

INDEPENDENT REVIEW OF CHILDREN'S SOCIAL CARE SERVICES

Initial consultation on the recommendations

Closing date: **01 December 2023**

September 2023

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Foreword

The Department of Health is taking forward a public consultation on the recommendations from the Independent Review of Children's Social Care Services. Your views are important to us and I would ask you to participate in this important consultation exercise.

The Independent Review commenced in February 2022 and concluded on 21 June 2023 with the publication of the Review Report. The Review was conducted by Professor Ray Jones, supported by a panel of three advisors and experts in the field of children's social care - Marie Roulston M.A. CQSW. O.B.E, Professor Pat Dolan, and Her Honour Judge Patricia Smyth.

The Terms of Reference for the Review were broad in scope and covered every area of children's social care service provision.

The Review Report makes 53 recommendations. The recommendations are primarily for the Department of Health and the Health and Social Care (HSC) sector, although some are relevant to the policy responsibilities of other government departments. Those departments were engaged in the Review and are also engaged as part of this consultation process.

In the main, the recommendations relate to service provision, to how services are structured and governed and to the children's social care workforce. There are a number of recommendations relating to funding and investment. There are two key recommendations - one relates to the establishment of a new Children and Families Arm's-Length Body and the other to the appointment of a Northern Ireland Minister for Children and Families.

There are a number of recommendations, which I consider we can and should move to implement as soon as possible. The pace of implementation may be subject to the availability of budget in those cases where funding is an issue. These recommendations are operational in nature – they relate to adjustments in practice or to how existing services are currently delivered. They are distinct from recommendations, which would require a decision by Ministers, including decisions about introducing a new service or major restructuring of existing services. The recommendations classified as guiding principles are of their nature

not directly capable of 'implementation' in the same way as the other recommendations, but we have proposed in this consultation accepting those guiding principles to act as parameters for implementation.

During the course of the Review, Professor Jones undertook extensive engagement with stakeholders. This included engagement with children and young people, parents and carers with experience of engagement with the social care system. It also included the staff involved in service delivery at all levels.

The Department is keen to ensure that those who participated in the Review have the chance to participate in the consultation on the recommendations it makes, including children, young people and parents and carers. We will put in place means by which we can engage with these groups which will hopefully live up to the standard set for us by Professor Jones.

A consultation paper is attached. It includes questions on the majority of the recommendations. As indicated in the paper, there are some recommendations that we have already decided to implement – largely on the basis that there are some issues that need to be addressed more urgently, and work to address them is already in train.

We have established a Children's Social Care Strategic Reform Programme – many of the recommendations will be taken forward under that Programme.

I would encourage you to consider the recommendations and to respond to the consultation – please do so by referring to the Review Report to fully understand the context in which they are made. This is a significant area of social policy and service provision. Your views are important. Please let us know what you think.

Peter May
Permanent Secretary
Department of Health

General Information

Why we are consulting

This consultation seeks views on the recommendations arising from the Independent Review of Children's Social Care Services in Northern Ireland (the Review).

The individuals and organisations affected by this consultation are children, young people and their parents / carers and families, community and voluntary organisations, public authorities in Northern Ireland and other government departments or arm's length bodies. The list above is not intended to be exhaustive or exclusive. Responses are welcome from anyone with an interest in or views on the subject covered by this consultation.

We are inviting you to share your views to help inform the best approach to children's social care services in Northern Ireland, both to address the range of issues currently facing those services and to best serve the needs of children and families who access them. We would be particularly keen to hear from:

- those with lived experience of children's social care services;
- those from different groups and communities including those who identify as LGBTQIA+, minority ethnic communities and those with a disability;
- organisations that provide support to children and families;
- senior leaders, frontline professionals, such as those working in health and social care, education, housing and the criminal justice system;
- academics and researchers; and
- the general public.

Duration

The consultation will run for 12 weeks from **Friday, 8 September 2023 to Friday 01 December 2023**.

Responses to the consultation will be accepted up to **Friday 01 December 2023**. **Please note we will be unable to accept responses after this date.**

The consultation exercise will be supplemented by other engagement mechanisms. Information about those other engagement opportunities will be made available as soon as possible.

Responding to the consultation

The best way to respond to this consultation is to complete the questionnaire online on the Northern Ireland Government Citizen Space website, which can be accessed here: <https://consultations2.nidirect.gov.uk/doh-1/independent-review-cscs>

Alternatively complete the questionnaire via this link: <https://www.health-ni.gov.uk/consultations/consultation-recommendations-independent-review-childrens-social-care-services-northern-ireland> and return it by email to:

cscsreviewconsultation@health-ni.gov.uk

or, by post to:

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

We look forward to hearing from you. If you want to contact the team about the approach being taken, or if you or a group you are involved with would like to participate in an engagement event, please use the email address provided.

Alternative Formats

Copies in other languages and formats (including Braille, large print etc.), can be made available on request. If you require the document in an alternative format, or language other than English, please contact us at cscsreviewconsultation@health-ni.gov.uk

Enquiries

Enquiries (including requests for the documents in an alternative format) should be sent to Children's Services Review Consultation Response Team via the contact details provided above.

Privacy, Confidentiality and Access to Consultation Responses

Following this consultation, the Department may publish all responses, except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public).

Where it is appropriate or necessary, we will remove email addresses, telephone numbers, and any other personal identifiers from these responses.

The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice. That privacy notice explains how DoH uses the information supplied by you as part of a consultation, what we do with it, the ways in which we will safeguard it, and what your data protection rights are.

Your response, and all other responses to this consultation, may be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA), and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and UK GDPR.

If you want the information that you provide to be treated as confidential, it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

What will happen after consultation?

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

Introduction

The Review of Children’s Social Care Services commenced in February 2022 and was led by Professor Ray Jones, Emeritus Professor of Social Work at Kingston University and St George’s University of London. Professor Jones was assisted by an Advisory Panel which included Professor Pat Dolan, UNESCO Chair in Children, Youth and Civic Engagement; Marie Roulston O.B.E, former Director of Social Care and Children in the Health and Social Care Board (HSCB) and Her Honour Judge Patricia Smyth, a Deputy High Court Judge in Northern Ireland. The Terms of Reference for the review can be accessed at:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-cscsni-tor.pdf>

Engagement under the Review was extensive. Professor Jones spent the first 13 months (February 2022 – February 2023) meeting with and listening to children, young people, parents and family carers, leaders, managers, and practitioners from the statutory and community / voluntary sectors to understand the issues facing children’s social care services in Northern Ireland.

The Review concluded in June 2023. The Review Report was published on 21 June 2023. The report made 53 recommendations.

