



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

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**INDEPENDENT REVIEW OF
CHILDREN'S SOCIAL CARE
SERVICES
CONSULTATION REPORT**

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SECTION 1

THE REVIEW AND CONSULTATION

INTRODUCTION

1. This document provides a summary of responses received to the Department of Health's initial consultation on the 53 recommendations of the 'Independent Review of Children's Social Care Services' in Northern Ireland.
2. In the main, the recommendations relate to service provision, to how services are structured and governed and to the children's social care workforce.
3. A number of the Review Recommendations are significant in policy and operational terms, and on that basis would require Ministerial and, in some cases, Executive approval before they could be implemented. These include recommendations relating to the establishment of a new Children and Families Arm's-Length Body and also to the appointment of a Northern Ireland Minister for Children and Families.

THE REVIEW

4. 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.
5. During the course of the Review, Professor Jones undertook extensive engagement with stakeholders. He spent the first 13 months (February 2022 – February 2023) meeting with and listening to children, young people [facilitated by The Voice of Young People in Care (VOYPIC)], parents and family carers [facilitated by Children in Northern Ireland (CiNI)], leaders, managers, and practitioners from the statutory and community / voluntary

sectors to understand the issues facing children's social care services in Northern Ireland.

6. The Review Report made 53 recommendations which, as indicated above, mainly relate to service provision, to how services are structured and governed and to the children's social care workforce. There are also a number of recommendations relating to funding and investment.

THE CONSULTATION

7. A public consultation on the majority of the recommendations was conducted using the Citizen Space digital citizen engagement platform. The consultation opened on 08 September 2023 for a 12-week period, closing on 01 December 2023 although a small number of consultees were given an extension on request. The consultation was widely publicised and consultees had the opportunity to complete the consultation questionnaire online on the Northern Ireland Government Citizen Space website, or to submit a completed questionnaire by e-mail or post. A number of engagement events with parents / carers and other organisations were also held. Professor Jones attended a number of the events, the key purpose of which was to outline what the Review found and why. Where the Department attended events, the purpose was to explain the Department's approach to consultation, promote participation in the consultation and to explain how.
8. To assist review of the recommendations, they were grouped into 5 'recommendation categories' addressed in separate chapters in the consultation paper as follows:
 - 1) *Guiding Principles;*
 - 2) *More Effective Family and Children's Services;*
 - 3) *Operational/Organisational Effectiveness and Efficiency;*

- 4) *Workforce; and*
- 5) *Making and Tracking Progress.*

THE RESPONSE TO THE CONSULTATION

WHO RESPONDED

9. There was a total of 134 responses received to the Department of Health's public consultation. 117 responses were received on the consultation response questionnaire. Not all respondents completed all consultation questions. Many respondents completed only the questions they felt were relevant to them. A further 17 responses were received as written submissions in freestyle format [not completing the questionnaire].
10. There were 91 responses made on behalf of organisations or groups and 43 responses were made by individuals.
11. Organisation/group responses were received from the Voluntary and Community Sector (43) and the Statutory Health, Children's Social Care, Education or Criminal Justice Sector (35). Other organisational responses (13) were received from Councils, Unions, Political Parties/Representatives and Academia.
12. The Fostering Network (NI) engaged an independent expert to facilitate the participation of foster carers in the consultation process. A paper reflecting the outcome of that participation was submitted by The Fostering Network (NI), in addition to the organisation's own response.
13. In preparing their consultation response VOYPIC held a series of seven workshops to facilitate direct engagement with 40 young people currently involved in their services; these involved young people from all five HSCT areas, from a wide age range (11-26 years old) and reflecting a variety of care

experiences. Additional information was provided with the Citizen Space questionnaire to form the overall VOYPIC response.

14. Individual responses were made by adults with the majority¹ indicating they had either personal involvement with children’s social care, involvement in a work capacity, or both (38). Other individual responses (5) did not identify a connection with children’s social care services.

Response Type	N	%
Individual (N=43, 32%)		
Personal or work involvement with children’s social care	38	28
Connection not known	5	4
Organisational (N= 91, 68%)		
Voluntary and Community Sector	43	32
Statutory Childrens Services, Health, Education or Criminal Justice	35	26
Other	13	10
Total	134	100

CONSULTATION ANALYSIS – METHODOLOGY

15. Review and analysis of the consultation responses were carried out by a team of staff at the Family and Children’s Policy Directorate at the

¹ One response indicated that the respondent was a child or young person but, given other information provided in the response, this appeared to be selected in error.

Department of Health, under the direction the Director of Family and Children's Policy. The questionnaire responses provided quantitative information in the form of respondents indicating whether they agreed, disagreed or were undecided on the questions asked. This information is presented in this report in the form of bar graphs.

16. Multiple consultation questions invited comment as well as an indication of agreement/disagreement/indecision. This qualitative information was analysed by the team in three stages. Initially, for each individual question, all comments received were collated and summarised into a single piece of text. These initial summaries were passed to second reviewers who identified core themes in the responses to each question, reorganised each text to reflect these themes and reduced the size of the text by removing repetitions etc. These comprehensive summaries are retained as information resources for future review and planning purposes. The second stage texts were then passed to a smaller group of reviewers for a final edit which maintained the thematic structure of each piece of text but reduced the size for inclusion as the summaries in the present report.
17. The 17 freestyle responses which had been received were then reviewed to establish if they contained any novel themes not identified in the questionnaire responses. Where such was identified, it was added where most relevant in the main consultation question summary texts.
18. Where it was identified that these free-style responses were providing an indicated position on individual questions - agree/disagree/undecided – this was added to the quantitative information. Similar to the questionnaire responses, not all 17 free-style respondents addressed all consultation questions and referred only to the recommendations/questions respondents considered relevant to them.

RECOMMENDATIONS THAT ATTRACTED THE MOST COMMENTARY IN THE QUESTIONNAIRE RESPONSES/RECEIVED UNEQUIVOCAL SUPPORT

19. Chapter 1 of the consultation paper referred to the group of 8 recommendations² categorised by the Department of Health as Guiding Principles. There were 4 questions asked relating to these recommendations. These attracted 246 comments across questions 1-3 indicating significant support (81%) both for the categorisation of these recommendations and the proposal to adopt the principles to guide future reform in this area of service provision (75%). A significant number (87%) also supported the position taken in connection with recommendation 29, which called for the avoidance of the privatisation of children's social care. 101 of the 117 questionnaire respondents provided comments in response to the question about how we ensure that the guiding principles are being adopted. **These are reflected in Section 2/Part 1.**
20. Chapter 2 of the consultation paper referred to the group of eighteen recommendations³ intended to deliver more effective social care services for children and families in Northern Ireland. There were 28 questions asked in connection with these recommendations, which attracted around 2200 comments. Question 7, relating to recommendation 22 (*the need for a re-set and re-focus to give greater attention to family support*) and questions 8 and 9 relating to recommendation 23 (*the expansion of the Sure Start Programme*) attracted the most comments. **These are reflected in Section 2/Part 2.** There was overwhelming support for a re-set and re-focus to give a greater focus and attention to family support within children's social care services (95%). There was strong support for the expansion of Sure Start outside the current Sure Start catchment areas (85%), although a smaller

² Recommendations 1, 4, 5, 6, 26, 29, 50 and 51.

³ Recommendations 2, 22, 23, 25, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 42, 43, 44 and 49.

majority (55%) supported the extension of Sure Start services to older children aged four to ten.

21. Chapter 3 of the consultation paper referred to the group of recommendations⁴ intended to deliver organisational arrangements which are focussed on children and young people at all levels, from the Department of Health through to front-line children's social care services. There were 22 questions asked about these recommendations, which attracted 1094 comments. Question 45 and associated question 46 relating to recommendation 16 (*multi-agency/multi-professional front-line teams*), question 50 relating to recommendation 24 (*re-arranging team structures to make them more community-focussed*) and question 51 regarding recommendation 39 (*a Minister for Children and Families*) attracted the most comments. There was significant support for multi-agency/multi-professional front-line teams (81%) with more than two-thirds (67%) supported rearranging statutory services team structures to have more of a community focus and presence. 68 comments were received in connection with the question relating to which areas of policy a Minister for Children and Families for Northern Ireland should have responsibility for, if appointed. **These are reflected in Section 2/Part 3.** 67% agreed that a Minister for Children and Families would help to give political leadership and focus to the intentions of the Children's Services Co-operation Act (NI) 2015 and champion children and families within government in Northern Ireland. While the majority (60%) supported the establishment of a Children and Families ALB (this rises to 65% for responses from organisations), some comments indicated that support was qualified. Respondents who disagreed with the recommendation to establish a Children and Families ALB were asked whether there was an alternative to an ALB to address the range of issues identified by the Review; fewer than a quarter (24%) of those who

⁴ Recommendations 7,12, 13, 14, 15, 16, 18, 19, 24, 38, 39, 40, 41, 45, 46, 47 and 48.

responded to this question considered that there was an alternative and nearly half (48%) of those who responded to question 38 were undecided. Those who did not agree with an ALB (in response to question 37) were unconvinced that a sufficient evidence-base existed to support the case for an ALB or that an ALB would resolve the issues that need to be addressed. There were also concerns about the level of disruption that structural change of this magnitude would cause.

22. Chapter 4 of the consultation paper referred to the group of recommendations⁵ intended to address the workforce challenges within children's social care services, particularly in relation to the recruitment and retention of staff. There were nine questions asked in connection with this group of recommendations, which attracted 545 comments. Question 55 relating to recommendation 3 (*the need for action to address the crisis in the children's social care workforce*), question 59 relating to recommendations 10 and 17 (*greater skills mix*), and question 62 relating to recommendation 11 (*staff retention*) attracted the most comments. **These are reflected in Section 2/Part 4.** A significant majority (76%) agreed that action needs to be taken to stabilise the children's social care workforce. An equally significant number (74%) agreed that there were advantages to re-introducing a trainee scheme for social work.
23. Chapter 5 of the consultation referred to two recommendations⁶ categorised as 'making and tracking progress'. There were 2 questions (questions 64 and 65) asked in connection with recommendation 53 (*an annual conference*), which attracted 64 comments. There was significant support (79%) for the proposal to host a conference in Autumn 2024 and even greater support (82%) for the proposed theme of the conference.

⁵ Recommendations 3, 8, 9, 10, 11, 17, 20 and 21.

⁶ Recommendations 52 and 53.

There were 47 comments made in response to question 66 (other measures to assess whether sufficient progress is being made). **These are reflected in Section 2/Part 5.**

RECOMMENDATIONS THAT RECEIVED MINORITY SUPPORT

24. A number of recommendations (or questions relating to them) received minority support. They included recommendations relating to the establishment of a regional secure care centre on the site of the current Juvenile Justice Centre site at Woodlands (48%), the adoption of the Mockingbird Model (45%), the nature of the services that should come within scope of a Children and Families ALB (40%) and the ability of a Children and Families ALB to develop its own quality assurance and development processes (38%). 38% agreed with the Department's proposal to continue to implement the Encompass system and only 23% agreed that there were risks in moving away from the shared services recruitment model and as few as 19% agreed that there were alternative ways to give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland.

QUESTIONS WHERE THERE WAS A HIGH LEVEL OF INDECISION OR NO ANSWER WAS PROVIDED

25. There were a number of questions, which a large number of respondents did not answer or indicated that they were undecided. Some of these questions^[1] (N=6) required respondents to identify risks associated with a particular recommendation, or potential alternative actions or approaches. It is suggested that the high level of indecisive answers to these questions might reflect that respondents were content with what the report recommended and were not minded to offer other ideas.

^[1] Questions 12, 28, 31, 38, 53 and 56.

26. Some other questions^[2] (N=8) with high levels of undecided or unanswered responses related to specific service models or to specialist provision, for example, the Mockingbird Family Model, a Regional Secure Care Centre, the Encompass Computer System, the in-patient facility for children with a learning disability (Iveagh) and specific questions relating to a Children and Families ALB. It may be that the specificity of these particular questions resulted in many respondents feeling unable to provide informed responses. This hypothesis was corroborated to some extent by some of the commentary. For example, in relation to a Regional Secure Care Centre, of the significant proportion who were undecided, some indicated that they did not have sufficient information to decide. There was a sense that this was because there was limited knowledge about secure care within the overall group of respondents, as it is only experienced by a small number of children in Northern Ireland (around 50 young people on average per year).

KEY/RECURRING THEMES IDENTIFIED

27. There were a number of recurring themes across responses to questions as follows:

- The need for greater and sustained investment, recurrent funding and multi-year budgets;
- The pervading and corrosive impact of poverty of families in Northern Ireland;
- The importance of robust leadership;
- The need to pay staff well and to support them to improve recruitment and retention;
- The criticality of engaging children, parents and families in decisions relating to service design and delivery that impact on them;
- The significant role that the voluntary and community sector can play particularly in relation the supporting families;

^[2] Questions 11, 15, 18, 23, 39, 40, 43 and 49.

- The need to remove unnecessary bureaucracy; and
- The need for improved governance arrangements.

PRESENTATION OF THE ANALYSIS

28. For the purpose of consultation, as described above, the recommendations made by the Review were categorised as follows:

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

29. The consultation analysis is presented in five Parts, with each Part relating to one of the five consultation categories listed above. Within each Part, consultation questions are grouped under headings, for example, within Part 2 there are 9 headings, including 'supporting families', 'supporting foster carers' and 'children leaving care'. For each question (or group of questions) asked in consultation, the following is provided for the total 134 consultation responses received:

- The distribution of quantitative response categories (agree/disagree/undecided); and
- A synthesis/summary of the key points made.

SECTION 2

THE ANALYSIS OF CONSULTATION RESPONSES

PART 1 - GUIDING PRINCIPLES

RECOMMENDATIONS 1, 4, 5, 6, 26, 29, 50 AND 51

CONSULTATION QUESTIONS 1 – 4

GUIDING PRINCIPLES

THE NUMBER WHO RESPONDED AND HOW

Question 1.

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

There were 108 responses to this question. 63 respondents provided comments and 26 respondents did not answer.

Question 2.

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

There were 110 responses to this question. 54 respondents provided comments and 24 respondents did not answer.

Question 3.

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

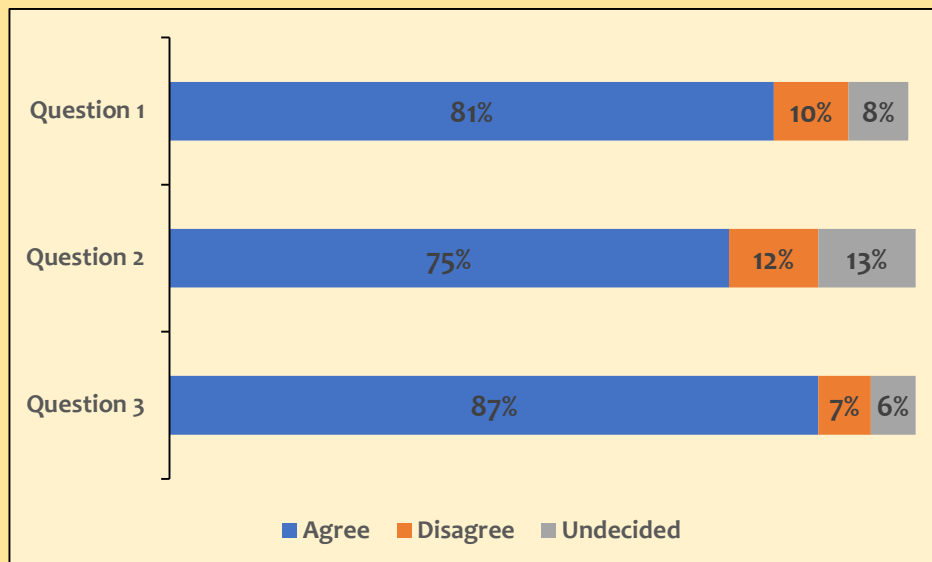
There were 109 responses to this question. 69 respondents provided comments and 25 respondents did not answer.

