children's social care and to review developments and progress in addressing issues which had been identified as needing attention and action. The breadth and range of attendance at the launch conference for this Review Report might provide a template for future participation within an annual conference. It is an annual conference where there might be leadership in its planning and delivery by the cross-cutting Minister for Children proposed within this Review along with the independence of the Children's Commissioner. It is suggested that the first annual conference be held in June 2024, one year on from the publication and launch of this Review Report.

18.20 This Review was commissioned because of the long-standing concerns highlighted in its Terms of Reference about the state of children's social care services across Northern Ireland. The issues are systemic and they are endemic. There is now the opportunity – indeed the imperative – to tackle these issues.

18.21 It is sortable. Northern Ireland is 'not that big' but it is big enough to be in the vanguard of creating a platform which will enable a re-set for children's social care and of the experience for children and families and those who seek to help them.

## **CHAPTER EIGHTEEN REFLECTION AND RECOMMENDATIONS**

**REFLECTION:** The issues facing children and families and the services which seek to help them needs to be addressed with urgency. Children only have one childhood. The clock is ticking.

**REFLECTION:** There is the fear that this Review will be just another review with little or no impact.

**RECOMMENDATION:** The difficulties facing children's social care services need to be tackled with pace.

**RECOMMENDATION:** There should be a wide consultation on the proposals and recommendations from this Review.

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

**RECOMMENDATION:** There should be an annual conference, with participation by young people and parents and all who seek to provide help, to track progress and with a key role for a proposed cross-cutting Children's Minister along with the independence of the Children's Commissioner in facilitating the conference.



## FINAL COMMENTS

This Report is topped and tailed by the Experts by Experience Reference Group of Young People. They designed the front cover and they provide the final comments:

The young people have shared their concerns about the future of this process, beyond the publication of the report, especially:

- How the recommendations of the Review can be delivered in the absence of a Northern Ireland Executive.
- Whether there is a will to deliver on the Panel's recommendations, citing previous experiences of involvement in consultations that did not bring about change.
- In order to counter this, the EBE Reference Group suggested the Panel should also produce a draft action plan for the delivery of the recommendations.

Overview of the Experts by Experience Reference Group  
Key Messages, VOYPIC, April 2023, page 17

*“My hopes for the Review would be that all children and young people, regardless of where they live receive the same services and care right across the region, that’s something we noticed is very much lacking” [Experts by Experience Reference Group Member].*

Overview of the Experts by Experience Reference Group Key Messages, VOYPIC, April 2023, final comment.





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Children's Social Care Services**

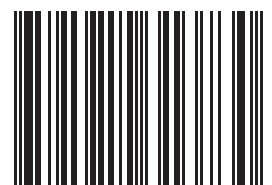
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Published and printed by DoF, Digital Print Services, Craigantlet Buildings,  
Stoney Road, Belfast BT4 3SX Tel: 028 9016 3397

978-1-912313-73-0



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