Alongside the recommendations, Professor Jones, who authored the report, made a number of reflections. The reflections relate to the significant findings of the Review. While they need to be read alongside the supporting text, they are robust indicators of what the Review found in response to the Terms of Reference set for it. These are as follows:

Review Reflections

- The uniqueness in Northern Ireland relating to the history of the ‘Troubles’ and the associated trauma, which continues today;
- The impact of the ongoing political vacuum on children and families;
- The ongoing impact of the pandemic on children and families;
- The strength of communities, the quality and commitment of the workforce across the statutory and voluntary/community sectors;

- Problems which are systemic (across all parts of the system) and endemic (going on for a long time);
- Longstanding, increasing and unmet need in Northern Ireland in this area of service provision;
- The overriding focus on child protection and the continuing increase in the number of children in care;
- High vacancy rates within the children's social care workforce and high levels of unallocated cases/children and families on a waiting list and the associated risk;
- The value of the direct engagement with children, parents and carers through the Review and the potential to harness this in the future;
- The expressed need for assistance and practical help from the parents who engaged with the Review;
- Similarities but also differences between Northern Ireland and the rest of the UK, including more referrals into children's services, a higher proportion of children falling within the statutory definition of 'in need', more children on the child protection register and greater growth in the number of children in care;
- A higher number of social workers for the child population here [although account needs to be taken of the higher 'in need' population] but less of a skills mix within services;
- Significant workforce issues, including the vacancy rates referred to above;
- Children's social care services are less likely to be prominent in terms of attention given to them when compared to hospital and other health services in the context of a Health and Social Care Trust;
- Directors of Children's Services distracted by other corporate responsibilities and spending an estimated 30% of their time focussed on children's services as a result of those distractions;
- Associated with the above, the need to locate statutory children's and family social services within an organisation where they are the primary focus and to enable the leaders of those services to focus on them without distraction;

- Current governance and organisational arrangements being distracting and disempowering;
- Fragmentation and inconsistency of service provision across the region;
- The need for good strategic leadership to create the scope to develop more integrated and consistent front-line services;
- The difficulty with finding stable and appropriate placements for children across fostering and residential care, although Professor Jones welcomes the extent to which Northern Ireland has managed to generally maintain a public sector hold on children's residential care unlike other parts of the UK, in particular England;
- Delays in the family courts and the increased pressure this causes;
- A recognition that there will be alternative options proposed to address the systemic and endemic issues identified by the Review and his high level assessment of those options;
- The need for good financial information to provide clarity on the funding available, how it is being spent, for the purpose of enabling different funding decisions to be made to either rebalance services or address issues and pressures;
- The need for urgency;
- The fear that the Review's recommendations will not be accepted/actioned and that nothing will change as a result.

Mid-Review Briefing Paper

Professor Jones submitted a mid-review briefing paper to former Minister Robin Swann before he left office in October 2022. He also provided a joint briefing to the former Health and Justice Ministers specifically on the issue of secure care/juvenile justice provision. In the mid-review briefing paper, Professor Jones highlighted two key areas where he considered action was necessary immediately and made recommendations to address these.

The first related to a package of measures to address the ongoing workforce challenges within children's social care services, manifested at the time by high

rates of vacancy within social work teams. Minister Swann accepted this recommendation, and work has already started to address ongoing workforce challenges including the cessation of the use of agency social workers.

The second recommendation in the mid-Review briefing paper was more far-reaching. Professor Jones recommended the establishment of a new regional Children and Families Arm's-Length Body (ALB) of the Department of Health with sole responsibility for children's services, which would replace the current model of delivery through the five Health and Social Care Trusts. The new body would have its own Chief Executive, local delivery bodies and a singular focus on children's social care services. In Professor Jones's view, this was necessary to ensure that children's services received the dedicated attention and focused leadership they require.

Strategic Outline Case

Given Professor Jones's recommendation that action was required immediately, former Minister Swann requested the development of an options appraisal relating to the future delivery of children's social care services, including the option to establish a new Children and Families ALB. A Strategic Outline Case (SOC) was commissioned by DoH and has also now concluded. The SOC and associated annexes can be accessed at <https://www.health-ni.gov.uk/publications/strategic-outline-case-options-reform-childrens-social-care>

Among other things, the SOC considers a range of ALB options, some of them reflecting Professor Jones' views on the services that he considered should come within scope of the ALB and those which he thought should fall outside. Professor Jones' views on ALB scope can be found at Chapter 15 (pages 227 – 239) in the Review Report and are summarised as follows:

Services Within Scope - in addition to existing children's social care services,

- The *Education and Welfare Service* which currently sits under the authority of the Department of Education;
- The *Youth Justice Agency (YJA)* which currently sits under the authority of the Department of Justice; and
- The *Youth Service* which currently sits under the authority of the Department of Education.

Services Out of Scope:

- *Children's public health nursing*, including health visitors and school nurses;
- *Private family law court welfare services*;
- *Registration and inspection of early years providers* such as childminders and day care providers; and
- *Clinical child and adolescent mental health services (CAMHS)* [which the Report indicated should be separated from emotional health and well-being services for children and young people].

The SOC identified seven options to potentially address the range of issues identified by the Review. The seven options are set out below.

- 1) **Business As Usual (BAU)** - This assumes that the current structure of working to interim commissioning arrangements continues, along with current reporting and funding arrangements, until such time as the full ICS framework is rolled out - to include a new funding model, new governance arrangements, new commissioning framework and a new performance monitoring and management framework. Within the BAU position, the recently formed Strategic Reform Board would undertake urgent, predominantly operational reform tasks under the agreed workstreams of Waiting Lists, Workforce, Residential Placement Capacity, Fostering, Children with a Disability, Regional Care and Justice Campus Implementation; Policy and Legislative Reform; Reducing Unnecessary Bureaucracy and Family Support.
- 2) **Changes within existing ALB Structures** - Under this option, the Strategic Reform Board would be resourced to introduce a suite of suggested changes to the BAU position over the next 18 months. These would include the introduction of training and mandates to Trust Boards; the issue of mandates to Trusts with respect to practices that require changes; strengthened integrated planning and multiteam working; a new team structure in the Department of Health; and a Strategic Reform Programme Board to undertake a recalibration of how children's social care services are delivered.
- 3) **Development of an Integrated Care System (ICS) for Children** (*Rejected*).
- 4) **Development of a Collaborative Network** (*Rejected*).

- 5) **ALB Option A – New Children and Families ALB Structure.** This would see the setting up of a new Children and Families ALB that would become the body that receives the Annual Commissioning Direction and takes full ownership and accountability for the associated budget allocated to children’s social care by the Executive. The ALB would prepare a multi-year corporate plan and would be monitored against agreed service targets and outcomes set by the Department and tasked with recalibrating service delivery to better fulfil the intentions of the Children (NI) Order 1995. New board and governance arrangements would be implemented.

- 6) **ALB Option B – New Children and Families ALB Structure - Extended Workforce and Remit to Include Education Welfare, Youth Justice and CAMHS.** This option would bring other areas of children’s services delivered outwith the Department of Health into the newly formed Children and Families ALB.

- 7) **ALB Option C – New Children and Families ALB Structure to include Children’s Health.** This option would bring other areas of children’s health services delivered within the Department of Health into the newly formed Children and Families ALB. As reflected above, Professor Jones was of the view that these services should remain within Trusts primarily on the basis that these professions identify themselves first and foremost as health professionals.

The SOC rejects options 3 and 4 above and shortlists the other 5 options. However, it **does not identify a preferred option** on the basis that insufficient evidence exists at this stage to select any one of the shortlisted options over the other.

In responding to questions relating to a Children and Families ALB (Chapter 3), you are asked to consider the SOC and the potential alternative options/solutions it identifies in response to the range of issues identified by the Review, including those options that have been rejected by the SOC and the reasons why they have been rejected.

Analysis of the 53 Recommendations

The 53 recommendations are not all ‘unique’. Some are related to each other. For example, there are a number that relate to the establishment of a new Children

and Families ALB in Northern Ireland. Each recommendation has been placed into one of 5 '*recommendation categories*' and into 1 of 4 '*next steps categories*' as follows:

Recommendation Categories

- 1) Guiding Principle;
- 2) More Effective Family and Children's Services;
- 3) Operational/Organisational Effectiveness and Efficiency;
- 4) Workforce; and
- 5) Making and Tracking Progress.