Question 4.

Are there further comments that you would like to make in terms of how we ensure that the 'Guiding Principles' identified by the Review are being adopted?

65 respondents provided comments in response to this question and 69 respondents did not answer.

In relation to questions 1, 2 and 3, a summary of those who answered yes, no or were undecided is as follows:



GUIDING PRINCIPLES

OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO GUIDING PRINCIPLES, THE KEY POINTS MADE WERE:

- Major support for change, improvement and a regional approach to children's social care including policy and structural reforms, in consultation with relevant stakeholders, to give effect to the changes is needed.
- General agreement that change should happen at pace, but that actions should also be carefully considered and viewed in the context of other system reforms.
- Some suggestion that the guiding principles do not go far enough in considering problems facing children's social care services and that

tackling poverty, for example, should also be a guiding principle.

- Some suggestion that the use of Northern Ireland's geographical characteristics as a guiding principle should be aligned to parallel consideration of other characteristics such as variations in socio-economic profile across the region and issues such as the differentiation of community boundaries and the role of local authorities.
- Significant reference to the urgent requirement for additional investment and realignment of resources to support service improvement, including references to staff pay and more help for families and foster/kinship carers.
- General agreement that foster carers are essential and valued members of the team around the child, with some caution voiced that they are a diverse group of people, with diverse needs and roles, and that further discussion and engagement is needed across the fostering sector about the Review's proposals as they relate to foster care.
- Significant welcome for the shift in focus signalled by the review, and the Department's response to it, towards family support and early help.
- Support for increased skills mix within the children's social care workforce and more integrated working, with some frustration expressed that existing integrated/multi-disciplinary models of practice, which can help inform future practice, were not more adequately taken into account in the review.
- Major endorsement of the importance of good communication, collaboration and effective partnership working between services and structures, and for a rights-based approach to service delivery, emphasising partnership working and co-production with children/families/carers to implement service improvements.
- Multiple references to the importance of measuring/monitoring progress with concrete metrics and revised processes including the potential re-examination the Children and Young People's Strategic Partnership for monitoring the implementation and impact of the Review's recommendations.
- Overwhelming support for resisting privatisation, alongside appeals to increasingly value the not-for-profit VCS sector and to reset the relationship between the sector and statutory funders of services.

PART 2 - MORE EFFECTIVE FAMILY AND CHILDREN'S SERVICES

RECOMMENDATIONS 2, 22, 23, 25, 27, 28, 30, 31, 32, 33, 34, 35, 36, 37, 42, 43, 44, AND 49

CONSULTATION QUESTIONS 5 – 32

PART 2 IS SET OUT UNDER A NUMBER OF THEMES AS BELOW:

- SUPPORTING FAMILIES [QUESTIONS 7 -10, 21-23]
- SUPPORTING FOSTER CARERS [QUESTIONS 11, 12]
- CHILDREN LEAVING CARE [QUESTION 24]
- FAMILY JUSTICE [QUESTION 19]
- CHILDREN WITH A DISABILITY [QUESTIONS 13-18]
- DELIVERY THROUGH THE REFORM PROGRAMME [QUESTIONS 5, 6]
- MENTAL HEALTH AND EMOTIONAL WELL-BEING [QUESTIONS 25-32]
- REGIONAL MENTAL HEALTH AND LEARNING DISABILITY IN-PATIENT SERVICES [QUESTIONS 27-31]
- SERVICE IMPROVEMENTS (GENERAL) [QUESTION 32]

SUPPORTING FAMILIES

THE NUMBER WHO RESPONDED AND HOW

Question 7.

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

There were 115 responses to this question. 100 respondents provided comments and 19 respondents did not answer.

Question 8.

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

There were 115 responses to this question. 95 respondents provided comments and 19 respondents did not answer.

There were a number of supplementary questions linked to question 8. There were 77 responses to the question about how children should be identified and 79 responses to the question relating to the difference expansion would make. There were 74 responses to the question about expansion through the existing 38 Sure Start Projects.

Question 9.

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

There were 112 responses to this question. 87 respondents provided comments and 22 respondents did not answer.

Question 10.

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

81 respondents provided comments for this question.

Question 21.

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

There were 104 responses to this question. 51 respondents provided comments and 30 respondents did not answer.

Question 22.

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

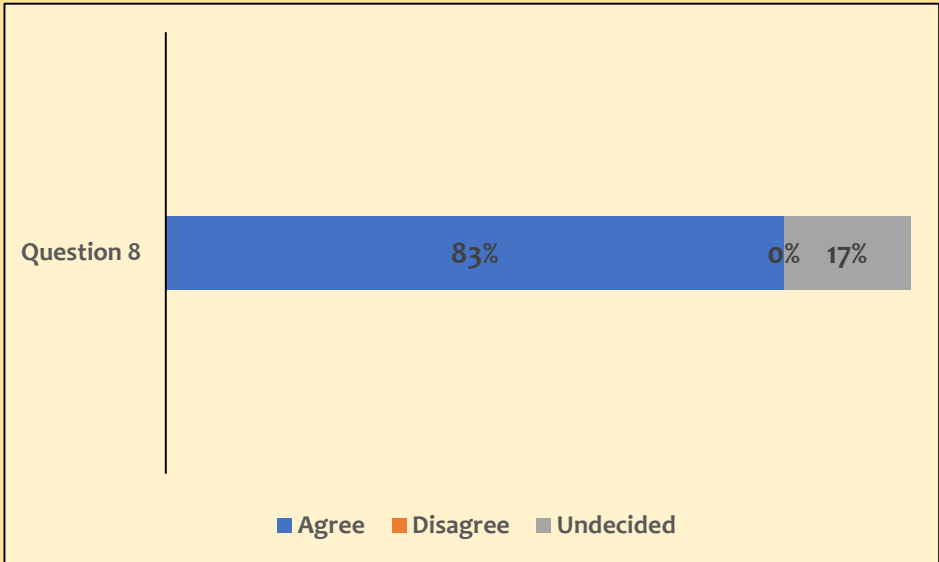
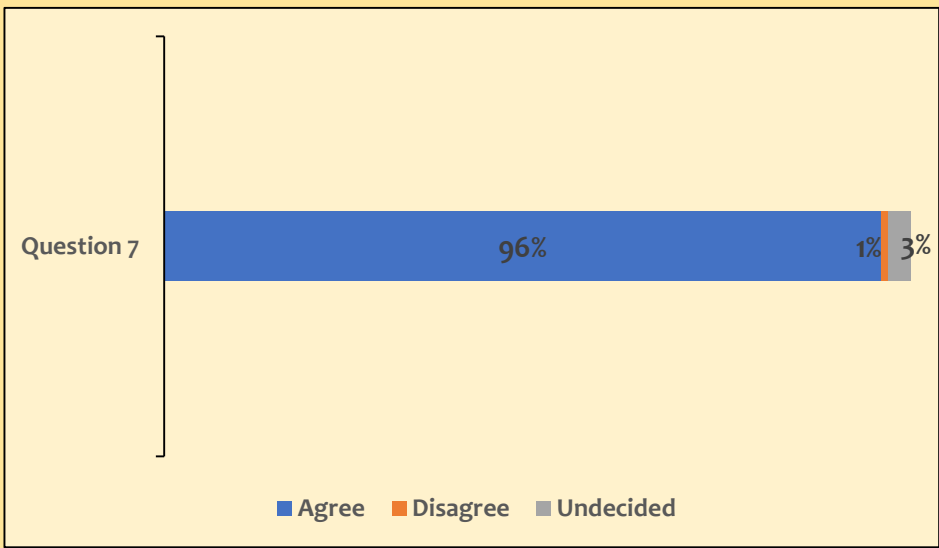
There were 99 responses to this question. 57 respondents provided comments and 35 respondents did not answer.

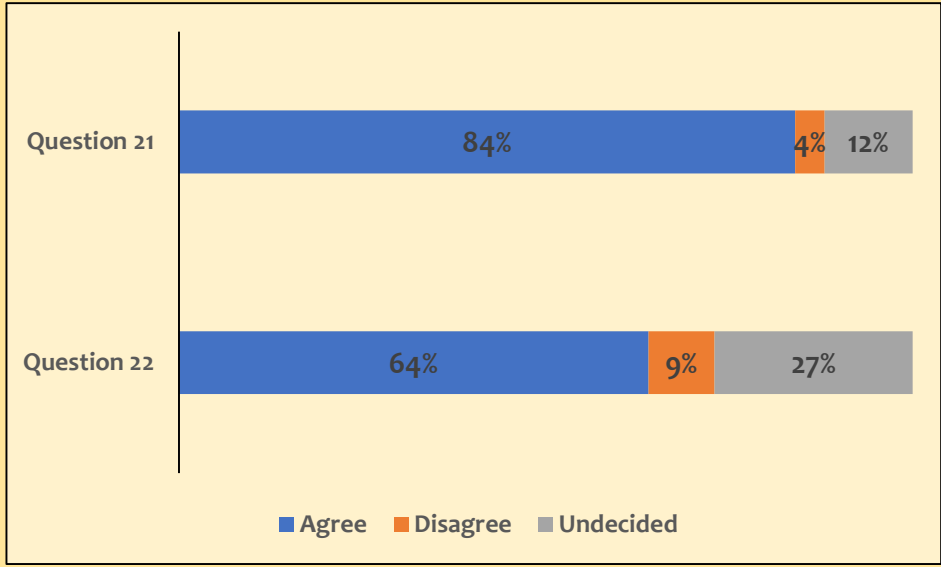
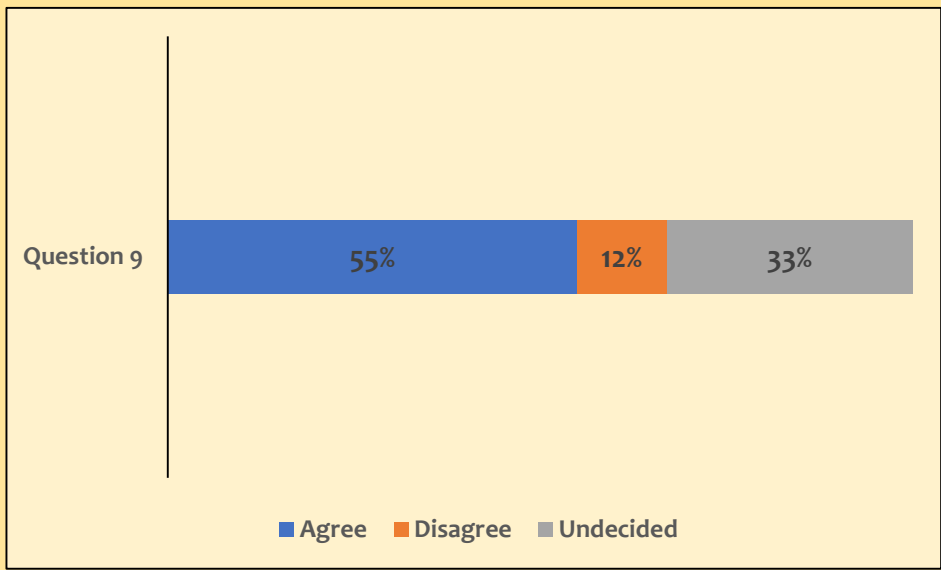
Question 23.

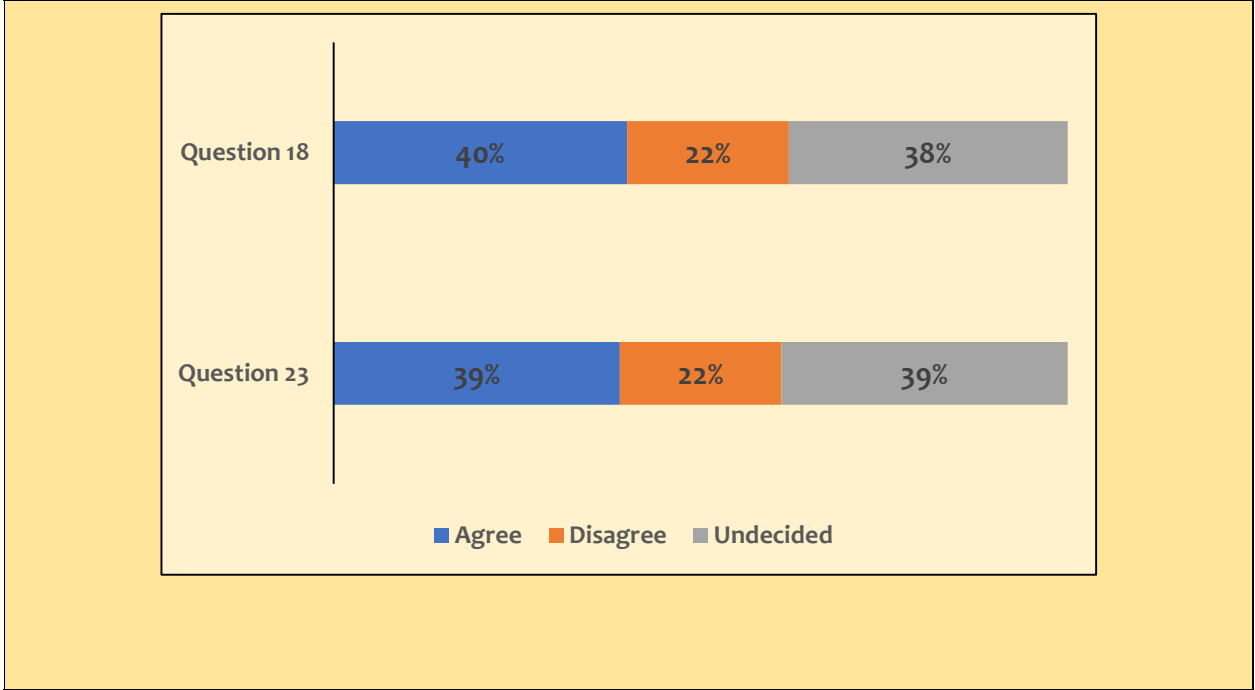
Is there scope to combine implementation of recommendation 36 with recommendation 32?

There were 92 responses to this question. 40 respondents provided comments and 42 respondents did not answer.

In relation to questions 7, 8, 9, 10, 21, 22 and 23 (and associated question 18), a summary of those who answered yes, no or were undecided is as follows:







OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO SUPPORTING FAMILIES, THE KEY POINTS MADE WERE:

On the question of the need for a reset (question 7):

- The benefit of a reset to children and families in outcomes terms was recognised.
- The need for the term ‘family support’ to be defined was stressed as was the need to address poverty within families.
- The role that the voluntary and community can play was emphasised, although the case for sustained and ring-fenced funding was made.
- Mapping and gapping of service provision was recommended to, among other things, ensure equity of future support.
- The need to build more capacity to provide family support in an effective way that meets the needs of local communities.
- Examples of current good practice and service provision were provided, including Family Support Hubs and Sure Start with a recommendation to build on these.
- One-stop shop community-based approaches were recommended to avoid families having to be referred to multiple services.
- Strategic, long-term prioritisation of early intervention and prevention within communities.
- Changes to contracts to be able to respond to emerging need should be made easier to do. It was considered that this could be facilitated by way of the infrastructure of a regional ALB. It was also considered that the ALB had the potential to create better planned, more accessible and more proportionately managed and scrutinised family support system.
- Key enablers to resetting and refocussing were identified, including greater investment in family support services and recurrent funding, training to facilitate ‘upskilling’, better partnership working, enabling policy frameworks and alterations to professional responsibilities. Cultural change, including how children’s services are viewed publicly, was considered important to make families want to engage and to seek and accept support. The Children’s Services Co-operation Act (NI) 2015 was considered to be a key enabler to more effective family support.
- The need to see VCS organisations as equal partners in the delivery of transformation with members across the breadth of the reform programme.

- Clarity about roles and responsibilities and clear referral pathways and criteria were recommended. It was considered that family support should not be viewed as something that ‘happens’ outside of statutory services, although the role that the voluntary and community sector can play was stressed. The Hardiker model was seen by some to professionalise some family support services and to de-professionalise others.
- The important role of the Family Support Workstream of the Children’s Social Services Strategic Reform Programme Board was acknowledged.
- A renewed policy focus in the Department of Health on the prioritisation of the new Family and Parenting Support Strategy was stressed.
- There was some opposition to the call for a reset on the basis that it was considered that the Review did not sufficiently explore or identify the extent of family support provision within statutory children’s services.

On the question of whether improvements are necessary in how parents, who are engaged with children’s social care services, are supported, including through advocacy support (question 21/recommendation 36):

- Improvements were considered necessary.
- Engagement was described as scary, systems difficult to navigate, language used and documentation produced was described as formal. The transition from children’s to adult services was considered to be a particularly vulnerable period for parents. Greater sympathy/empathy and empowerment to express needs, wishes and concerns was called for. Feedback loops, access to information and good communication were also considered necessary. Making the best use of technology was also recommended.
- In terms of who could act as an advocate, some respondents asked for a cool head and also someone who is familiar with the system.
- There was a reference to models of good practice in Northern Ireland (a trial to support parents with addictions, for example) and elsewhere, including in the USA and Scandinavia.
- Independence was stressed by some and parent-led advocacy was recommended. Others questioned the need for complete independence. A good working knowledge of systems was considered as important. It was stressed that a social worker’s role is fundamentally about acting as advocate and that it is important to ensure against abdication of that role.
- Co-production/co-design was considered necessary, including co-design of a

Family Charter setting out commitments by agencies, what service users can expect and how complaints can be made. Managing expectations was emphasised by some respondents, making a carefully designed advocacy service necessary.

- Focussing on reflection and change in place of complaints about individual members of staff who may be under pressure was recommended.

On the question of whether greater support, including advocacy support (for parents who interface with children's social care services) needs to be delivered by way of an independent organisation (question 22/recommendation 36):

- It was considered that an independent service would foster trust generally and lead to greater confidence among parents.
- Any service should be underpinned by agreed standards, accessible information and access should be client-led rather than referral-based. The scope for parents with experience of services to become involved in service delivery, including on a peer-support basis, was also recognised.
- Consideration needs to be given to other support/advocacy models already in place, with a considerable number referenced. Evaluation of those models was considered to be an important first step, with a focus on added value. There was some concern about whether the establishment of a new organisation was the best use of resources in a constrained financial environment.
- Suggestions included a parent/care-led organisation and also a youth advisory panel of those with lived experience of disability, care etc.

On the question about whether there was scope to combine implementation of recommendations 32 and 36 (question 23):

- There was a view that recommendations 32 and 36 related to two very different services for two distinct groups of parents and should therefore be kept separate. Potential conflicts of interests were raised, in connection with parental views and wishes and what was considered to be in the child's best interests.
- Placing the services recommended on a statutory basis was also suggested.

On the question of whether any expansion of Sure Start should be targeted for those living outside catchment areas and, if so, how (question 8(a)/recommendation 23):

- It was suggested by some that all new parents (regardless of socio-economic status) should be able to access support but without diluting existing services. Others were of the view that there should be targeting of families experiencing deprivation living outside Sure Start catchment areas. A blended approach was also recommended, which would enable families living in areas of multiple deprivation to access Sure Start services but without preventing others from doing so. It was suggested that services should be extended to the 30/35% most disadvantaged wards.
- The need for additional [not displaced] investment to support expansion was emphasised by many and that this should be recurrent. Access to suitable premises and the right mix of skill among staff were considered equally important. Other 'conditions' of expansion included: liaison with universal services; co-production; clear referral pathways and criteria; effective partnership working with other established services and outreach to them; drop-in capacity for families when they need support; better use of technology.
- The use of satellite facilities/community-based venues to support group work was suggested.
- Adjustments to the 2-year-old programme were recommended, including: morning and afternoon sessions; more than 12 children per session; 3/6/9/ month programmes rather than full year, with continued connection to other appropriate services/support.
- Prioritisation of hard-to-reach families living in hard-to-reach areas was suggested. Specific groups were named, including families already known to statutory services, parents who were previously looked after, first-time parents, homeless families, BME families, teenage mums, neuro-diverse children/parents, parents with mental health difficulties/needs and those living in rural communities.

On the question of how children should be identified to Sure Start Projects (question 8 (b)/recommendation 23):

- A number of sources of referral were identified, including self-referral,

health and social care professionals (midwives and health visitors in particular) and Family Support Hubs. The need for clear referral criteria was again emphasised and it was suggested that some mechanism to ‘socialise’ parents in preparation for participation in Sure Start was recommended.

On the question of what difference Sure Start expansion would make (question 8(c)/recommendation 23):

- A number of potential benefits were identified, including: a reduction in the need for statutory social work services and fewer family breakdowns; addressing hidden deprivation particularly in rural areas, positive impacts on infant health, development, mental health and emotional wellbeing; the development of a nurturing environment and nurturing relationships between parents and their children and improvement in maternal well-being; a reduction of intergenerational trauma; healthier children with healthier futures living in a healthier society; greater school readiness and improvement in school attendance; greater collaboration between schools, Sure Start projects and generic services.

On the question of how an expansion of Sure Start could be achieved using the existing 38 projects (question 8(d)/recommendation 23):

- A role for the Family Support Workstream of the Children’s Social Care Reform Programme was suggested.
- In developing any new methodology, the original methodology used to establish Sure Start projects and the expertise of those involved in delivering Sure Start projects should be considered.
- A review of existing provision/mapping of existing services and assessment of capacity should precede expansion and effective expansion planning, including workforce planning should be undertaken. Incremental expansion was preferred.
- There were some concerns that, without appropriate resourcing of expansion, existing Sure Start provision and its effectiveness would be diluted/diminished. There were concerns about support being directed away from the most disadvantaged families.
- It was considered that the Family Support Hub Network provides an alternative structure and that there was a role for other voluntary sector providers of services to children and families.

On the question of whether Sure Start services should be extended to children in the 4-10 age range (question 9(a)/recommendation 23):

- Differentiation was made between the Sure Start model and direct service provision by Sure Start and concerns about potential dilution of the model were raised. Existing provision was considered to be working well with sufficient flexibility to be able to respond to local needs.
- Concerns were raised that a different staffing skill-set was required to meet the needs of older children.
- There was strong support for collaboration across sectors and a number of examples of effective collaborative working were cited, although others pointed to a complex array of provision that a Children and Families ALB could potentially resolve/address.
- The need for additional resource and sufficient lead-in times to support expansion in age-range were emphasised.
- Supporting Sure Start to work with the 4-10 age range could permit a narrowing of the Youth Service age range to 11-25 (currently extends from age 4 to 25 years) which would see a similar starting age range to other jurisdictions who provide youth services.
- Concerns were expressed that without sufficient resources and adequate planning, expansion could dilute the level of support offered and, in the case of new services for older age groups, lead to a loss of focus on infancy and early years, which is exactly why Sure Start was established.
- It was suggested that it would actually be counter-productive if it was NI-wide/open to all families with a 0–3-year-old, as it would result in resources being skewed away from the most disadvantaged families and inequalities being widened not narrowed.
- Any increased targeted interventions and expansion of age groups would require a substantial review of Sure Start aims / staff skills mix / provision of services and infrastructure.

On the question of targeting (question 9(b)/recommendation 23):

- It was generally accepted that particular groups of children in the 4-10 age-range need additional support – children experiencing disadvantage or who are neurodivergent, looked after children and children with a disability were specifically referenced.

- There was some suggestion that Sure Start projects could continue to support some children with high levels of need or with well-established relationships with Sure Start staff after age 3.

On the question of what supports should be available through Sure Start (question 9(c)/recommendation 23):

- A range of additional services – both general and specific was suggested, including services relating to: food and nutrition; speech and language/communication; outdoor structured and unstructured play; social, emotional and personal development; mental well-being; homework-related support; general parenting support; budgeting; drug and alcohol use.
- A number of deemed successful programmes and effective joint working across health and education were referenced.
- A needs analysis of children in the 4-10 age range and mapping and gapping of existing provision [including within Sure Start projects] were recommended.

On the question of how extended services would integrate with attendance at school (question 9(d)/recommendation 23):

- Views on whether support service should be embedded within the school day differed. On the one hand it was considered that it would deliver greater integration, on the other hand, that wrap-around support would be more beneficial.
- Making use of public buildings, including schools, to provide for older children was suggested. This was considered both more economic and would enable additional resource to be invested in workforce, rather than in infrastructure. The use of public buildings was also seen as a means of addressing stigmatisation.
- Greater integration of pre-school and school provision was recommended.

On the question of what supports should be available for parents/families through Sure Start (question 9(e)/recommendation 23):

- The responses to question 9(b) were repeated and programmes considered to be successful were referenced. Understanding the needs of children in this age group and mapping and gapping of existing services was again recommended.

- There was strong support for support pre and post the school day, including into the evening, at weekends and during the school holidays. The benefit for parents, including being able to return to work more easily, was referenced.

On the question of how extended services might be achieved using the existing 38 Sure Start projects (question 9(f)/recommendation 23):

- Comments reflected a general lack of support for the extension of the Sure Start Model to an older age range. There were concerns about a lack of expertise in the existing workforce and it was suggested that a different skill set and experience was required. It was also suggested that there were other ways to meet the needs of this population of children. The expansion of Family Support Hubs into schools was suggested. Locality planning under the Children and Young People's Strategic Partnership was considered to be working well and could be expanded.
- A Sure Start Hub model was suggested by one respondent to enable the sharing of resource, expertise and the provision of specialist support. This would involve local Sure Start offices being linked to a sub-regional Hub.

On the question of challenges/risks (question 9(g)/recommendation 23):

- Potential challenges/risks identified included: resource, workforce capacity, lack of existing expertise to address a different set of needs and the need for sufficient lead-in times to build capacity.
- Financial barriers were also identified.

On the question of what benefits Sure Start would bring to children age 4-10 (question 9(h)/recommendation 23):

- Potential benefits identified included: support with transition into school; easier access to specialist support; longer-term improvements health, education and employment outcomes; reduced social isolation and loneliness; and a way of building strengths and independence within families.

On the question of whether other family support services could be expanded to meet the needs of children in the 4-10 age range (question 10/recommendation 23):

- While there was broad support for the expansion of family support services to meet the needs of children age 4-10, the need to clearly define what is meant by ‘family support’ was emphasised. It was accepted that there is a need for targeted services, alongside universal provision. A number of deemed successful programmes were named. Specific areas of support were referenced, including: emotional health and wellbeing support; social prescribing; support in the home; school holiday support; and counselling services.
- Reference to the Fair Start report and to an ongoing review of extended schools was made.
- Again, reference was made to the range of organisations and services already operating in the area of family support with mapping and gapping of existing service provision to inform future planning and investment recommended.
- The need to engage stakeholders, including children, in the shaping and planning of future service provision and to complement effective planning with effective commissioning were stressed.
- It was considered that Family Support Hubs and Locality Planning under the Children and Young Peoples Strategic Partnership could be made even more effective with additional investment and were considered to be a potential alternative to the extension of Sure Start provision for children in the 4-10 age range and their families.
- Caution was urged against inventing something new because of the impact that this could have on families in terms of their ability to navigate service landscapes. The need to engage hard-to-reach groups of children and families and to help children/families to overcome service access barriers was also emphasised.
- A wide-ranging collaborative framework between the voluntary/community and statutory sectors underpinned by adequate funding was recommended.

SUPPORTING FOSTER CARERS

THE NUMBER WHO RESPONDED AND HOW

Question 11.

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

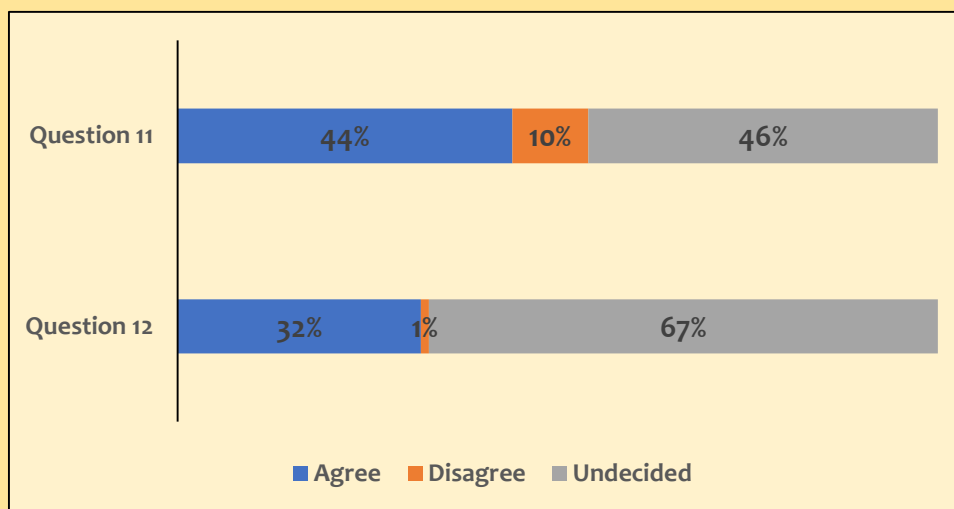
There were 94 responses to this question. 58 respondents provided comments and 40 respondents did not answer.

Question 12.

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

There were 90 responses to this question. 53 respondents provided comments and 44 respondents did not answer.

In relation to questions 11 and 12, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO SUPPORTING FOSTER CARERS, THE KEY POINTS MADE WERE:

When asked for views on the introduction of the Mockingbird Family Model in Northern Ireland (question 11/recommendation 27):

- There was support for the introduction of the model, including among foster carers, although introduction on a pilot basis potential tailoring for the Northern Ireland context was also advised. Northern Ireland was considered to be very different from that of America where the Mockingbird model originated.
- A number of benefits of the model were outlined, including peer support, the potential to prevent placement breakdown, retain foster carers, stabilise fostering teams and provide greater protection for children. Initial wrap-around support as part of implementation was advised. Foster carers suggested that the Mockingbird model could be part of a suite of supports for foster carers. Training for foster carers, who act as mentors, alongside effective monitoring was considered necessary.
- The potential to extend the model to other placement types, for example, kinship, special guardianship, adoption and mother and baby placements was highlighted. The scope to include children in residential care and their key workers was also suggested, although it was also acknowledged that the model may not be appropriate for all children, depending on their individual needs.

- A thorough examination of what other support models exist, including a full risk/benefit analysis, and robust professional and public discussion were recommended before making final decisions. There were concerns about the level of resource required to provide equitable access to the model and that there was insufficient evidence to support introduction, with some pointing to an evaluation in England, which they considered was inconclusive in terms of whether the benefits of the model outweighed the cost of implementation.
- The current challenges in foster care in Northern Ireland, including recruitment and retention issues, made some respondents query whether the system was ready for introduction of Mockingbird and whether it could actually compound recruitment problems.
- Concerns were also voiced about the potential professionalisation of foster care, with social worker tasks being ‘sub-contracted’ to foster carers. A number of logistical issues were also raised.

When asked whether there were other ways to better support and to deliver the aims of the Mockingbird Family Model (question 12/recommendation 27):

- Some held the view that other supports should be introduced aside from Mockingbird, rather than in place of it.
- A wide range of supports were suggested, some of which already exist but to varying degrees. They included: the Step-Up Step-Down Model; the Safe Families Service; Fostering Attainment and Achievement; Fostering Wellbeing; the Fostering Connections project; the Kinship Foster Care Project; and childminding services. The roll-out of the Northern Ireland Framework of Integrated Therapeutic Care was also referenced.
- The need for more foster carers, more social workers to support them and a reduction of children coming into care through the provision of early help for children and families was stressed.
- Properly resourced foster care has the potential to deliver Mockingbird elements, including connected communities of carers and more consistent, relationship-based and planned break care.
- The safe expansion of kinship care was suggested as well as greater clarity about the full range of stable permanence options for children, including long-term foster care.
- A more effective and evidence based regional commissioning and planning cycle, with stronger co-production approaches were recommended.