Next Steps Categories

- 1) Reject. *Consultation questions are included on one rejected recommendation.*
- 2) Accept in full, in part or with some adjustment and implement as soon as possible [subject to the availability of budget, where relevant]. *Consultation questions are included on all of these recommendations.*
- 3) Wider consideration is necessary before a decision by Ministers and/or the Executive to accept could be taken. This relates to four recommendations (2, 8, 34 and 48), which have service-wide (both benefits and HSC services) or cross-government impacts. *There are no consultation questions relating to recommendations 2, and 48. General questions are asked in relation to recommendations 8 and 34.*
- 4) Consultation on the merits or otherwise of what is being recommended is necessary on the basis that the recommendations are significant in policy and service delivery terms and would require a decision by Ministers and/or the Executive to implement. *Consultation questions are included on all of these recommendations.*

The analysis is summarised in Table 1 below.

Table 1			
Rejected	Accepted in full, in part, or with some adjustment and implementation can take place as soon as possible [subject to the availability of budget where relevant]	Acceptance is subject to wider consideration and decision-making by Ministers and/or the Executive	Consultation on the merits or otherwise of what is being recommended is necessary before decision-making by Ministers and/or the Executive
<i>Chapter 1 – Guiding Principles</i>			
	Recommendations 1, 4, 5, 6, 26, 29, 50, 51		
<i>Chapter 2 – More Effective Family and Children’s Services</i>			
	Recommendations 25, 28, 30, 33, 35, 42, 43, 44, 49	Recommendation 2, 34	Recommendations 22, 23, 27, 31, 32, 36, 37
<i>Chapter 3 – Operational/Organisational Effectiveness and Efficiency</i>			
Recommendation 19	Recommendations 14, 15, 46, 47	Recommendation 48	Recommendations 7, 12, 13, 16, 18, 24, 38, 39, 40, 41, 45,
<i>Chapter 4 – Workforce</i>			
	Recommendations 3, 9, 11, 17, 21	Recommendation 8	Recommendation 10, 20
<i>Chapter 5 – Making and Tracking Progress</i>			
	Recommendations 52, 53		

A table setting out all 53 recommendations in the order they are made is included at Appendix 1. Appendix 1 also includes references to the sections in the report relevant to/associated with individual recommendations.

Of the 53 recommendations:

- one is being rejected (Next Steps category (1) and colour coded **red** in Appendix 1);
- twenty eight have been accepted, accepted in part or accepted with some adjustment (Next Steps category (2) and colour coded **green/green** in Appendix 1);
- four would require wider consideration before a decision to accept could be made (Next Steps category (3) and colour coded **yellow** in Appendix 1);
- twenty require views before a final decision could be made on whether to accept/implement (Next Steps category (4) and colour coded **amber** in Appendix 1).

All recommendations need to be read in conjunction with the supporting text in the report, particularly those categorised as a 'Guiding Principle' (*refer to Appendix 1 for the relevant page and paragraph reference*). Professor Jones was clear that he was intentionally not overly prescriptive in framing many of the recommendations. His intention was to provide a general sense of direction but also to create sufficient flexibility to implement recommendations in ways most suited to the context of Northern Ireland and to promote ownership of recommendations.

Children's Social Care Strategic Reform Programme

Prompted by the mid-review briefing paper from Professor Jones, a decision was taken to establish a programme charged with laying the foundations for reform, in preparation for publication of the Review Report. A Children's Social Care Strategic Reform Programme Board has now been established and has met four times since April 2023. The Reform Programme is led by Deputy Secretary Peter Toogood, and the Programme Board includes senior officers/officials in the Department of Health (policy, professional and commissioning leads), Health and Social Care Trusts, the Public Health Agency, the Regulation and Quality Improvement Agency, the Children's Court Guardian Agency, the Northern Ireland Social Care Council and the Departments of Education and Justice. Trade

Union Side is represented on the Programme Board, and the voluntary and community sector will be represented on the Board and all nine Programme workstreams. A representative from a voluntary/community sector organisation will co-chair the ninth workstream (Family Support). The nine Reform Programme workstreams are as follows:

- 1) Waiting Lists;
- 2) Workforce;
- 3) Residential Placement Capacity/Capability;
- 4) Fostering;
- 5) Children with a Disability;
- 6) Regional Care and Justice Programme;
- 7) Legislative and Policy Reform;
- 8) Reducing Unnecessary Bureaucracy; and
- 9) Family Support.

Where relevant, some report recommendations will be taken forward by individual Reform workstreams (or by all workstreams). This is indicated in Table 2, Appendix 1.

Consultation and implementation in the absence of Ministers

It should be noted that there has been no Ministerial consideration of the Review Report, its findings or recommendations at this stage, although the former Health and Justice Ministers were briefed by Professor Jones at the mid-review point [as above].

The decision to consult and to move to implement a number of recommendations as soon as possible is being taken in the public interest in accordance with section 3 of the Northern Ireland (Executive Formation etc) Act 2022 and guidance issued by the Secretary of State for Northern Ireland under that Act. The Children's Social Care Services Review was initiated in the knowledge that many services were under severe pressure, manifested by a growing number of referrals to services, the admission of greater numbers of children into care and increasing staff vacancy rates. The Review substantiated what we knew going into it and made a pressing and evidenced case for action without delay both at the mid-review point and on conclusion.

Where implementation as soon as possible is indicated, funding will be a key consideration. Implementation is planned in relation to recommendations which are operational in nature and reflect changes to practice or to how existing services are delivered – changes that in normal circumstances could and would be made without reference to a Minister. Indeed, in relation to some of these recommendations, implementation has started and, in some cases, is reasonably well-advanced. However, as reflected above, many of the recommendations in the Report are significant in policy and operational terms. On that basis, they would require Ministerial and, in some cases, Executive approval before they could be implemented. Where relevant, this is indicated in later sections of this paper in connection with individual recommendations. The responses to this consultation will form part of the future advice to Ministers and/or the Executive.

Funding Constraints

While it is being indicated that a number of recommendations should be implemented as soon as possible, the Review Report has been delivered in the context of significant budgetary constraints. The Department's view is that the absence of funding should not be the deciding factor on whether to accept/implement recommendations. However, the absence of funding at this stage is likely to have an impact on the timeframe for implementation and would need to be taken into account in decision-making about implementation.

The views being sought

Views are being sought in connection with the majority of the 53 recommendations, although a greater level of detail is being sought in relation to those recommendations which we consider require consultation and on which a position remains to be taken. Those which require consultation would involve major changes – either to how services are currently structured or how services are delivered. They also include a recommendation relating to a Minister for Children and Families from Northern Ireland. When providing your views, you are not only asked to indicate whether you agree or not with recommendations but also why. You should explain your reasons for the position taken and offer alternatives where you consider they exist.

Chapter 1 – Guiding Principles

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

Recommendation 1: Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children’s services are organised and delivered.

Recommendation 4: There is the need for more help for families to assist them to care well for their children.

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.

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.

Recommendation 26: Foster carers should be recognised and positioned as valued members of the children’s social care workforce.

Recommendation 29: Do not allow the privatisation of care of children.

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

Recommendation 51: There should be a wide consultation on the proposals and recommendations from this Review.

Departmental Response

All of the recommendations categorised as guiding principles have been accepted - either fully or in part - and it is intended that they will guide implementation of the Report's recommendations. The Children's Social Care Strategic Reform Programme will adopt these principles, and this has been reflected in the Terms of Reference for the Programme Board and each of the Programme workstreams. While it is intended to proceed at pace, some of the recommendations – those which would lead to significant structural and service changes – will require the approval of Ministers and, in some cases, Executive.