- It was suggested that improving the role of the foster carer could deliver improvements in recruitment and retention of foster carers. Examples included: improved recruitment practices; better handling of safeguarding issues; professionalising foster care; introducing a tiered approach to foster care, including specialist roles; greater involvement in decision-making; a more honest representation of risk. Foster carers being made salaried trust employees was also suggested.
- Better financial remuneration, improved and more accessible training underpinned by development plans and greater support for foster carers were advocated.
- While greater scrutiny of independent fostering providers was suggested, there was a call for all providers of fostering placements to be inspected and all held to the same standard. The need to review existing fostering policies and procedures and to involve foster carers in the process was also recommended.
- The need for a full risk-benefit analysis of all models of support to inform the development of a foster care recruitment and retention strategy was suggested. It was also suggested this should be undertaken by the Fostering Workstream of the Children's Social Care Services Strategic Reform Programme and involve foster carers of a co-production basis.

CHILDREN LEAVING CARE

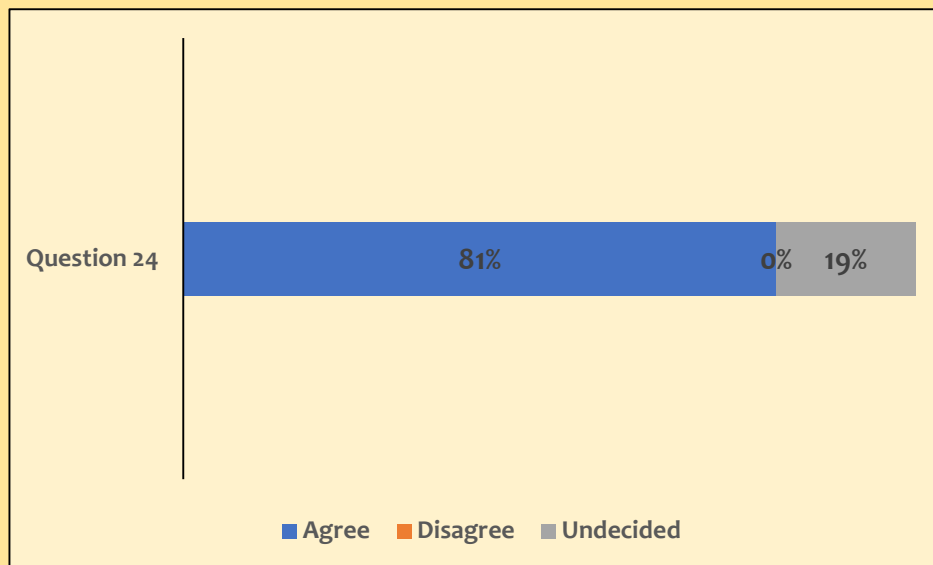
THE NUMBER WHO RESPONDED AND HOW

Question 24.

Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children's social care services? (Recommendation 37)

There were 103 responses to this question, all of whom either agreed with the recommendation or were undecided. No respondents completely disagreed. 54 respondents provided comments and 31 respondents did not answer.

In relation to question 24, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO CHILDREN LEAVING CARE, THE KEY POINTS MADE WERE:

- The need for a trusted adult was considered necessary particularly at times of transition. It was suggested that this should continue to age 25.
- Young people should be able to choose and change their minds if necessary. For those unable to name a trusted adult, someone should be appointed in consultation with the young person and with their consent.
- It was stressed that consistency is essential for helping create trust which will enable young people to thrive.
- Some were of the view that the role should be voluntary and unpaid while others asked for clarity on whether the role would be formal or informal. Young people, their families and carers should be involved in developing/designing the role.
- Appointments should be underpinned by agreed standards, clear expectations, clarity of role, effective safeguarding policies (including vetting), risk management, training, financial support and supervision and effective governance arrangements.
- It was considered that the role could be performed by one of a number of adults already involved with the young person – a youth worker, teacher, independent visitor, sports coach, community worker or relative. A ‘network’ of trusted individuals, all known to the young person, able to step in when necessary was also suggested as an alternative. The need to avoid duplication or overlap was stressed.
- There was some disagreement about whether Personal Advisors should be able to undertake the role of trusted adult. One HSC Trust referred to existing guidance which supported young people to choose someone they already know to act as their Personal Advisor but that this was not consistently being adhered to in practice. An independent review of Pathway Planning the role of Personal Advisor was recommended with the potential to re-invigorate the role.

FAMILY JUSTICE

THE NUMBER WHO RESPONDED AND HOW

Question 19.

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

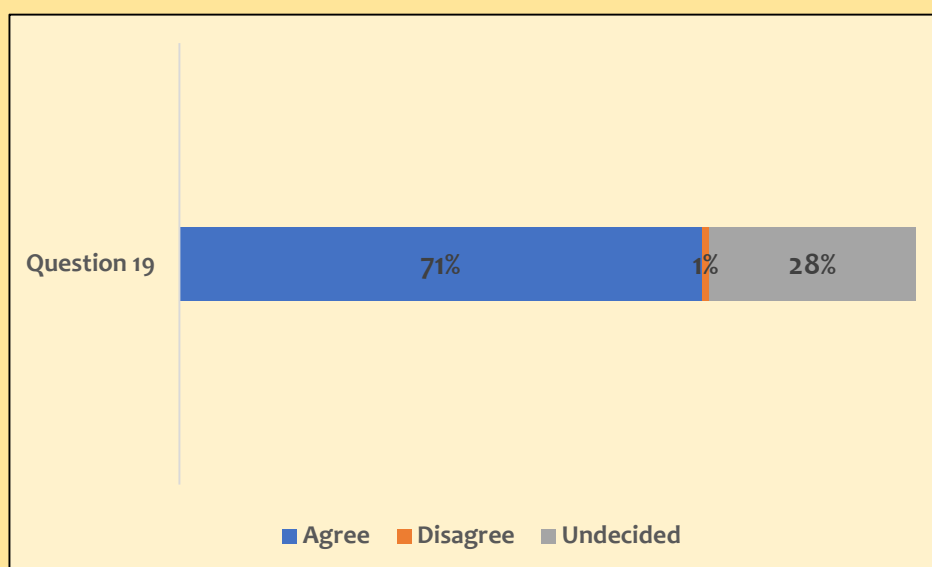
There were 95 responses to this question. 33 respondents provided comments and 39 respondents did not answer.

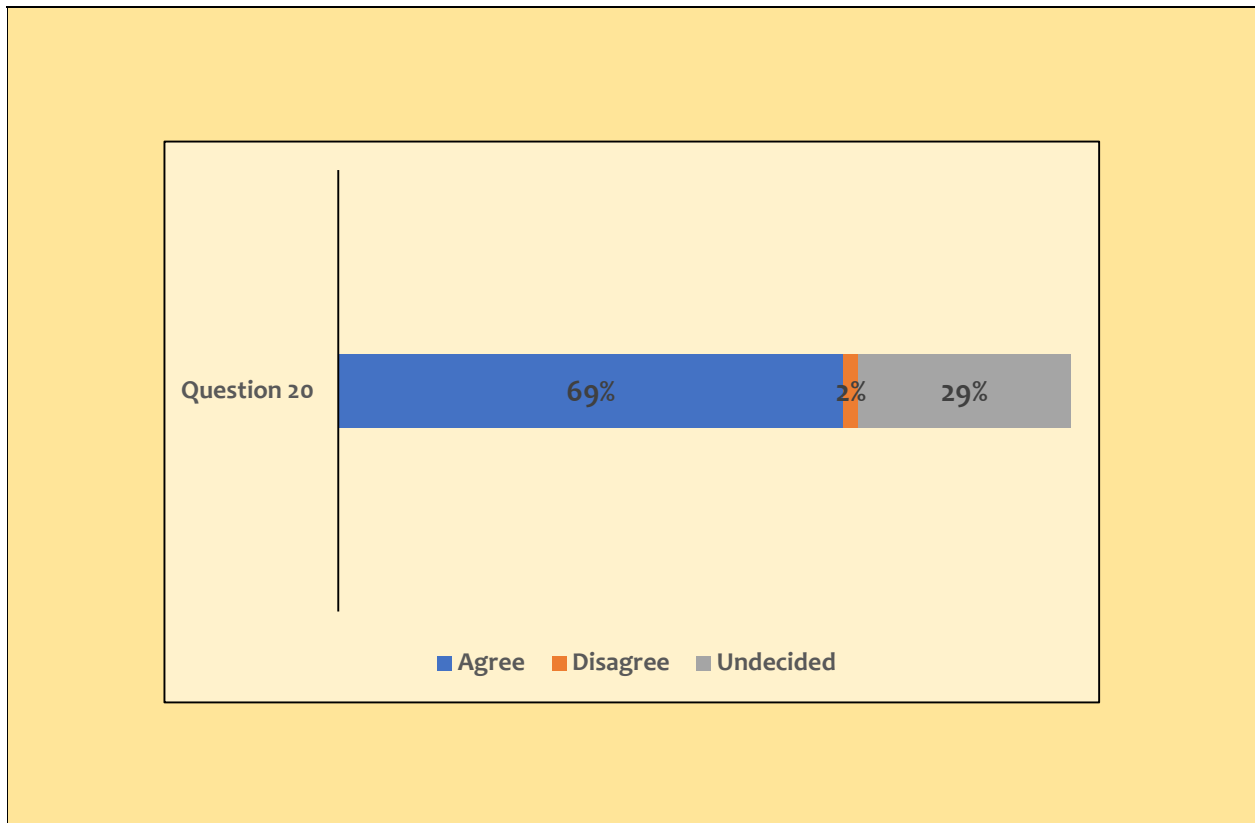
Question 20.

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

There were 97 responses to this question. 48 respondents provided comments and 37 respondents did not answer.

In relation to questions 19 and 20, a summary of those who answered yes, no or were undecided is as follows:





OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO FAMILY JUSTICE, THE KEY POINTS MADE WERE:

On implementation of the Gillen Review recommendations (question 19/recommendation 34):

- Strong overall endorsement for the Gillen Review recommendations and appeals for proper resourcing and to acceleration of implementation, with some caveats expressed about the need for societal change to enable full implementation.
- Necessity for effective functioning government and cross-departmental/partnership working was also referenced to facilitate successful implementation.
- The importance of placing the welfare of the child at the centre of family justice, including practical strategies for giving them a voice, was highlighted.

- A less adversarial approach to family justice was advocated for, with strategies such as accessible mediation services and support with voluntary separation agreements suggested as supports to achieving this.
- A number of suggestions were made for improving performance and delivering improved outcomes, such as a single tier court system and the creation of a Family Justice Board recommended by Gillen.

On the recommendation to put in place informal arrangements between the judiciary and senior children's social care services (question 20/recommendation 35):

- Any arrangement that improved the relationship between children's social care services and the judiciary was welcomed with the aim of delivering the best outcomes for children and young people. Being clear about the purpose of any such informal arrangements was emphasised. It was thought that informal arrangements would help improve perceived relationship imbalances. The need to protect independence and not risk undermining parental perceptions of judicial impartiality was stressed.
- Giving children a voice in any arrangements was considered important. It was also suggested that the voluntary and community sectors could also be included in any arrangements established.
- Options to deliver improved communication were considered limited, although some existing local arrangements, involving a Family Care Centres User Group, chaired by a County Court Judge with membership including justice practitioners and HSC Trusts representatives (the Northern Trust are particularly active members) were considered to be working well. Court Children's Service were thought to play an important role. Existing informal arrangements were considered to improve the understanding by the court of ongoing issues, including resource pressures, for example.
- More formal arrangements were also considered important and, in some cases, preferable to improve communication and support mutual understanding. Examples provided included the Shadow Family Justice Board (which replaced the Children Order Advisory Committee) and Family Court Business Committees. The relationships established through initiatives like the Family Drug and Alcohol Court were also acknowledged.

- Mandatory training was suggested to improve understanding of child development and the impact of adversity and trauma. The development of opportunities for shared learning and to engage jointly in reflective practice were also suggested.
- It was considered that a single Children and Families ALB could also help foster improved relationships.
- Some comments strayed into the operation of the courts and the need to deliver improvements including in connection with cases of domestic and sexual abuse and violence against women and girls. Connections were also made between the difficult court experiences of social workers and poor staff retention. Delays in youth courts and the negative impact this can have on children's services were also highlighted.

CHILDREN WITH A DISABILITY

THE NUMBER WHO RESPONDED AND HOW

Question 13.

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

There were 105 responses to this question. 75 respondents provided comments and 29 respondents did not answer.

Question 14.

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

81 respondents provided comments for this question.

Question 15.

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

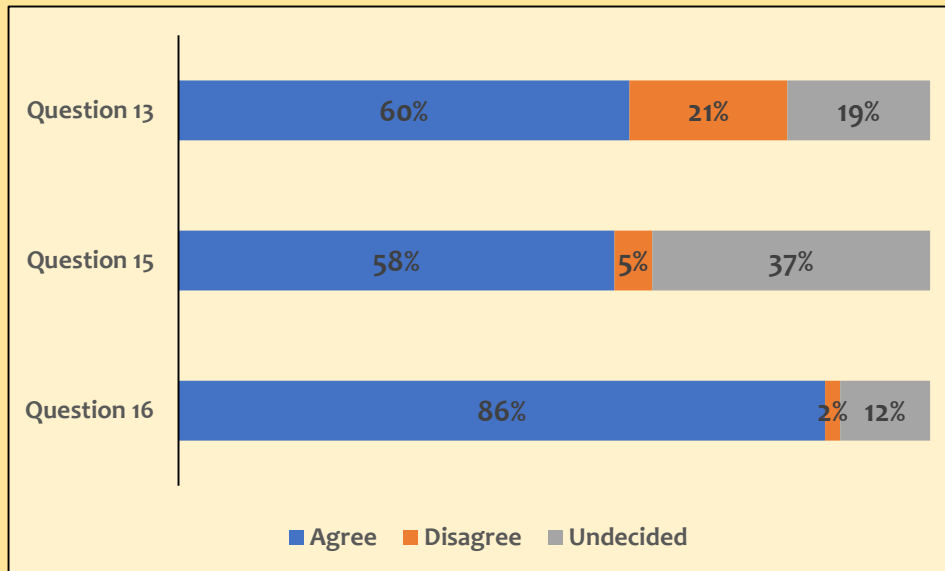
There were 96 responses to this question. 68 respondents provided comments and 38 respondents did not answer.

Question 16.

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

There were 105 responses to this question. 47 respondents provided comments and 29 respondents did not answer.

In relation to questions 13, 15 and 16, a summary of those who answered yes, no or were undecided, is as follows:



Question 17.