In relation to recommendation 29, current policy is to provide children's social care within the state sector wherever possible. As acknowledged by the Review, private provision in this area is limited in Northern Ireland, unlike other parts of the UK. It is intended to continue to adopt this policy position. This is on the basis that it is considered that, having made a decision to intervene in the lives of children and families, it is the primary responsibility of the state to provide services to/for them. Where care is provided by the private/independent sector, mechanisms like inspection are put in place to determine whether it is at the expected standard of quality and safety. The intention is to limit the use of private provision to service areas requiring high levels of specialism only or where there are issues of critical mass.

Supporting families to stay safely together will be a key policy objective and driver for all future work.

General views are being sought on the recommendations within this group. A specific question is asked in relation to recommendation 29 – avoiding the privatisation of the care of children.

Chapter 2 – More Effective Family and Children’s Services

This group of recommendations is intended to deliver more effective social care services for children and families in Northern Ireland. They include recommendations relating to family support, foster care, children with a disability, children in care and leaving care, and emotional health and wellbeing. The introduction of new benefits is recommended, alongside more funding and investment in response to the significant impact of poverty, the expansion of Sure Start provision, of respite services and transition periods and accommodation options for children post age 18 after care. They recommend smaller children’s homes, a new foster care model – Mockingbird¹ – in place in other parts of the UK (see also page 193, Review Report), a new transitions advice and advocacy service and a parent-led support and advocacy organisation. Implementation of previous reviews is also sought, including within fostering and the family courts. One recommendation relates to the development of relationships between the judiciary and social care leaders for the purpose of improving arrangements for children whose care journey is through the family courts. A number of recommendations relate to the regional children’s mental health in-patient facility and the regional in-patient facility for children with a learning disability. There are 18 recommendations in this group as follows:

Recommendation 2: Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty.

Recommendation 22: There needs to be a re-set and re-focus for children’s social care services to give a greater focus and attention to family support.

¹ The Fostering Network has delivered the Mockingbird Family Model in the UK since 2015 under licence from the Mockingbird Society USA – the originator of the model. The Mockingbird programme aims to replicate the support available through an extended family network. It creates a constellation of 6 to 10 satellite fostering families who are supported by a hub home operated by an experienced foster carer who offers advice, training, peer support and planned and emergency sleepovers (as a form of respite care). Mockingbird also facilitates positive relationships and visits for sibling groups who were in care, but not in the same placement, through constellation events and sleepovers at the hub home.

Recommendation 23: The success and contribution of Sure Start should be recognised and, along with other family support services, expanded, including children aged 4-10 years.

Recommendation 25: Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift.

Recommendation 27: The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model.

Recommendation 28: Consideration should be given to the public sector provision of additional smaller children's homes.

Recommendation 30: Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children.

Recommendation 31: Extend the transition period, where appropriate and necessary, for young people moving to adult services.

Recommendation 32: Introduce a region-wide transitions advice and advocacy service.

Recommendation 33: Accommodation within the positive post-18 services needs to be expanded and more readily available.

Recommendation 34: Implement the major recommendations of the Gillen Review of the family courts.

Recommendation 35: Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services.

Recommendation 36: An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services.

Recommendation 37: Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children’s social care services.

Recommendation 42: There should be the development of emotional health and well-being services separate from clinical CAMHS services.

Recommendation 43: Within Beechcroft in-patient facility 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 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 isolation within the in-patient service.

Recommendation 49: There is without doubt the need for increased funding and investment to respond to the fact that increasing poverty is creating difficulties for children and families and to allow them to receive the help and assistance they need.

Departmental Response

As reflected in **Table 1** above, it has been decided that implementation of 8 of the recommendations in this group (Recommendations 25, 28, 30, 33, 42, 43, 44 and 49) should proceed as soon as possible – either wholly or in part. That is on the basis that they relate to previous reviews or work already underway, including within the Children’s Social Care Strategic Reform Programme, and a number demand urgent consideration.

Two of these recommendations (30 and 33) relate to the expansion of existing services, and implementation will be subject to budget availability. Specifically in relation to recommendation 49 [to which recommendation 22 relates], it is accepted that further investment in family support services is required to be able to stem the flow and turn the curve in relation to the increasing number of children and families

engaging with statutory children’s social care services. This will be subject to the availability of budget in a constrained financial operating environment.

Recommendations 27, 31, 32, 36 and 37 relate to new service provision or would require changes to how services are currently delivered. On that basis, consultation is required before a final position on them can be taken.

Recommendation 2 (welfare benefit changes to tackle the increasing prevalence and intensity of child poverty) will be considered as part of the ongoing development of the Anti-Poverty Strategy – a commitment under New Decade, New Approach (NDNA). The Department for Communities (DfC) is leading on the development of this Strategy. It is being developed on a co-design basis, involving extensive engagement with key stakeholders. The two-child limit on claims for Universal Credit and Scottish child payment, both referenced by Professor Jones in his report, have been raised in the context of the development of the Anti-Poverty Strategy. Decisions on the content of the draft Anti-Poverty Strategy and the timing of any public consultation will be a matter for an incoming Executive, taking into account all available evidence and affordability. NDNA also committed to a priority review of the welfare reform mitigation measures in place in Northern Ireland. That review was completed by an Independent Advisory Panel. The Review Report can be accessed at: [Welfare Mitigations Review - Independent Advisory Panel Report](#). It recommended that the two-child limit be offset through introducing a ‘Better Start Larger Families payment’. DfC has completed an assessment of what would be required to implement the various recommendations for new welfare mitigations, including a Better Start Larger Families payment. It is intended that this information will be available for consideration by an incoming DfC Minister.

On recommendation 23 (Sure Start expansion), the Sure Start programme is delivered collaboratively by the Departments of Education and Health and 38 Sure Start projects. Currently, Sure Start works with children (aged under 4) and their families living in the most disadvantaged areas across Northern Ireland. Sure Start is intended to promote the physical, intellectual, social and emotional development of children to ensure they can flourish at home and when they get to school. After Sure Start, children can attend the Pre-School Education Programme which is available to all children across Northern Ireland. All children can then progress to formal education. As part of a range of actions to address educational underachievement in Northern Ireland, a review is underway to consider how Sure Start services are

currently targeted. An ongoing pilot will also allow DE to consider the impact of extending Sure Start services beyond the age of four.

On recommendation 34 (Gillen Review), while the Review of Civil and Family Justice referred to in this recommendation was not commissioned by government Departments, Sir John Gillen's detailed analysis has helped shape initial priorities for the ongoing programme of civil and family justice reform, and recommendations are reflected in the good progress made to date on the modernisation agenda. That includes: testing of problem solving courts; implementation of a legal aid waiver for victims of abuse in civil and family proceedings under the Domestic Abuse and Civil Proceedings Act (Northern Ireland) 2021; launch of an expert witness pilot to address potential causes of delay; launch of a joint Justice and Health Private Law Early Resolution Action Plan to aid separating parents to resolve disputes outside the adversarial court environment wherever possible and to aid the earlier resolution of disputes which do come before the courts; launch of a Digital Strategy for the Northern Ireland Courts and Tribunals Service which, among other matters will aid case journey; the introduction of additional supports for vulnerable parties in civil and family proceedings through enhanced provision of special measures and the extension of Registered Intermediary support; and establishment of the shadow Family Justice Board and Advisory Group. It is expected that the Review recommendations will continue to shape priorities as the civil justice modernisation programme evolves. The recommendations are, however, wide in scope and, as well as the judiciary and legal profession, fall within a remit of a number of Departments or are cross-cutting and will necessarily be subject to consideration by a number of incoming Ministers. In addition, a number of recommendations also have significant financial, legislative and operational implications and will require further detailed consideration to inform Ministerial decisions on what can be achieved within the current constrained financial environment and to ensure resources are focused where they will generate more immediate benefits for citizens.