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

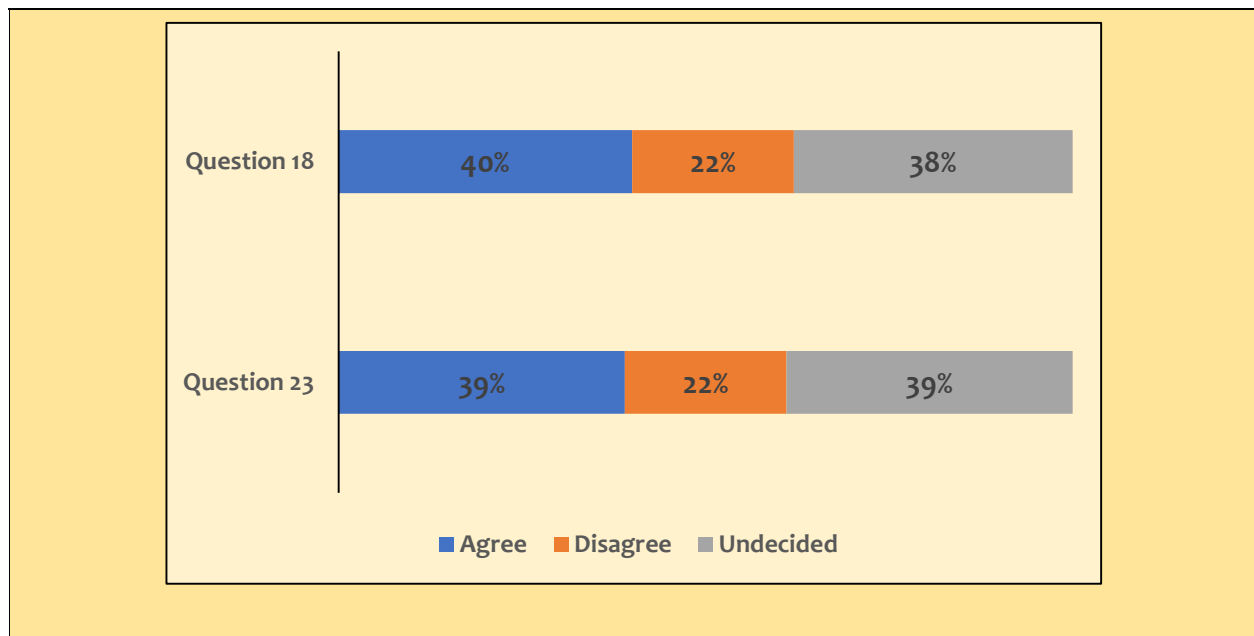
71 respondents provided comments for this question.

Question 18.

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

There were 92 responses to this question. 54 respondents provided comments and 42 respondents did not answer.

In relation to question 18 (and associated question 23), a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO TRANSITIONS, THE KEY POINTS MADE WERE:

On the questions relating to transition to adult services (questions 13-15/recommendation 31):

- A fundamental shift away from current rigid approaches to transition and towards a more flexible, nuanced, holistic, rights and needs-based approach was recommended. It should apply to all disabled young people and across the region. It was also suggested that the same approach should apply to care leavers about whom there are protection concerns.
- It was considered that different approaches within children’s and adult services (impairment-based vis a vis needs-based) and different legislative frameworks would make integration and transferring across service boundaries difficult. Better joint working and more strategic, proactive, early and co-ordinated planning, potentially by a dedicated resource within each HSC Trust, were advocated.
- Views on a suitable transition period differed – some suggesting that it should start as early as age 14 and others suggesting that it should continue to age 25. An age 18-30 dedicated young adult service, with phased transition into the service by age 21 was also suggested. There was some

support for maintaining the status quo on the ground that extending the transition period could lead to greater complications and would ‘delay the inevitable’ and does not deal with the root problem.

- Transitions planning should consider wider family circumstances and advocacy should also be extended to families.
- Concerns were expressed about the drop-off in service provision at transition. The need for education services to be maintained/developed post-school and better access to community-based opportunities and support were highlighted.
- Clearly defined advisory and decision-making roles for children’s services between the ages of 18 and 22 were proposed. The need for good and accessible guidance and adequate resourcing of children’s services for this purpose were considered necessary by some.
- It was considered that further work in relation to transitions should be taken forward under implementation of the Strategic Framework for Children with a Disability with some suggesting that an in-depth review of transitions planning was needed.

On the questions relating to a transitions advice and advocacy service (question 16/17/recommendation 32):

- There was as view that such a service could significantly alleviate the complexities associated with transition and also contribute to improved collaboration and co-ordination, regardless of where children and young people live. A partnership approach, involving voluntary and statutory sector partners was recommended.
- In terms of service design, the voice of the child, parents/carers and staff, that is, co-production, with experts by experience was considered necessary, with the need for additional support to be provided to those with communication difficulties. The involvement of ‘specialists in disabilities’ was suggested. Examples included specialist youth workers and speech and language therapists.
- In addition to preparing for transitions, the need for post-transition support was also considered essential, including in relation to learning, employment, volunteering and day care services. A mixed/hybrid model of provision was suggested with elements of: emotional support; accessible advice and guidance (in a range of formats and informed by experts where required); and practical/hand-holding support.

- Person-centred planning, informed by an assessment of need and a focus on outcomes for young people was considered necessary. Proper resourcing, good workforce planning and effective governance framework were also considered necessary.
- In terms of those who did not agree with the need for a distinct service, the suggestion was that scoping and evaluation of existing advice/advocacy mechanisms should be undertaken to ensure that any new service would add value. The need for clarity about the role, purpose and functions of any new service was also stressed. The potential to build on the VOYPIC framework by extending the age-range and client group of the existing service model was highlighted.
- Again, the point was made that it is the role of the social worker to act as advocate. On the same theme, it was suggested that professionals already known to and trusted by children and young people should be given the space and time to act on their behalf and provide effective personalised support. Foster carers were specifically referenced. A team around the child and more local, rather than regional provision was recommended.
- It was considered that the Children with Disabilities Workstream of the Children's Social Care Services Strategic Reform Programme had an important role to play. A potential role for the IHRD advocacy workstream was also suggested.

On the question of whether there was the scope to combine a regional advice/advocacy service relating to transitions and a service geared towards advocating on behalf of families known to children's social care services (question 18/recommendations 32 and 36):

- Some agreed that it was possible and potentially more efficient/effective to combine both services, provided there was clarity of purpose, roles and responsibilities. Others considered that the services were too different, making it difficult to integrate them effectively and that these should be kept separate.
- The risk of establishing a parent-dominated, rather than young person-centred service was also highlighted.

DELIVERY THROUGH THE REFORM PROGRAMME

THE NUMBER WHO RESPONDED AND HOW

Question 5.

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

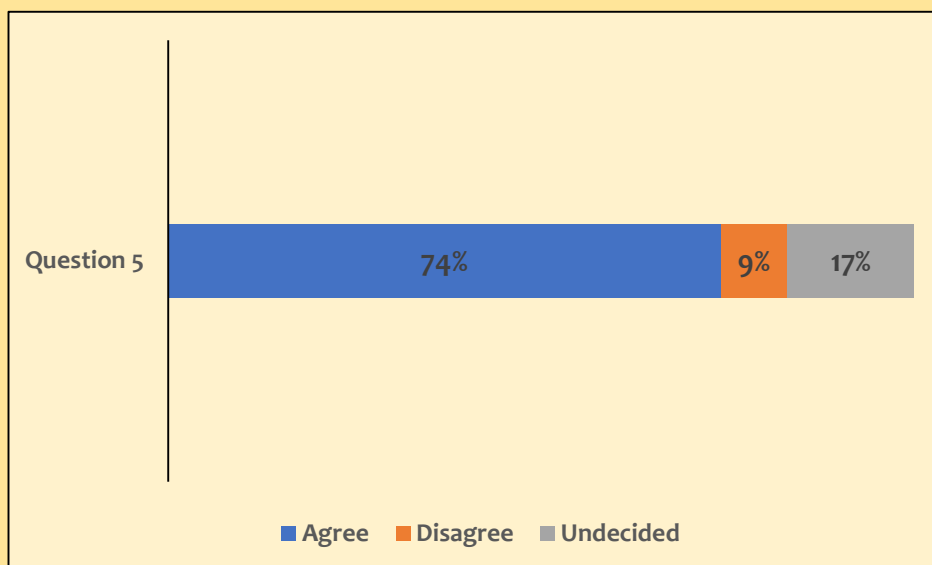
There were 110 responses to this question. 63 respondents provided comments and 24 respondents did not answer.

Question 6.

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

There were 103 responses to this question. 83 respondents provided comments and 31 respondents did not answer.

In relation to question 5, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO DELIVERY THROUGH THE REFORM PROGRAMME, THE KEY POINTS MADE WERE:

On the question of proceeding to implement a number of recommendations through the Children's Social Care Strategic Reform Programme (questions 5 and 6):

- There was general support for the proposed approach to the listed recommendations, although the need for additional investment, inclusivity, collaboration, partnership working across sectors, transparency of decision-making and clarity about the outcomes being sought and delivered by the Reform Programme were stressed. Other comments received related to the individual recommendations to which these questions relate.
 - *On foster care (recommendation 25)*, there was a call for greater representation by foster carers and others associated with foster care in the Reform Programme. New approaches to foster care (underpinned by changes to policy, legislation, guidance, standards and practice) were recommended. Better pay and the need to give foster carers a greater say and to have their expertise recognised in connection with service design and delivery were also recommended. Some examples of good co-production practice were cited. A greater role for AHPs in connection with foster care was also suggested.
 - *In relation to smaller children's homes (recommendation 28)*, the potential benefits for children were highlighted, including enabling more trauma-informed and tailored approaches and delivering greater stability and supporting connection with family. It was suggested that smaller homes should be treated as family homes in planning terms. Specialist and suitably recompensed foster carers were suggested as an alternative to smaller children's homes. It was emphasised that any development of the residential estate should be rooted in a robust analysis of need.
 - *On post-18 accommodation (recommendation 33)*, the need for careful planning before age 18 and effective support alongside accommodation after age 18 was stressed. The involvement of children and young people (giving them a voice) in the planning process was also emphasised. It was considered that an expansion of housing

supply is essential. Partnership working between NIHE and HSC Trusts was considered necessary. Examples of existing effective accommodation provision were cited. The risks of not having a stable home post age 18 were also highlighted.

- *On the expansion of respite care (recommendation 30)*, there was a strong view that expansion was necessary and overdue. A child and family-centred, carefully planned regional and multi-disciplinary approach to respite provision was recommended. It was considered that this would deliver consistency and greater options for families.
- *In relation to investment in family support (recommendation 49)*, the impact of poverty was emphasised and the capacity of the Reform Programme to tackle it was questioned. Family support service mapping and gapping and a review of current expenditure was suggested. The need to analyse need, taking account of diversity of need was also called for. There were concerns about how this recommendation would be delivered in current financial circumstances and the need for multi-year budgets was stressed. The term investment rather than funding was preferred by some. A new funding model for the voluntary and community sector was called for. Executive-led activity in connection with benefits, housing and employment were considered necessary. It was suggested that a regional ALB would facilitate better oversight and greater leadership, particularly in relation to minimising the impact of poverty. The need for and benefits associated with upstream action/early intervention, including in schools was stressed.

MENTAL HEALTH AND EMOTIONAL WELL-BEING

THE NUMBER WHO RESPONDED AND HOW

Question 25.

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

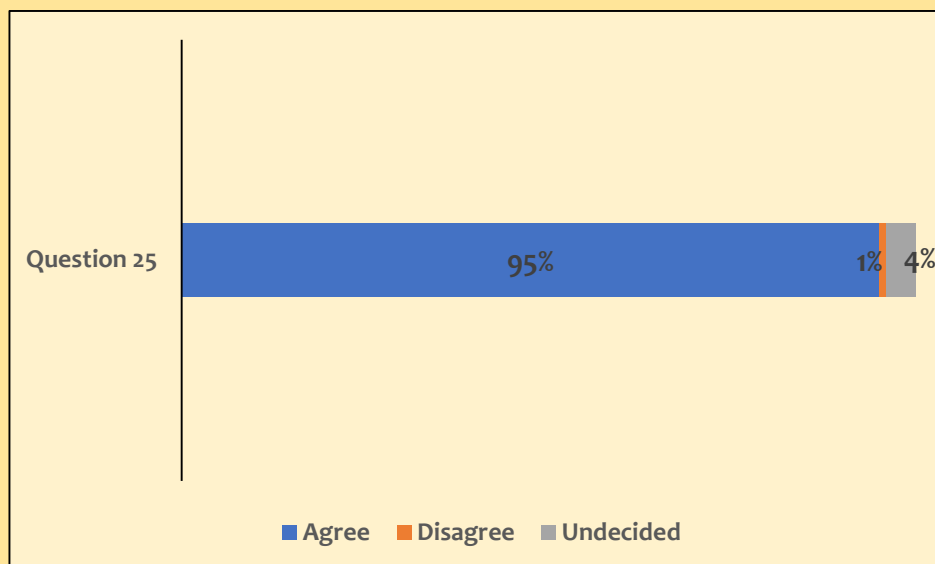
There were 107 responses to this question. 71 respondents provided comments and 27 respondents did not answer.

Question 26.

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

There were 73 responses to this question. 67 respondents provided comments and 61 respondents did not answer.

In relation to question 25, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO MENTAL HEALTH AND WELL-BEING, THE KEY POINTS MADE WERE:

On the question of whether any further development of emotional wellbeing services should be taken forward under the Mental Health Strategy (questions 25 and 26/recommendation 42):

- The overwhelming response was positive, although it was clear that the Mental Health Strategy was not understood in all cases and there were reservations on the part of some that the Mental Health Strategy had not been fully resourced. Reference was made to waiting lists and to the prioritisation of some elements of the Strategy over others to demonstrate the resource point.
- It was also suggested that actions and resources beyond those committed to in the strategy will be required if every infant and family in Northern Ireland are to enjoy the best start in life.
- When asked to suggest other approaches, a number of responses suggested that the groups of children who can access emotional health and well-being services should be expanded to include younger children, children with a disability and more marginalised groups.
- While many respondents supported emotional health and wellbeing services being separate from 'clinical CAMHS', it was considered that a move away from the stepped care model would be challenging and some concern that CAMHS would be reduced to a condition or diagnosis.
- The importance of continuity of care was stressed. The importance of partnership working and whole-systems/outcomes-focussed approaches were recommended.
- Service mapping was suggested to identify both service gaps and overlaps.
- The need for early intervention was highlighted with investment in schools, the voluntary and community sectors, the early years sector, youth services and Family Support Hubs recommended.
- In relation to promoting mental health awareness, the appointment of qualified guidance counsellors in schools or allocating a social worker to a school or group of schools was also suggested. Better partnership working with parents was also recommended.
- Specific service-development suggestions included: more effective

structures, policies and skills mix to, among other things, address hidden harm (cyber bullying was named specifically); training and support to recognise and respond to trauma; age-specific mental health promotion strategies informed by service user experiences; developing bespoke Emotional Health and Wellbeing Teams within social care, alongside STEP 2 CAMHS and pathways between both services or co-location of both services; and the deployment of technology to deliver services alongside traditional methods.

- Reference was made to the need to consider the 2018 report by the Commissioner for Children and Young People, *Still Waiting*, when developing any new services and also the importance of the 'Emotional Health and Wellbeing in Education Framework' published by the Department of Health and the Department of Education in 2021, and the Mental Health Strategy 2021-2031.

REGIONAL MENTAL HEALTH AND LEARNING DISABILITY IN-PATIENT SERVICES

THE NUMBER WHO RESPONDED AND HOW

Question 27.

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

There were 101 responses to this question. 47 respondents provided comments and 33 respondents did not answer.

Question 28.