On recommendation 35, we will liaise with the Lady Chief Justice's Office to establish how best to take forward this recommendation, noting the emphasis on less formal opportunities. As indicated above, a shadow Family Justice Board has already been established. It is chaired by a member of the judiciary and includes representatives of the Department of Health and Directors of Children's Social Care Services, alongside the Departments of Justice and Finance, other members of the judiciary, the Bar Council and the Law Society.

On recommendation 42 (the separation of emotional health and well-being from clinical CAMHS), the Department recognises that we need to further develop emotional health and well-being and mental health services for children and young people but is of the view that these services for children should be provided along a continuum of support matched to children's needs, allowing ease of transition between services based on escalating or de-escalating need. It is intended that work to develop services for children along that continuum will continue as part of the implementation of the Mental Health Strategy.

On recommendation 43 (the Beechcroft in-patient facility), a review will be initiated, led by the Managed Care Network, which will consider how services are delivered in the in-patient Mental Health facility for young people at Beechcroft. Children and young people being cared for or previously cared for at Beechcroft will be fully engaged in the process of review.

On recommendation 44 (the Iveagh in-patient facility for children with a disability), the Department is of the view that an inpatient service for children with a disability is currently needed in Northern Ireland, alongside the provision of suitable accommodation options for this group of young people. However, as a matter of urgency, a review will be undertaken of how the current service is provided and managed at Iveagh as part of a wider exercise to review the continuum of mental health services and expansion of the CAHMS-ID model across the region. In response to the concerns raised by the Review, and wider systemic pressures, the Department has already introduced direct accountability and monitoring structures in Iveagh which meet on a bi-monthly basis. In addition, work will continue to develop and implement the Strategic Framework for Children with a Disability as part of the Department's Strategic Plan for Learning Disability.

Views are being sought on all of the recommendations in this group with the exception of recommendation 2. In relation to individual recommendations, some questions are general; others are specific. A general question about the group of recommendations is also asked.

Chapter 3 – Operational/Organisational Effectiveness and Efficiency

This group of recommendations is intended to deliver organisational arrangements which are focussed on children and young people at all levels, from the Department of Health through to front-line children’s social care services. Focussed leadership without distraction is recommended, alongside a reset of the relationship between the Department of Health and statutory children’s social care services and changes in organisational arrangements within the Department of Health. The recommendations also seek the delivery of a new way of organising children’s services in the form of a new Children and Families ALB of the Department of Health in place of current arrangements within Health and Social Care Trusts. A Minister for Children and Families is also recommended. While there are no recommendations specific to the services that should come within scope of the ALB and those which should fall outside, this is discussed in some detail in the Review Report. A recommendation specific to quality assurance by the ALB is also made. Within the structure of an ALB, recommendations are made in relation to multi-professional and multi-agency front-line teams and to the creation and use of powers by government to mandate the development of multi-agency services. One recommendation also relates to team structures and the need to rearrange those structures for the purpose of bringing social care teams closer to the communities they serve.

The Terms of Reference for the Review asked whether information systems serve social workers well. As a result, Professor Jones considered current IT systems in use within children’s social care and plans for a new system – known as Encompass – a new integrated care records system for the Health and Social Care service in Northern Ireland. He made a recommendation not to implement the Encompass system within children’s social care.

There is one recommendation relating to improving the effectiveness of Case Management Reviews (a mechanism to identify and apply learning in connection with the handling of individual children’s cases). Finally, changes to the funding relationship between statutory children’s services and the voluntary and community sector (VCS) are also recommended.

Recommendations 40 and 41 have been grouped with the recommendations relating to a new Children and Families ALB, on the basis that recommendation 40 (the development of a Regional Care and Justice Centre on the Woodlands site) is conditional on whether a new ALB is established, and recommendation 41 (repurposing of the Lakewood site) is conditional on whether a Regional Care and Justice Centre is established on the Woodlands site. Currently, there are two regional centres, a Regional Juvenile Justice Centre on the Woodlands site and a separate Regional Secure Care Centre on the Lakewood site – both in Bangor, Co. Down. A programme of work is ongoing to harmonise provision across both sites, involving the sharing of services, facilities, practice, training and, more recently, physical space. A new Regional Care and Justice Centre on the Woodlands site would mean the creation of a single centre, with a unified management structure operating on one physical site. This, then, would enable repurposing of the Lakewood site (recommendation 41).

There are 17 recommendations in total in this group as follows:

Recommendation 7: There is a clear and firm recommendation for a region-wide Children and Families Arm's-Length Body. So much which follows is likely to be dependent for its impact on having a regional ALB.

Recommendation 12: Statutory children's and families' social care services need to be located within an organisation where this is the primary focus of the organisation.

Recommendation 13: Future arrangements need to allow the leaders of statutory children's social services to focus on the services without the allocation of other roles and responsibilities.

Recommendation 14: The relationship with the Department of Health should be reset in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland).

Recommendation 15: Consideration should be given to establishing a children's and families social care division in the Department of Health.

Recommendation 16: There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families.

Recommendation 18: The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services.

Recommendation 19: The existing children's social care information systems should be compared and the best performing adopted as the region-wide system rather than Encompass being developed to incorporate the integrated care records requirements for children's social care.

Recommendation 24: Re-arrange statutory services team structures to have more of a community focus and presence.

Recommendation 38: A decision should be taken to introduce a region-wide Children's and Families Arm's-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 39: Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the Children's Services Co-operation Act (Northern Ireland) 2015 and to be a children and families champion across government and alongside the Children's Commissioner.

Recommendation 40: Within the context of developing a region-wide Children and Families ALB there should be the development of a Regional Care and Justice Centre within the Woodlands site.

Recommendation 41: The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland.

Recommendation 45: The regional children's ALB should develop its own quality assurance and development processes and with independent participation within the processes.

Recommendation 46: The process, as already intended, of undertaking Case Management Reviews, should be speedier and more participative.

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

Recommendation 48: There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets.

Departmental Response

Implementation of the majority of the recommendations in this group would involve significant structural and service-related changes; some would also require primary legislation. Under the HSC (Reform) Act (Northern Ireland) 2009, consultation is required with named bodies/persons, including those to whom care is provided or those substantively responsible for their care on *how the provision of care is planned, the development and consideration of proposals for changes in the way that care is provided; and about decisions to be made affecting the provision of that care.*

There are a small number of recommendations in this group that we will implement as soon as possible. They are recommendations 14 and 15 which relate to internal arrangements within the Department of Health and the relationship between the Department and statutory children's services. Work is ongoing to review, revise and reissue a number of departmental circulars – this will address recommendation 14.

A programme of organisational re-design is underway within the Department - recommendation 15 will be considered in that context and will enable consideration of the implications of this recommendation for the wider Department. It should be noted, however, that the bringing together of staff groups with different terms and conditions and salary structures is not without challenge. We have sought to deliver in part what Professor Jones was aiming to achieve, by way of a new Division of the Department of Health, through the recently established Children's Services Strategic Reform Board which draws together all of the relevant parts of the Department of Health as well as Arms-Length Bodies of the Department (HSC Trusts, the Public Health Agency, the Children's Court Guardian Agency and the Northern Ireland Social Care Council). The Board also includes representation from the Departments of Justice and Education and Trade Unions. It is intended to include VCS representatives

and a process to make VCS appointments to the Board (and its workstreams) is being developed.