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

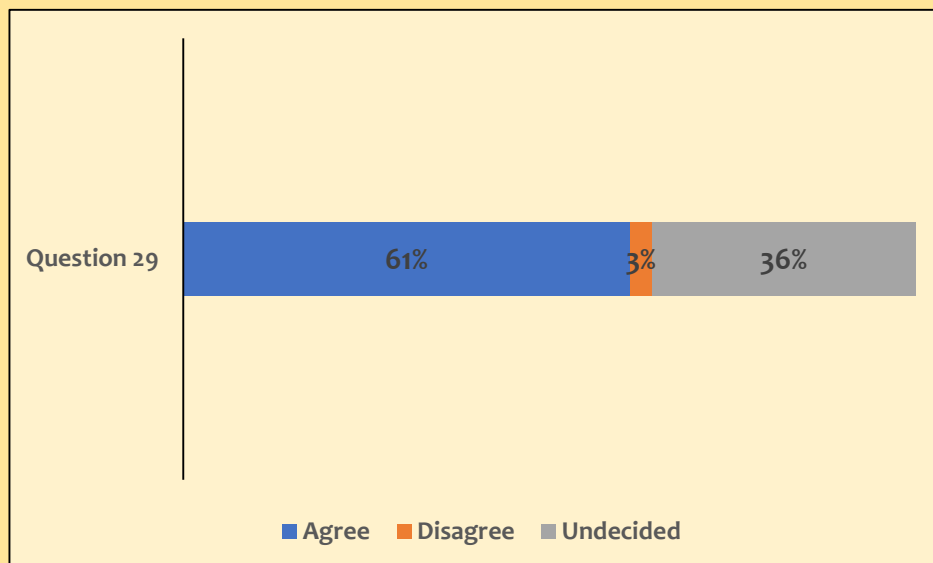
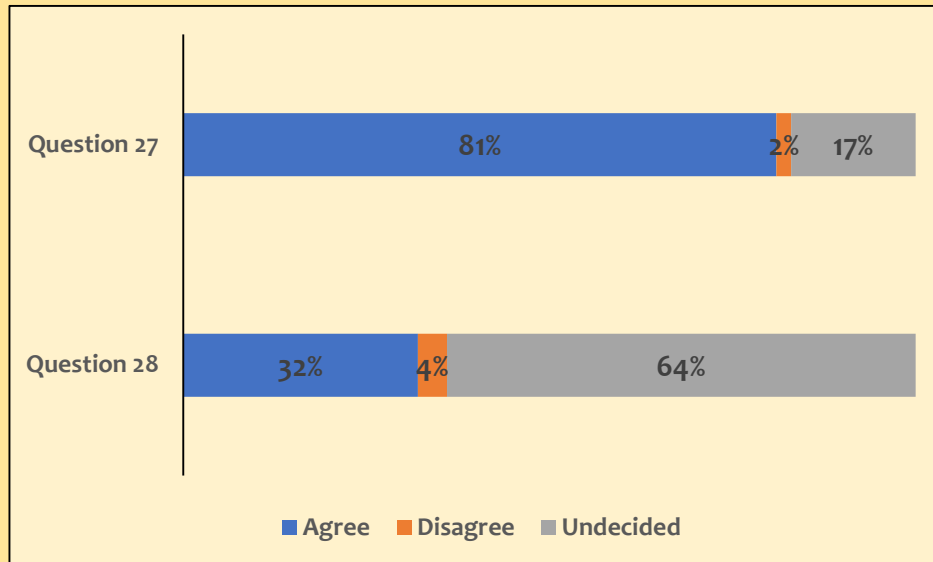
There were 95 responses to this question. 44 respondents provided comments and 39 respondents did not answer.

Question 29.

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

There were 94 responses to this question. 42 respondents provided comments and 40 respondents did not answer.

In relation to questions 27, 28 and 29, a summary of those who answered yes, no or were undecided is as follows:



Question 30.

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

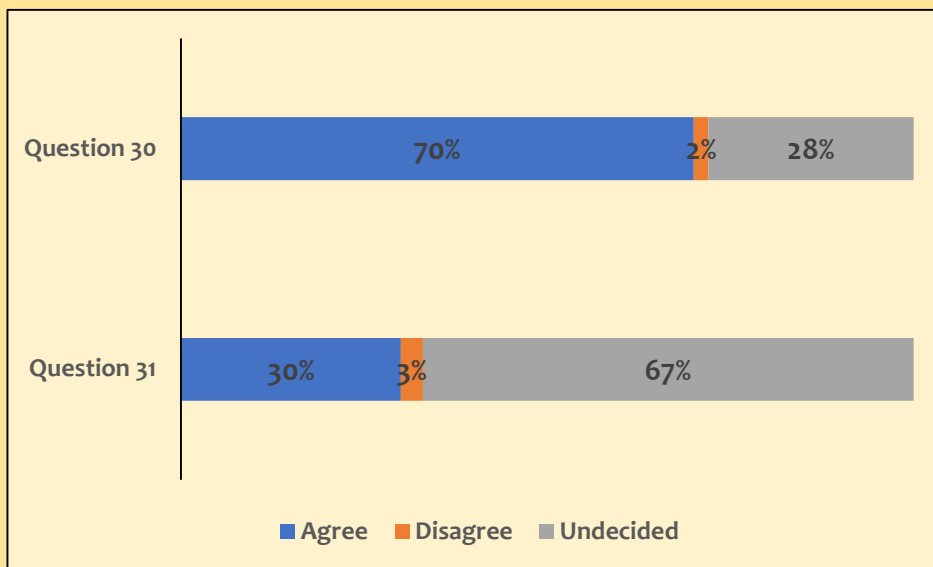
There were 93 responses to this question. 33 respondents provided comments and 41 respondents did not answer.

Question 31.

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

There were 87 responses to this question. 39 respondents provided comments and 47 respondents did not answer.

In relation to questions 30 and 31, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO REGIONAL MENTAL HEALTH AND LEARNING DISABILITY IN-PATIENT SERVICES, THE KEY POINTS MADE WERE:

On the question about the need for a review of Beechcroft Child and Mental Health Unit (questions 27 and 28/recommendation 43)

- A significant majority were in favour of a review of Beechcroft, with just a small number cautioning that a further isolated review may be of limited value as development of community-based services is also required.
- Respondents highlighted lack of capacity in Beechcroft and difficulties accessing services, a problematic admission process due to workforce issues, and prolonged length of stay impacting on patient flow. Disparity in admission numbers from across the Region was also referenced and it was suggested that if more intensive services were available from community CAMHS teams in each HSCT, the demand for, and length of stay within Beechcroft might be reduced.
- It was also suggested that as a region we need to better understand ‘challenging behaviours’ and provide individualised ‘child’ or ‘young person’ approaches to care taking into account all of the nuances of the individual child, their experiences and their individual circumstances.
- A wider multi-disciplinary staffing structure was suggested, including youth work, counselling and AHP staff. Evenings and overnight cover were highlighted as a concern due to high staff turnover and the use of agency staff often not known to the young people. The need for a separate in-patient eating disorder unit was voiced by many and multiple respondents considered that there is a need for more specialist services in Trusts, such as for eating disorder presentations, so young people can receive more treatment within their own communities.
- In view of the range of concerns highlighted, a number of respondents suggested there is a need for independent review to consider re-design of services; this review should involve service users, their families, clinicians etc and bring forward strong evidence-based recommendations. Other respondents considered that the scope of any review must be wider than that proposed in the Review Report to include Community CAMHS.

On the question about the need for an in-patient facility for children with a disability (question 29/recommendation 44):

- The majority agreed that one regional facility, staffed by clinicians with the necessary expertise, was required to, among other things, provide access to mental health assessment and intervention. Admission should be for the shortest timeframe possible. It was also considered that an inpatient facility should be on the upper end of a continuum of care and sit alongside the mental health in-patient facility at Beechcroft. The continuum should include other specialist therapeutic residential facilities or specialist foster care. There were differing views about whether it should be integrated with Beechcroft. Some supported integration; others were opposed on the basis of distinctly and significantly different needs.
- It was suggested that the environment of the regional facility should be less clinical and more child and family friendly, and more should be done to reduce the young person's feelings of isolation and loneliness. It should also have sufficient capacity to accommodate family on a stay over basis.
- The proximity to the Royal Belfast Hospital for Sick Children was viewed positively, although a more rural setting, which offered greater space to meet sensory and wider well-being needs, was also suggested. For those young people who struggle to share space, access to a PICU (on an equal basis to Beechcroft) was also recommended.
- Robust monitoring and review arrangements were considered necessary to, among other things, ensure timely discharges to other appropriate accommodation and potentially prevent admission. Some admissions were considered to reflect a lack of adequate community provision.
- For those opposed to an in-patient facility, alternative accommodation options were considered preferable, including children's homes and foster care with the necessary wrap-around, community-based therapeutic support that can be dialled up or down subject to presenting need.

In terms of the proposal to undertake a review of the Iveagh facility given the concerns raised in the Review (question 30/recommendation 44):

- An early evidence-based review with a focus on the model of care and intervention/treatment methods was recommended. It should be undertaken by individuals with the necessary expertise and in line with the recommendations of the Mental Health Strategy. It was suggested that

any review should extend beyond the in-patient facility and consider the needs of this group of young people more broadly, including in the community to potentially prevent admissions and delayed discharges. Effective and early (point of entry) care planning, consistently undertaken across HSC Trusts, was considered necessary.

When asked what other steps should be taken in connection with Iveagh other suggestions were (question 31/recommendation 44):

- A range of respite options outside of a hospital environment, including shorter, less frequent and more youth-work based options, alongside more specialist provision for children with complex needs.
- Support for families during periods of respite and crisis/emergency/out-of-hours support when it is required.
- For children who cannot be admitted to Iveagh for reasons of capacity, regular monitoring and assessment of risk.
- Full visibility of occupancy levels and waiting times.

SERVICE IMPROVEMENTS (GENERAL)

THE NUMBER WHO RESPONDED AND HOW

Question 32.

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

61 respondents provided comments in response to this question.

OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO SERVICE IMPROVEMENTS GENERALLY, THE KEY POINTS MADE WERE:

- Acting on the Review recommendations and revisiting other service reviews undertaken in recent years. It was also suggested that the priorities identified in the Reimagining Children's Social Care paper should be addressed (on the basis that they align with what the Review found).
- The need for prevention and early intervention was emphasised, with the views of children, parents and carers being central/integral to any future service design.
- The need for greater partnership working across agencies was stressed. Better funded services, and greater consistency and timeliness of service provision across the region was recommended. It was also suggested that services should be both integrated (across agencies) and wrap-around, more evidence-informed and based on population health approaches. Improved referral pathways for the most vulnerable children were also recommended.
- Greater support for the workforce was considered necessary, including: manageable caseloads; greater workforce stability, including through retention mechanisms; and better matching of skillset to complexity of need.
- Improvements in performance monitoring, using agreed performance measures/indicators and feedback from children and young people and parents was recommended.

- The need to provide better services to children sent out of the jurisdiction was specifically referenced. It was suggested that a more regional approach to meeting their individual needs was necessary.
- It was suggested that care-experience should be a protected characteristic in law.
- In response to question 32, the Review recommendation to establish a Children and Families ALB was referenced both positively and negatively. The relevant comments made are picked up elsewhere in the analysis.

PART 3 - OPERATIONAL/ORGANISATIONAL EFFECTIVENESS AND EFFICIENCY

RECOMMENDATIONS 7, 12, 13, 14, 15, 16, 18, 19, 24, 38, 39, 40, 41, 45, 46, 47 AND 48

CONSULTATION QUESTIONS 33 – 54

PART 3 IS SET OUT UNDER A NUMBER OF HEADINGS AS BELOW:

- RE-ORGANISATION – ALB [QUESTIONS 37-38, 40, 41]
- RE-ORGANISATION – DOH [QUESTIONS 33, 34]
- RE-ORGANISATION – INTEGRATION OF REGIONAL CARE AND JUSTICE FACILITIES [QUESTIONS 42-44]
- RE-ORGANISATION – INTERNAL [QUESTIONS 45, 48, 50]
- RE-ORGANISATION – GENERAL [QUESTION 54]
- RE-SETTING THE RELATIONSHIP WITH THE VCS [QUESTION 36]
- POLITICAL LEADERSHIP/MINISTER FOR CHILDREN AND FAMILIES [QUESTIONS 51-53]
- INFRASTRUCTURE (IT) [QUESTION 49]
- MORE EFFECTIVE SYSTEMS LEARNING (CMRs) [QUESTION 35]

RE-ORGANISATION – ALB

THE NUMBER WHO RESPONDED AND HOW

Question 37.

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

There were 106 responses to this question. 72 respondents provided comments and 28 respondents did not answer.

Question 38.

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

There were 66 responses to this question. 44 respondents provided comments and 68 respondents did not answer.

Question 39.

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

There were 94 responses to this question. 60 respondents provided comments and 40 respondents did not answer.

Question 40.

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

There were 95 responses to this question. 58 respondents provided comments

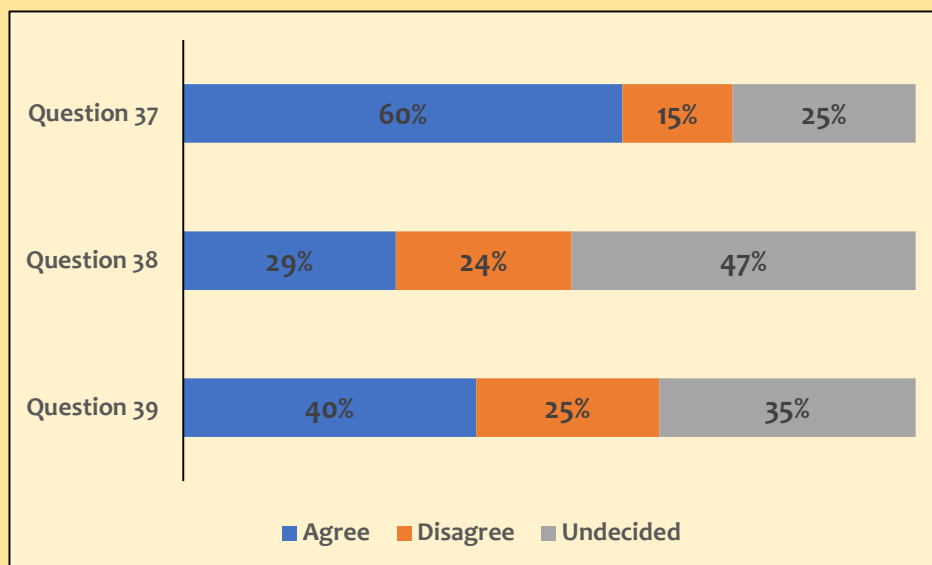
and 39 respondents did not answer.

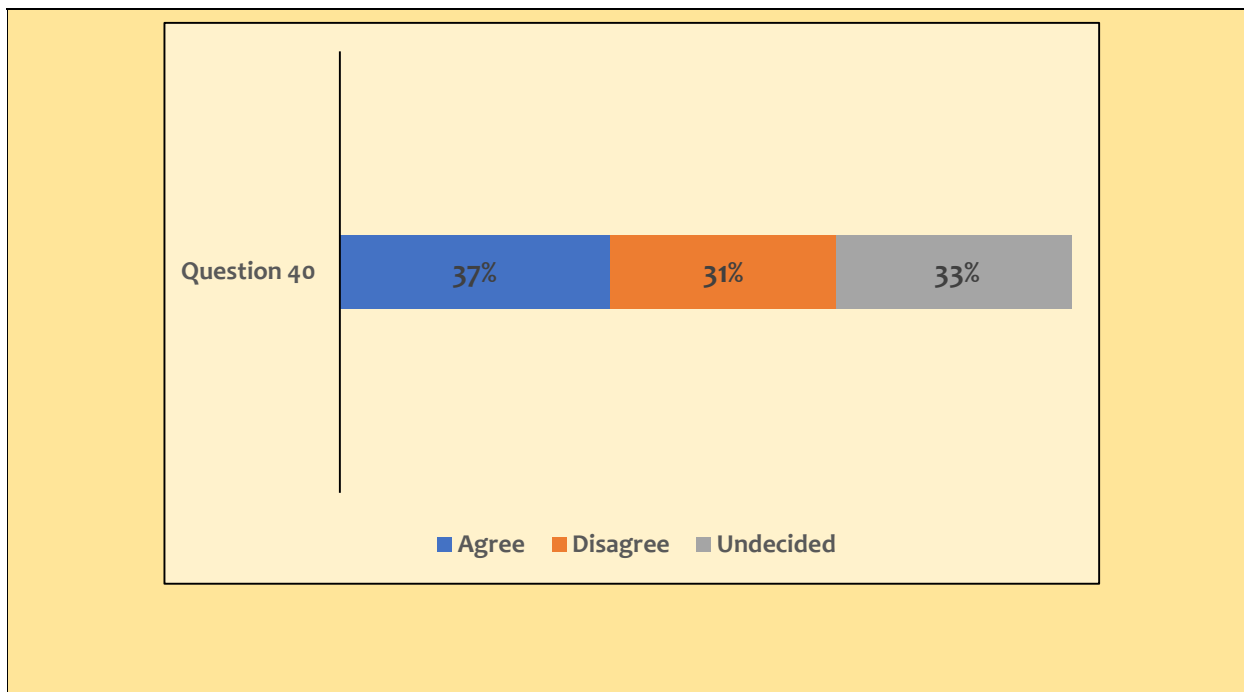
Question 41.

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

47 respondents provided comments in response to this question.

In relation to questions 37, 38, 39 and 40, a summary of those who answered yes, no or were undecided is as follows:





OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO A NEW CHILDREN AND FAMILIES ALB, THE KEY POINTS MADE WERE:

On the question relating to the establishment of a Children and Families ALB (question 37/ recommendations 7,12,13,38,45 and associated recommendations 40 and 41):

- Support for the proposal highlighted the potential to prioritise outcomes for children and families, effectively address geographical disparities in provision and standardise practise and service delivery across NI. Greater co-ordination between relevant professionals, more opportunities for shared learning, better workforce strategy and career development opportunities were also referenced. Many felt an ALB would facilitate greater focus, leading to more accountable leadership within children’s social care services and an increase in transparency, accountability and efficiency.
- Unease was also expressed about the proposal, including among those who were broadly supportive. The absence of evidence to support the operational efficacy of a children and families’ ALB was referenced and, although it was suggested much could be learned from Tusla, it was also asserted that Tusla was introduced from a different working base and may

not be applicable as a benchmark.

- Respondents were concerned about the length of time and resources it would take to establish the body and the potential negative consequences of the transition. There were suggestions that current difficulties might be better addressed via structural and resourcing changes within the current system and that issues such as social care workforce challenges would not necessarily be solved by establishing an ALB. Caution was advised by some who considered that moving children's social care to an ALB could mean the Department of Health is less accountable for the provision and improvement of services, potentially not prioritising them sufficiently at departmental level.
- A number of respondents were concerned that silo-working might increase with the creation of a separate body and that the organisation's governance could increase bureaucracy unnecessarily. Whilst recognising that the ALB would likely bring together several separate services, there was some concern it could impact on successful models of multi-disciplinary working, particularly in relation to the intersection between social and health care, or result in some smaller/ more specialised services becoming lost in a large organisation with focus and resources diverted to other areas. Benefits of the current HSC system for holistic, multidisciplinary provision were noted and some respondents felt that existing excellent examples of co-working had not been afforded sufficient attention during the review and consultation process.
- The need for the new body to be comprehensively resourced with significant, long-term, sustainable funding was widely cited. The need for a full and detailed co-produced plan for the set-up, transition to and future running of the ALB, including plans to maintain partnership working across sectors, organisations and professions was also emphasised.
- In terms of wider governance, the need for legislative and policy change to facilitate the most effective running of the ALB was acknowledged and several respondents strongly noted that the ALB should avoid unnecessary bureaucracy and be concerned first and foremost with service delivery.

On the question about whether there was an alternative to a Children and Families ALB (question 38/ recommendations 7,12,13,38,45 and associated recommendations 40 and 41):

- There was support, both among those who were opposed to the establishment of an ALB and those who were undecided, for the view that the current system already has sufficient processes and procedures to deliver high-quality children and families' social care, if reformed and adequately resourced. Some considered the ALB to be a distraction from such reform and NISCC suggested that the costs of setting up and running an ALB might be better spent supporting service transformation under existing initiatives.
- A number of suggestions were made about how reform could be managed, including leadership by SBNI or a Regional Collaborative Board sitting alongside current structures. The significant roles of SPPG and the Children's Strategic Reform Board were affirmed.
- Areas suggested as being in need of reform included:
 - Improved strategic planning more directly linked to delivery targets
 - Increased and sustainable funding for HSC organisations
 - Ensuring a greater focus on prevention and early intervention
 - The development of simpler recording systems to reduce administrative time
 - A diversified skills mix
 - Uplifts in the banding of frontline staff to help ensure staff retention and recruitment.
 - Additional supports for staff
 - Reduced caseloads
 - Family support expansion
 - Community and voluntary sector expansion
 - Increased lines of accountability
 - Strong leadership
 - Improved governance structures,
 - Unnecessary bureaucracy

On the question of which services should fall within the scope of a new ALB (Question 39/recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41):

- Responses to these questions were quite mixed, and a number of respondents said they were unclear about which services were included or excluded, with some suggestion of a need for a separate, stand-alone engagement and consultation exercise to consider implications.
- There was strong support for building on established partnership working by including Education Welfare, Youth Justice and Youth Services in an ALB, and reference to the potential for better coordination and more effective use of workforce capacity as benefits of inclusion. The Education Authority response questioned whether there is sufficient evidence of benefits to include the Youth Service or Education Welfare Service, in view of potential risk of dislocating these services from a complex framework of educational provision.
- Services considered to be primarily healthcare, including CAMHS, were widely considered to sit best outside an ALB, maintaining and further developing close working relationships with children's social care provision. The potential risks to efficient interfacing were repeatedly referenced, however, and a number of respondents endorsed further engagement and consultation to inform decision-making, including the identification of benefits for inclusion/exclusion of services.
- There was also suggestion that including healthcare roles within the ALB structure could facilitate more targeted early intervention work. This included some support for the development of Emotional Health and Wellbeing Services in the ALB, with further consideration required in respect of Step 2 CAMHS provision.
- Several respondents advocated a 'single front door' model to effectively meet the needs of children, young people and their families, with some questions raised as to implications for departmental sponsorship of such an ALB.
- A number of respondents cautioned that, within the Court Children's Service and the Early Years Service, there are social work functions that need to be protected and there is a risk that referrals to frontline gateway teams could increase if these were not maintained.
- BASWNI suggested a number of additional Department of Education/Education Authority services should also transfer to the ALB

including the Child Protection Support Service and Intercultural Education Service, pupil wellbeing services including the Critical Incident Response Team, Independent Counselling for Schools Service, and others under the Department of Education and Department of Health Emotional Health and Wellbeing Framework.

- A number of the respondents did not agree with the creation of an ALB, with one citing there was no overwhelming evidence offered by the Review to support the establishment. Another considered that radical restructuring may not address the systemic issues facing children's services and risked diverting essential resources away from resolving those issues.

On the question of whether a Children and Families ALB should be able to develop and operate its own quality assurance and development processes (questions 40 and 41/recommendations 7, 12, 13, 38, 45 and associated recommendations 40 and 41)

- Responses to these two questions were mixed, with concerns expressed about insufficient knowledge of how the quality assurance framework might be designed, how long it might take to develop, and about risks associated with a lack of independent scrutiny and establishing processes that differ from the rest of the HSC sector. The more supportive views suggested the proposal could reduce bureaucracy, support an outcomes-led, data driven approach, and supplement the oversight role of the RQIA, which was broadly considered as remaining important.
- Those who were supportive emphasised the importance of co-design and co-production with service users and partner agencies, and that the proposed ALB should draw learning from other standalone children's services.

RE-ORGANISATION – DEPARTMENT OF HEALTH

THE NUMBER WHO RESPONDED AND HOW

Question 33.

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

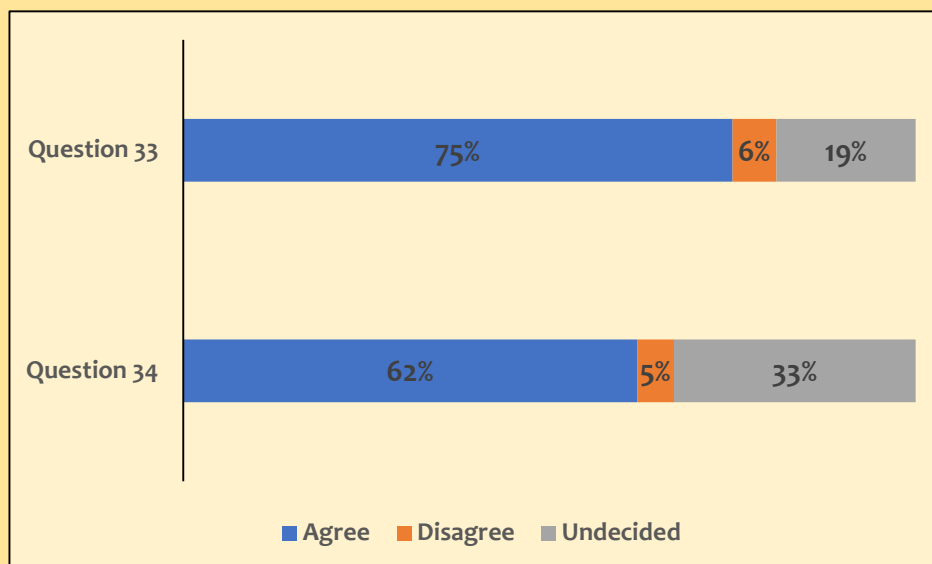
There were 96 responses to this question. 30 respondents provided comments and 38 respondents did not answer.

Question 34.

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

There were 98 responses to this question. 32 respondents provided comments and 36 respondents did not answer.

In relation to questions 33 and 34, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO A CHILDREN AND FAMILIES DIVISION OF THE DEPARTMENT OF HEALTH, THE KEY POINTS MADE WERE:

On the question of establishing a children's and families social care division in the Department of Health:

- Some concern was expressed about the emphasis in the report on what were described as 'technical bureaucratic changes' and there were also some concerns about how a new Division within the Department of Health would work in practice.
- The need for transparency, independence and accountability in any re-design work undertaken was urged. The involvement of external stakeholders, including HSC Trusts, was also stressed.
- There was a perceived disconnect between SPPG and the wider department and a view that the transfer of the former Health and Social Care Board into the Department had led to complications, making it difficult for external bodies to navigate policy, services and practice. SPPG was considered to lack the identity of a body with responsibility for children.
- HSC Trusts were critical of the extent of monitoring and performance management and sought greater autonomy. This was a view shared by the union, NISPA, which suggested that current levels of scrutiny were impacting negatively on innovative practice.
- Consideration of the role of the PHA was also considered necessary, particularly in connection with family support services. There was a view that duplicative commissioning processes are preventing effective place-based planning.

On the question of re-setting the relationship between HSC Trusts and the Department (in line with governing legislation) by revising existing departmental circulars:

- While there was strong agreement that there was a need for a re-set, and some acceptance that revisions to departmental circulars would provide

greater transparency and more clarity in connection with responsibilities and relationship between the Department and HSC Trusts, others considered that updating departmental circulars was insufficient and unlikely to deliver the transformational change necessary.

- NICCY called for greater clarity on which functions of the previous HSCB are being transferred to the HSCTs and which to the SPPG within DOH and emphasised a need to ensure adequate resources are available so the HSCTs can properly deliver on their governance and statutory functions and that the Department is enabled to monitor performance and hold them to account.
- The need for recommendation 15 (a re-set) to deliver service benefits, avoid unnecessary bureaucracy, remove duplication, silo-working and micro-management was re-stated.
- Consultation with the wider HSC was again stressed and learning from Inquiries, such as the Muckamore Abbey Hospital Inquiry, was also considered important and necessary.
- While broadly welcomed, some respondents cautioned against the Children's Services Reform Programme being viewed as the panacea, given the endemic nature of some of the issues identified by the Children's Services Review.

RE-ORGANISATION – INTEGRATION OF REGIONAL CARE AND JUSTICE FACILITIES

THE NUMBER WHO RESPONDED AND HOW

Question 42.

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

There were 89 responses to this question. 31 respondents provided comments and 45 respondents did not answer.

Question 43.

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

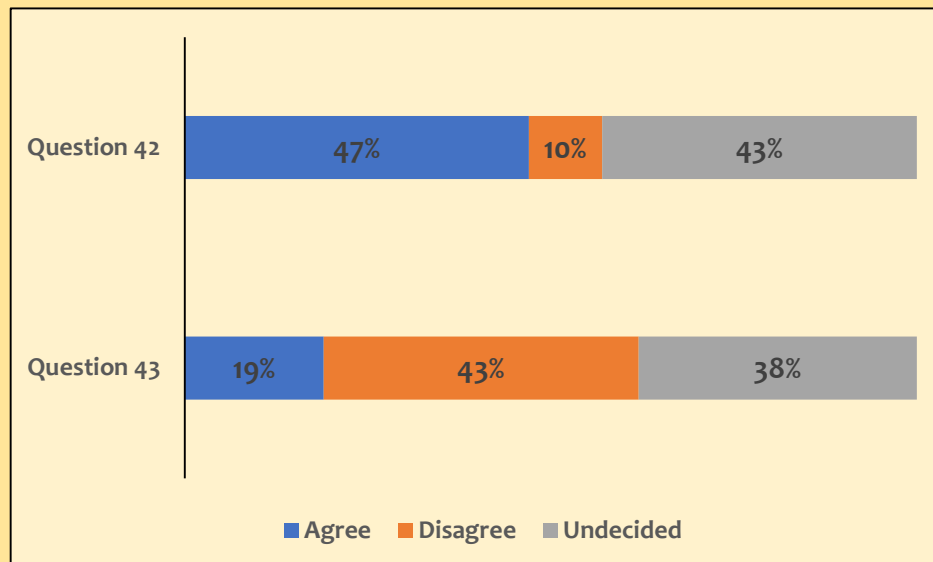
There were 86 responses to this question. 32 respondents provided comments and 48 respondents did not answer.

Question 44.

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

54 respondents provided comments for this question.

In relation to questions 43 and 44, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO INTEGRATION OF REGIONAL CARE AND JUSTICE FACILITIES, THE KEY POINTS MADE WERE:

- Almost half of respondents supported this proposal, while only less than ten per cent objected, with a significant proportion undecided. A range of perceived difficulties with operating a large secure unit were mentioned, such as geographical remoteness from much of Northern Ireland, challenges to integration including different operational arrangements, models of practice and cultures in the existing centres, and the risk that a large Centre might result in more young people being deprived of their liberty.
- A number of respondents favoured a multi-site approach to enable young people to remain close to their communities and also facilitate smaller, more therapeutic environments. Lower occupancy was referenced by a number of respondents as appropriate to the complex needs of young people in secure care, and the need to strengthen community-based support was a common theme.
- Among those who were supportive, the need for a clear purpose for a new Centre and a focus on trauma-informed care was highlighted. NIACRO

welcomed the embedding of the Framework for Integrated Therapeutic Care and an emphasis on relationship-focused working, and the majority felt the development should not have to wait for an ALB.

- Of the significant proportion who were undecided, the information from a small number of those who provided comments suggests a mixture of reasons why they were undecided. Some referred to the existing Regional Care and Justice Campus programme and others didn't support the proposal to locate the centre in Bangor. Some respondents indicated that they did not have sufficient information to decide. Many of the respondent organisations who were undecided but did not provide additional comments appear to operate in an early age or early-stage context and may have limited awareness about the specialist needs of the small cohort of children who experience secure care.
- A range of options for re-purposing the Lakewood facility was suggested. There was broad support for provision for children and young people whose complex needs cannot be met within existing provision in Northern Ireland, and several respondents suggested it should be a low secure provision. There was also support for Lakewood being used to step-down from secure care, while some other respondents suggested it could be used in combination with Beechcroft and Iveagh. Other ideas included multi-site children's homes, reception and assessment homes for Unaccompanied Asylum-Seeking Children, homes for recovery from CSE, drug rehabilitation homes, bail accommodation for 17–18-year-olds and supported accommodation for 17–21-year-olds. One respondent suggested specialist provision to meet the needs of children under ten with complex needs currently in residential care. A forensic CAMHS inpatient unit was also suggested.