On recommendation 19, this recommendation accepts that there should be a single information system but suggests a move away from Encompass. The decision to implement Encompass across the HSC was made a number of years ago and a supporting business case has been developed and approved. Through Encompass, a single source record for all health and social care will be created. This will facilitate input from and oversight by all relevant professionals and ensure full visibility of information across disciplines. Among other things, this should support better multi-disciplinary working. Implementation plans are in place, with timescales agreed for implementation of the system across all five HSC Trusts. While adjustments to the Encompass system are required for children's social care purposes, work is ongoing to make those adjustments and the timetable for implementation has been extended to enable the necessary changes to be made. It is considered that Encompass offers greater opportunities than is currently the case with existing outdated computer systems like SOS CARE (a system currently in use within HSC Trusts). On that basis, recommendation 19 is rejected.

The Safeguarding Board for Northern Ireland (SBNI) will take forward recommendation 46 (Case Management Reviews - CMRs). CMRs are a statutory function of the SBNI.

In the context of the Reform Programme, the development of the new Integrated Care System (NI) and ongoing work relating to the Department's Core Grant Scheme, we will also consider whether there is scope to reset the funding relationship with the VCS (recommendation 47). For example, the capacity for children's social care services to work more with the VCS on a grant-in-aid basis - taking account of procurement law. The outworking of recommendation 47 is likely to have wider impacts beyond children's social care services, which will also need to be taken into account when considering the final response to this recommendation.

The move to longer-term funding commitments (Recommendation 48) is a much broader, whole-of-government consideration. While the recommendation is not being rejected at this stage, it will need to be considered in that broader context and would need the approval of the Executive, given its cross-cutting nature.

Subject to the outcome of consultation, the majority of recommendations in this group would require Ministerial and, in some cases, Executive approval. Those relating to a new ALB and mandating multi-agency services would also require primary legislation. The recommendation relating to a Minister for Children and Families may also require primary legislation if implemented. The implementation of recommendations 40 (a new regional care and justice centre on the Woodlands site) and 41 (repurposing of Lakewood) are conditional on the establishment of a new ALB.

Specific questions are being asked on the recommendations in this group, such as their significance, with the exception of recommendation 48. A general question is also asked. It will be important to capture the views of service users - children and families – alongside the views of staff involved in the delivery of those services or potentially impacted by the reforms sought by this group of Review recommendations. In particular, we welcome views on the proposal to reject recommendation 19.

Chapter 4 – Workforce

This group of recommendations is intended to address the workforce challenges within children’s social care services, particularly in relation to the recruitment and retention of staff. In addition to recommendations relating to recruitment (recommendation 8) and retention (recommendation 11), there are recommendations relating to grading and banding structures (recommendation 9), skills mix (recommendations 10 and 17), other routes into social work (recommendations 10 and 20) and post-qualifying development programmes (recommendation 21). There are a total of 8 recommendations in this group as follows:

Recommendation 3: Action needs to be taken to address the children’s social care workforce crisis.

Recommendation 8: The organisations delivering children’s social care services should undertake their own staff recruitment.

Recommendation 9: Grading and banding structures need to be reviewed and revised.

Recommendation 10: Alongside a greater skills mix, re-establish the trainee social worker role and qualification route.

Recommendation 11: There should be a focus on staff retention.

Recommendation 17: There should be further development of a skills mix within children and families frontline teams and services.

Recommendation 20: Introduce a trainee social worker programme.

Recommendation 21: Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children’s social care services.

Departmental Response

The Department of Health recognises the extent of the workforce pressures in children's services and the need for comprehensive and urgent action to address these. All of the workforce recommendations will be taken forward by either the Social Work Workforce Implementation Board (SWWIB) or the Social Care Workforce Workstream of the Reform Programme. A DoH Social Work Workforce Review commenced in 2019 and reported in 2022. The review identified six strategic themes and seven strategic recommendations with 53 actions to be undertaken. The SWWIB was established in March 2022 to take forward the recommendations of the Social Work Workforce Review. Work to progress many of the workforce recommendations is already underway or planned. There is extensive stakeholder engagement and involvement in all of the workforce projects described below.

On recommendation 3 (addressing the workforce crisis), stabilisation of the social work workforce in Trusts has been a priority for the Department of Health and has involved a three-pronged approach:

- 1) The cessation of the use of recruitment agency social workers and to recruit as many agency social workers into HSC posts as possible.
- 2) Maximising the direct recruitment of newly qualified social workers into the HSC workforce; and,
- 3) Improving the range of supports available to all social workers in Trusts, but in particular, to newly qualified staff.

Departmental policy is now that there should be no recruitment agency social work use in HSC Trusts and this was achieved by end June 2023. All social workers who were employed by recruitment agencies, working in Trusts, were given the opportunity to apply for direct HSC employment as permanent, temporary or bank staff. Most agency social workers (c.170) availed of this opportunity and have become HSC employees. A targeted campaign has also been very successful in recruiting the June 2023 cohort of newly qualified social workers into HSCTs without delay. Over 200 newly qualified social workers have accepted job offers in Trusts, most of whom have commenced employment since the beginning of July 2023. It is anticipated that a further 20 to 30 social workers will join the HSC workforce in the coming weeks/months. It is the intention to continue to build on these successes to further stabilise the workforce. The Department has also assessed the need for an additional 60 social work training places over a five-year period to meet increased

demand, in particular the demand created by new policy, legislative and service developments.

On recommendation 8 (timely recruitment), the suggested way forward – direct recruitment by HSC Trusts – would have service-wide implications and, for that reason, needs to be considered in a context that extends beyond children’s social care services. However, the Department accepts that the timescales for recruitment within children’s services have been very lengthy, although the recruitment of this year’s newly qualified cohort was achieved within a much reduced timescale. We will take the learning from this approach and from the actions taken to cease agency social work to identify the barriers to timely recruitment and to develop potential solutions, working alongside all partners in the recruitment process.

On recommendation 9 (a review of Grading and Banding Structures), again the suggested way in the Review Report has been noted and will be considered as part of work ongoing relating to a review of career and qualification pathways for social workers. Grading and banding structures will be a key consideration of that review. To date, the review has considered the existing literature, previous reports and a review of practice elsewhere in the UK and Republic of Ireland. In considering the particular recommendations of this Review, the potential impact on social work in other services and sectors and the wider health and social care workforce will need to be taken into account. It is the intention to complete this work by September 2024 and move to implementation of the recommendations as soon as possible thereafter.

The Department has also instigated a safe staffing for social work project under the auspices of the SWWIB. The project was established in January 2023 to progress an evidence base for safe staffing guidance to be followed by safe staffing legislation. The work is being jointly led by social work academics from Ulster University and Queen’s University Belfast, and Professional Social Work Officers in the Department of Health. This first year of the project is looking at social work in children’s services, mental health services and older people’s services with projects on the other programmes of care to follow in Year 2. This first phase will report in December 2023 and will make recommendations on caseload size, caseload models, caseload weighting as well as team staffing structures, including skills mix. Departmental guidance will follow thereafter.

On recommendations 10 and 20, the Department is seeking views before taking a final position. A trainee scheme was introduced in NI in 2005/2006. Its purpose was to improve the diversity of applicants to the Degree in Social Work, in particular to attract more men into the profession and to offer a limited salary to trainees whose personal/family circumstances would otherwise exclude them from full-time education. The scheme was jointly funded by the DoH and employer organisations, primarily the HSC Trusts and Probation Board for Northern Ireland (PBNI). The mechanism for entry was that employers advertised trainee social work posts, appointments were made and trainees applied for a place on a social work degree course. While the programme did provide good opportunities for some, it also had significant drawbacks. There was no guarantee of a place on a social work degree programme and many trainees made repeated applications over a number of years before being accepted. At the request of employers, the scheme was wound down between 2011 and 2015 because it was failing to deliver increased diversity, was very expensive for employers who were often having to pay trainees for long periods of time before they qualified and was creating inequity and division amongst different student social work cohorts. A review of pathways into the social work profession completed in June 2023, including a review of the previous trainee scheme, did not recommend the introduction of a further trainee scheme.

The Department is very mindful of the need to widen access to social work courses and increase the diversity of the workforce and has committed to the provision of a work-based route into the social work profession through the Open University (OU) established in 2020. This route offers existing social care employees opportunities to develop by applying to their employers to enter this programme and continue to receive their salary while they study. Students are expected to complete the programme within 3 years of commencement. We are expecting 14 graduates from the OU in 2023, 22 in 2024, 29 in 2025 and 47 in 2026. The OU route has generally been well received but we are aware that the dual demands of work and study are currently quite onerous and we intend to address that in the coming year. The Department is committed to the expansion of the OU route into social work, subject to funding.

On recommendation 11 (a focus on staff retention), the Social Work Workforce Review Report and action plan have a major focus on retention strategies and there is much good work ongoing by social work employers on this issue. Retention and support of the newly qualified cohort is a key plank of the actions taken to stabilise the workforce described at Recommendation 3. In addition to the focus by

employers on retention, the Department has funded and piloted a number of support and retention strategies over the last few years. This has included piloting of a tailored mindfulness programme and a coaching service for social workers. The Department is commencing a project in September 2023 to scope local, national and international best practice in supporting social workers and thereafter develop guidance for employers.

On recommendation 17 - also referenced in recommendation 10 (further development of a skills mix in frontline children's teams and services), skills mix within HSCT children's services teams is one of the areas for consideration in the safe staffing project discussed above, which will report in December 2023. This project seeks to delineate what tasks require a social worker and what areas of work could benefit from the input of other professions or staffing groups.

Data and analysis of the size and nature of current children's social care roles is quite limited. The newly established Social Care Workforce workstream of the Reform Programme has a workplan that involves the development and publication of a social care workforce strategy (including children's social care) by July 2024. This strategy will be informed by the outcome of a planned scoping exercise on the current children's social care workforce across sectors. In addition, the development of career, training and qualification pathways for the social care workforce is underway with a publication timeline of July 2023. This workstream will also progress work on regional standardisation and governance of social care roles, including the newly introduced social care roles in fieldwork teams in children's services.

Within looked after children and adoption services, some work on skills mix is well developed with the aim of ensuring that children in care, and their families and carers, have access to a range of supports, including *dedicated therapeutic teams*. A peripatetic support service, *ReSet*, has also been established for children living in residential care. The *ReSet* teams include clinical psychologists, social work therapists, speech and language therapists, occupational therapists and youth workers. As recommended by the Review, the work on career, training and qualification pathways described above is intended to develop this further, particularly in relation to skills mix within core residential workforce teams.

Finally, on recommendation 21, (building on/enhancing post-qualifying development programmes and qualifications for social workers and linking them to specialist areas of practice and to career progression), the work described in response to

recommendation 9 on career and qualification pathways for social workers will consider all the elements of this recommendation.

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

Chapter 5 – Making and Tracking Progress

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

Recommendation 52: Within six months, and the start of the New Year, decisions should be taken and action initiated to make the significant changes necessary to tackle the longstanding 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 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.

Departmental Response

In preparation for the publication of the report, the Children’s Social Care Strategic Reform Programme was established to enable implementation of relevant recommendations as soon as possible. The challenges of context are acknowledged in the introduction to this paper, including financial challenges and the continued suspension of the Northern Ireland Assembly and Executive.

As a result, while recommendation 52 is being accepted, subject to the outcome of this consultation, the pace of implementation will be impacted by other factors. However, the Department of Health agrees with the Review’s ambitions for the recommendations to be taken forward as quickly as possible. The issue of this consultation paper, within two months of the conclusion of the Review, is in part intended to signal the commitment of the Department and partner Departments. Recommendation 53 has been accepted with some adjustment. It is planned to host

a conference in Autumn 2024 – slightly more than a year after the publication of the Review Report. It is intended that the theme of the conference will be on progress made to implement the Review Report recommendations. Subject to their agreement, it is hoped that Professor Jones and his Advisory Panel will be able to participate in the conference. We will also ensure the children and families are invited to attend and participate.

Views are being sought on recommendation 53. A general question is also asked.

Conclusions

The Department of Health is grateful to Professor Ray Jones and the members of his Advisory Panel, Marie Roulston, Professor Pat Dolan and Her Honour Judge Patricia Smyth for the extensive and thorough Review they collectively undertook, guided and informed by children, families, carers and staff working in this area. This Review was initiated in response to pressures and challenges being experienced by children's social care services and, very helpfully, the Review Report charts a pathway and provides a roadmap through them.

The Report makes a number of far-reaching recommendations, in particular the recommendations relating to the establishment of a new Children and Families ALB. The Review Report concludes that this has the potential to significantly change the service landscape in this area – a service landscape that has been in place for around a half century.

As reflected in the responses above, work has already started in connection with some of the Report's recommendations, and the Children's Social Care Strategic Reform Programme will be tasked with driving many of them forward. A steer from Professor Jones at the mid-review point made that possible. We welcome all views from stakeholders on how we can meet the ambition set out in the Review Report and create statutory social care services for children and families that: enable more of them to stay safely together; better meet the needs of those who need any level of support from those services; and are services where staff choose to work because they feel valued, supported and that they are making the difference for children and families they so vehemently want to make.

Appendix 1

Review Recommendations

Key

Accepted in full; implement as soon as possible [subject to the availability of budget where relevant]
Accepted in part or with some adjustment
Acceptance would be subject to wider considerations
Requires consultation on whether / how to implement
Rejected

Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
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.	Guiding Principle	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 1, Page 20	Chapter 1, pages 36 – 38, paras 1.45 – 1.51	All Workstreams
2	Action should be taken to tackle through welfare benefits changes the increasing prevalence and intensity of child poverty.	More Effective Family and Children's Services	Acceptance subject to wider considerations	Chapter 2, Page 24	Chapter 1, pages 23-26, paras 1.1 – 1.17	
3	Action needs to be taken to address the children's social care workforce crisis.	Workforce	Accept and implement as soon as possible	Chapter 3, Page 34	Chapter 2, pages 49 – 51, paras 2.20 – 2.26	Workforce
4	There is the need for more help for families to assist them to care well for their children.	Guiding Principle	Accept and implement as soon as possible	Chapter 1, Page 20	Chapter 2, pages 51 - 53, paras 2.27 – 2.31	Family Support

Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
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.	Guiding Principle	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 1, Page 20	Chapter 3, pages 55 – 58, paras 3.1 – 3.14	All Workstreams
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.	Guiding Principle	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 1, Page 20	Chapter 4, pages 61 – 72, paras 4.1 – 4.56 Chapter 18, page 269, paras 18.9 – 18.10	All Workstreams
7	There is a clear and firm recommendation for a region-wide Children and Families Arm's-	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 6, Pages 113 – 116, paras 6.1 – 6.10	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	Length body. So much which follows is likely to be dependent for its impact on having a regional ALB.					
8	The organisations delivering children's social care services should undertake their own staff recruitment.	Workforce	Acceptance subject to wider considerations	Chapter 4, Page 35	Chapter 7, pages 120 – 121, paras 7.10 – 7.14	Workforce
9	Grading and banding structures need to be reviewed and revised.	Workforce	Accept (in part)	Chapter 4, Page 35	Chapter 7, page 122, paras 7.15 – 7.19	Workforce
10	Alongside a greater skills mix, re-establish the trainee social worker role and qualification route.	Workforce	Requires consultation on whether/how to implement	Chapter 4, Page 36	Chapter 7, pages 123 – 125, paras 7.20 – 7.22	Workforce

Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
11	There should be a focus on staff retention.	Workforce	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 4, Page 36	Chapter 7, pages 123 – 125, paras 7.20 – 7.22	Workforce
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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 8, pages 127 – 129, paras 8.5 – 8.9.2	
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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 8, pages 129 - 131, paras 8.1- - 8.10 – 8.15	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
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).	Operational/Organisational Effectiveness and Efficiency	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 3, Page 30	Chapter 9, pages 133 – 138, paras 9.1 – 9.21	
15	Consideration should be given to establishing a children’s and families social care division in the Department of Health.	Operational/Organisational Effectiveness and Efficiency	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 3, Page 30	Chapter 9, pages 140 – 142, paras 9.31 – 9.33	
16	There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 10, page 150 – 152, paras 10.32 – 10.39	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
17	There should be the further development of a skills mix within children and families frontline teams and services.	Workforce	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 4, page 37	Chapter 10, page 152 – 157, paras 10.40 – 10.54	Workforce
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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 10, pages 150 – 152, paras 10.32- 10.39	
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	Operational/Organisational Effectiveness and Efficiency	Rejected	Chapter 3, Page 30	Chapter 10, page 147 – 150, paras 10.17 – 10.31	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	information systems requirements for children's social care.					
20	Introduce a trainee social worker programme. [see also recommendation 10 as it relates to the trainee programme]	Workforce	Requires consultation on whether/how to implement	Chapter 4, Page 36	Chapter 11, pages 160 – 161, paras 11.7 – 11.8	Workforce
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.	Workforce	Accept and implement as soon as possible	Chapter 4, Page 37	Chapter 11, pages 161 – 162, paras 11.9 – 11.10	Workforce

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
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.	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 23	Chapter 12, pages 171 – 175, paras 12.12 – 12.27	
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.	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 12, pages 177 – 182, paras 12.34 – 12.50	
24	Re-arrange statutory services team structure to have more of a community focus and presence.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 12, pages 182 – 185, paras 12.51 – 12.62	

Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
25	Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift.	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 23	Chapter 13, pages 187 – 189, paras 13.4 – 13.12	Legislative and Policy Reform
26	Foster carers should be recognised and positioned as valued members of the children's social care workforce.	Guiding Principle	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 1 Page 20	Chapter 13, pages 190 – 191, paras 13.13 – 13.16	Fostering
27	The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model.	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 13, page 193, para 13.27,	

Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
28	Consideration should be given to the public sector provision of additional smaller children's homes.	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 24	Chapter 13, pages 194 – 196, paras 13.31 – 13.39	Residential Placement Capacity / Capability
29	Do not allow the privatisation of care of children.	Guiding Principle	Accept (in part)	Chapter 1, Page 20	Chapter 13, page 195, paras 13.33 – 13.34	Residential Placement Capacity / Capability
30	Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children.	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 23	Chapter 13, pages 199 – 201, paras 13.46 – 13.57	Children with a Disability
31	Extend the transition period where appropriate and necessary for young	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 13, pages 201 – 204, paras 13.58 – 13.71	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	people moving to adult services.					
32	Introduce a region-wide transitions advice and advocacy service.	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 13, page 202, para13.60	
33	Accommodation within the positive post-18 services needs to be expanded and more readily available.	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 23	Chapter 13, page 203, para 13.65 – 13.69	Residential Placement Capacity / Capability
34	Implement the major recommendations of the Gillen Review of the family courts.	More Effective Family and Children's Services	Acceptance subject to wider considerations	Chapter 32, Page 25	Chapter 13, page 205, para 13.74 – 13.79	
35	Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 25	Chapter 13, page 208, paras 13.80 – 13.81	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	current pressures and difficulties between the courts and children's social care services.					
36	An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services.	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 14, pages 212 – 213, paras14.6 – 14.10	
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	More Effective Family and Children's Services	Requires consultation on whether/how to implement	Chapter 2, Page 24	Chapter 14, [age 213, para 14.11	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	children's social care services.					
38	A decision should be taken to introduce a region-wide Children and Families Arm's-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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 15, pages 215 - 239	
39	Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Services Co-operation Act (Northern Ireland) and to be a children and families	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Page 27 & 30	Chapter 15, page 226, para 15.22 – 15.23	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	champion across government and alongside the Children's Commissioner.					
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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Page 28 & 30	Chapter 16, page 242 – 247, paras 16.7 – 16.16	
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.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Page 28 & 30	Chapter 16, page 242 – 247, paras 16.7 – 16.16	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
42	There should be the development of emotional health and well-being services separate from clinical CAMHS services	More Effective Family and Children's Services	Accept (in part)	Chapter 2, Page 26	Chapter 15, page 236 – 237, paras 15.15.50 – 15.56	
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.	More Effective Family and Children's Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 26	Chapter 16, page 247 – 250, paras 16.17 – 16.19.9	
44	There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient	More Effective Family and Children's Services	Accept (in part)	Chapter 2, Page 26	Chapter 16, page 250 – 251, paras 16.20 – 16.24.5	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	service. If this is to continue, action should be taken to tackle the isolation of the in-patient service.					
45	The regional children's ALB should develop its own quality assurance and development processes and with independent participation within the processes.	Operational/Organisational Effectiveness and Efficiency	Requires consultation on whether/how to implement	Chapter 3, Pages 27 & 30	Chapter 16, pages 254, Paras 16.30 – 16.36	
46	The process, as already intended, of undertaking Case Management Reviews should be speedier and more participative.	Operational/Organisational Effectiveness and Efficiency	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 3, Page 31	Chapter 16, page 256, para 16.39 – 16.40	
47	The relationship between the statutory funders of services and the VCS sector which	Operational/Organisational Effectiveness and Efficiency	Acceptance subject to wider considerations	Chapter 3, Page 31	Chapter 17, page 259 – 262, paras 17.5 – 17.14	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	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.	Operational/Organisational Effectiveness and Efficiency	Acceptance subject to wider considerations	Chapter 3, Page 31	Chapter 17, pages 260 – 261, paras 17.6 – 17.11	
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.	More Effective Family and Children’s Services	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 2, Page 23	Chapter 17, page 265, paras 17.26 – 17.27	Family Support
50	The difficulties facing children’s social care	Guiding Principle	Accept and implement as soon as possible	Chapter 1, Page 20	Chapter 18, page 272, para 18.20	All Workstreams

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	services need to be tackled with pace.		[subject to budget availability, where relevant]			
51	There should be a wide consultation on the proposals and recommendations from this Review.	Guiding Principle	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 1, Page 20	Chapter 18, page 269, para 18.9	All Workstreams
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	Making and Tracking Progress	Accept and implement as soon as possible [subject to budget availability, where relevant]	Chapter 5, Page 39	Chapter 18, page 269, para 18.10	

Table 2						
Number	Description	Recommendation Category	Next Steps Category	Relevant Section of Consultation Paper	Relevant Section of Review Report	Reform Workstream (where relevant)
	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.	Making and Tracking Progress	Accept (with some adjustment)	Chapter 5, Page 39	Chapter 18, page 272, para 18.19	