RE-ORGANISATION – INTERNAL [TO HSC TRUSTS]

THE NUMBER WHO RESPONDED AND HOW

Question 45.

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

There were 100 responses to this question. 58 respondents provided comments and 34 respondents did not answer.

Question 46.

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

78 respondents provided comments for this question.

Question 47.

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

There were 91 responses to this question. 37 respondents provided comments and 43 respondents did not answer.

Question 48.

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

62 respondents provided comments for this question.

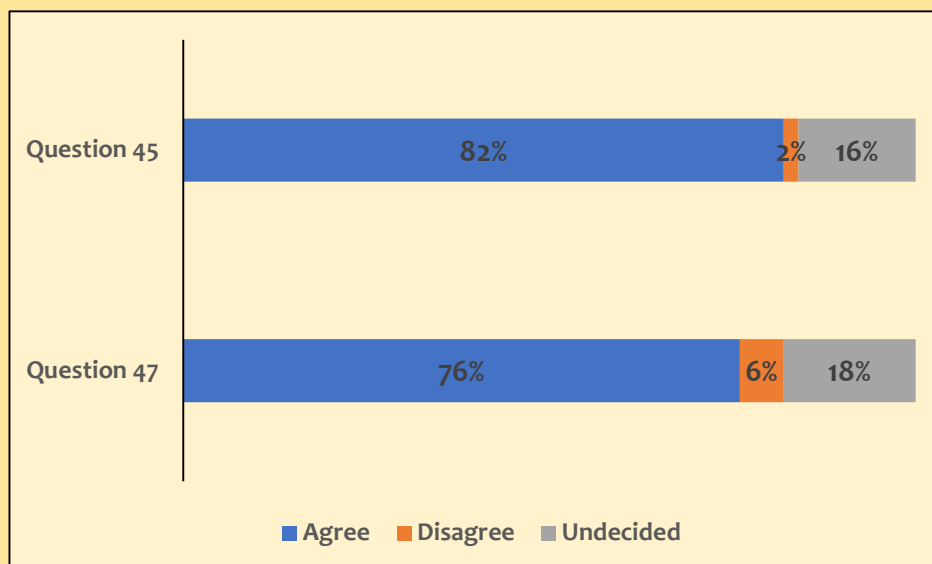
Question 50.

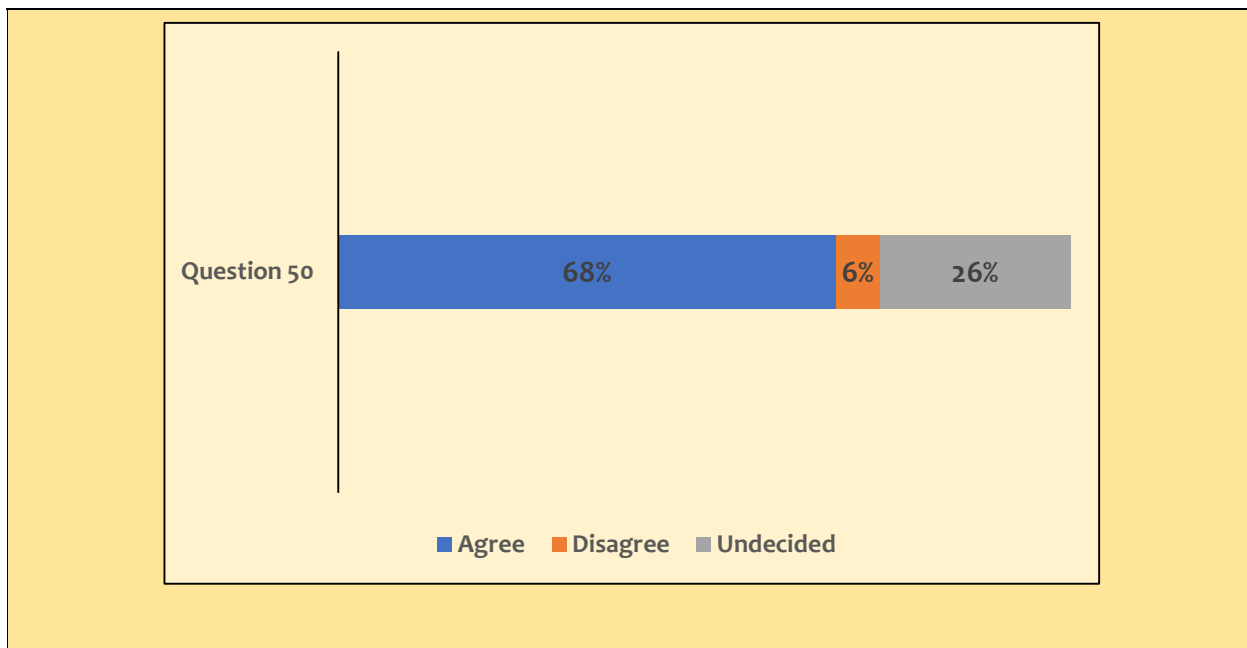
Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)

There were 96 responses to this question. 62 respondents provided comments and 38 respondents did not answer.

There were a number of supplementary questions linked to question 50. There were 60 responses to the question on what arrangements could be made and 49 responses to the question relating to the challenges this might bring. There were 47 responses to the question about what benefits may be expected from any proposed new arrangements.

In relation to questions 45, 47 and 50, a summary of those who answered yes, no or were undecided is as follows:





OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO MULTI-PROFESSIONAL AND MULTI-AGENCY FRONT-LINE TEAMS AND SERVICES, THE KEY POINTS MADE WERE:

On the question of the need for further development and deployment of multi-professional and multi-agency frontline teams and services (question 45/recommendation 16).

- A number of existing examples of this approach were cited and it was broadly supported as a way of promoting collaboration, broadening team expertise and facilitating early intervention. The usefulness of exploring how existing Multi-Agency Safeguarding Hubs function nationally and internationally was referenced.
- Some felt there was not enough information on how the recommendation would be implemented or evaluated, and there was some concern that recruitment for these teams could deplete existing agencies of experienced workers.
- Expansion of specific roles such as family support, mental health and domestic violence workers and for including and valuing the Voluntary and Community Sector were advocated by a number of respondents. Some expressed hope that change would allow easier access to specialists.

- CiNI emphasised the need for social workers to receive training in trauma, mental health and addictions and gave some examples of collaborative projects that facilitated experts by experience providing training to social work teams.
- Resourcing was a concern alongside a hope that further development would complement existing Children's Services and not to replace them.

On the question of which agencies and professions should be involved and in what capacity (question 46/recommendation 16):

- A wide range of professionals and services from both statutory and voluntary/community sectors answered the question and were referenced as being relevant to frontline services. A small number of respondents suggested groups such as CAMHS and public health nursing should not be included. However, the specific needs of children, families and communities, and the evidence base around specific presenting needs were referenced by many as determinants of frontline team composition.
- There were some novel suggestions such as peer mentors and specialist foster carers providing support roles, although several respondents also highlighted the need for specialist skills in supporting children and families. The rich learning environment of a skills mix setting was also referenced, as well as the importance of a clear understanding of roles and responsibilities for cohesive and effective multi-disciplinary working. The need to reduce the administrative load on frontline staff was also referenced.

On the question of whether agencies should be required to work other in front-line teams (question 47/recommendation 18):

- While most respondents agreed, a few felt that existing structures were either sufficient or could be strengthened without major changes, noting there is already a requirement to work together under current professional codes, the Children's Services Co-Operation Act and [sic] Children and Young People's Strategy. Others felt that ensuring agencies work together may be challenging and that a more mandatory approach, with minimum standards and expectations, is needed to strengthen current weaknesses in the system.
- Many benefits were referenced including that multiple perspectives lead to

greater insight between professionals, less burden on social workers, and an easier and better experience for service users.

On the question of what was the best way to require agencies to work together (question 48/recommendation 18):

- Many respondents recommended existing examples of multidisciplinary, multi-agency working and some felt building on these models is all that is required, questioning the necessity for a new organisation. Others felt an ALB could bring co-ordination and leadership as well as opportunity for co-location and its benefits, such as a better understanding of roles and responsibilities between teams and professionals. Some felt a legislative mandate was required to achieve potential benefits.
- Suggestions to encourage more collaborative working included small core teams with flexibility to engage additional resource depending on individual case requirements, or operating a mix of generic and peripatetic teams. There was some reference to the importance of protecting caseloads to enable a relational approach to service delivery and time for engagement between professional colleagues.
- Adequate and sustainable resourcing was mentioned a number of times. There were some suggestions around pooled budgets and emphasising that all roles should be properly remunerated. One response suggested structural support for VCS and avoiding competition between statutory and voluntary/community services.

On the question of whether team structures within statutory children's services should be re-arranged to make them more community focussed (question 50/recommendation 24):

- While there was support for restructuring, there was a view that we need to recognise the value, expertise and infrastructure that already exists in the voluntary and community sectors (VCS) and that we need to further build the capacity of the sector and learn from existing and previous best practice.
- Greater collaboration, including with Sure Start Projects and Family Support Hubs, was advocated. This could be supported by 'case leads', with the authority and discretion to mobilise resources and delegate as necessary. It was suggested that the Children's Services Co-operation Act (NI) 2015

provides the necessary framework.

- Previous efforts to restructure were viewed as costly and ineffective by some.
- The importance of continuity of care (to enable relationship-building), compassionate care, consistency and equity of resource were emphasised.

On the supplementary question about benefits:

- For families, it was considered that team restructuring could deliver: more consistent, equitable and accessible services; greater trust and better relationships between families and social workers; better and more timely supports; social workers being able to withdraw more quickly; and overall better outcomes.
- For staff/services, it was considered that that team restructuring could deliver: increased case ownership, clarity of purpose and more authoritative and more accountable leadership; improvements in communication, better partnership working and less fragmentation; better relationships with families and communities making the identification of support networks easier; greater visibility of risk and gaps in service provision; improvements in knowledge and skills and more stimulating working environments; and greater opportunities for innovation.
- For communities, it was considered that that team restructuring could deliver: better local services and more focus on population health approaches; a greater understanding of local need; a reduction in mistrust and perceived stigmas.

On the supplementary question about challenges: it was considered that key among them would be:

- Making the cultural shift needed to fully recognise and appreciate the value that other sectors, disciplines and professionals can bring and harmonising different working cultures.
- It was considered that these challenges could be overcome by: having a shared and clearly defined purpose underpinned by agreed principles and clarity of roles and responsibilities – all applicable across the region; sufficient resource targeted at earlier intervention and prevention; good workforce planning and robust change management processes; strong leadership; good communication; effective training; a balanced approach

to supervision; meaningful consultation and engagement with staff and communities; and building on what already exists.

RE-ORGANISATION – GENERAL

THE NUMBER WHO RESPONDED AND HOW

Question 54.

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

There were 87 responses to this question. 42 respondents provided comments and 47 respondents did not answer.

OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO HOW CHILDREN'S SOCIAL CARE SERVICES SHOULD BE ORGANISED TO ADDRESS THE RANGE OF ISSUES IDENTIFIED BY THE REVIEW, THE KEY POINTS MADE WERE:

- Concerns were expressed about the focus on structural change (a new ALB) in the Review report with fears voiced about the risk of losing time and resource being directed away from service provision and towards new structures while demands continued to grow. Concerns about separating health and social care were again raised.
- The scope to deliver within existing structures was suggested, although better governance and improvements in management, leadership, support for staff, a reduction in bureaucracy, greater multi-disciplinary working and more investment in the voluntary and community sector to enable them play a greater role were considered necessary.
- There was some confusion about the role of an ALB vis-à-vis an independently chaired multi-agency/multi-disciplinary partnership. The response from the Belfast Area Outcomes Group expressed the view that alongside an ALB, a broader partnership arrangement remains necessary which should be independently chaired.
- In responses, which were where supportive of structural change, the absence of a focus on planning under a new ALB in the Review was noted. The role of a Minister for Children was considered critical. Local delivery capability in line with the ALB's delivery plan, co-terminosity with council boundaries and inclusion of the voluntary and community sectors was

stressed. The need for effective leadership, good governance, good strategic planning and commissioning and long-term funding were emphasised. Learning from other jurisdictions was also recommended.

- There were references to specific services coming within scope of the ALB, including adoption services and specialist provision for those affected by adverse childhood experiences. A role for foster carers in relation to policy development, service design, delivery and evaluation was advocated. The judiciary were considered key to addressing delay [in the family courts] and it was considered that the Children's Court Guardian Agency should provide a family court welfare service both in relation to public and private family law proceedings.
- A transparent implementation plan, with clearly articulated roles and responsibilities was sought.

RE-SETTING THE RELATIONSHIP WITH THE VOLUNTARY AND COMMUNITY SECTOR

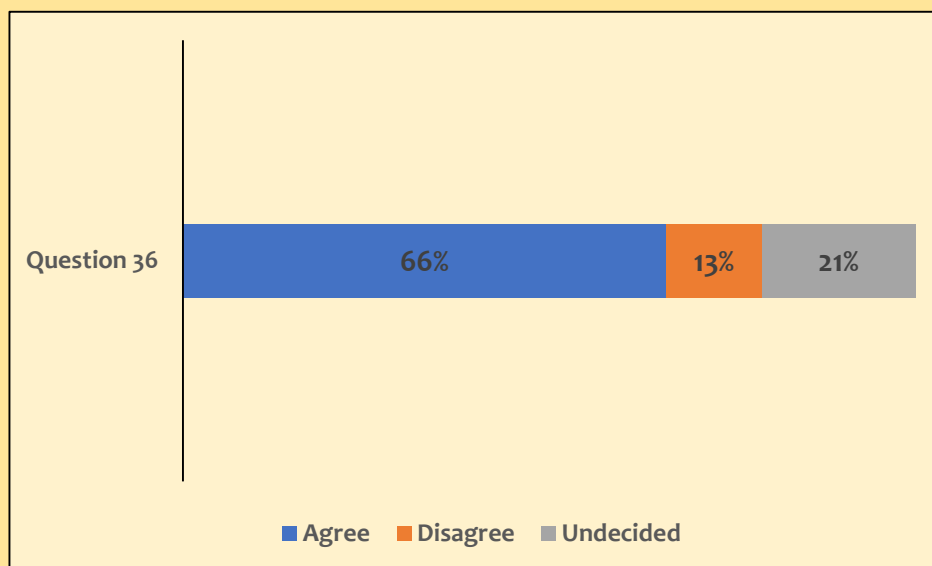
THE NUMBER WHO RESPONDED AND HOW

Question 36.

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

There were 100 responses to this question. 47 respondents provided comments and 34 respondents did not answer.

In relation to question 36, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO RE-SETTING THE RELATIONSHIP WITH THE VOLUNTARY AND COMMUNITY SECTOR, THE KEY POINTS MADE WERE:

- A partnership framework underpinned by a shared vision, minimum standards and clear expectations was recommended.
- Cross-sectoral participation in the Children’s Services Strategic Reform Programme was considered necessary. This would bring different perspectives and greater knowledge, skills and expertise to help shape reform.
- A new funding model for the community and voluntary sector was recommended. The model should incorporate multi-year contracts, sufficient flexibility to be able to respond to emerging challenges, a focus on early intervention, proportionate scrutiny and full cost recovery.
- There was a view that this should be kept separate from considerations about core grant and that there was no obvious home for this work within the Children’s Social Care Services Strategic Reform Programme. A call for the restoration of core grant was also made.
- The challenges of separate commissioning processes and monitoring and evaluation processes across departments was considered a particular challenge. There was a call for a radical reset and mainstreaming of multiple ‘initiatives’ and funding pots on a cross-departmental basis.
- Meaningful engagement was recommended.

POLITICAL LEADERSHIP/MINISTER FOR CHILDREN AND FAMILIES

THE NUMBER WHO RESPONDED AND HOW

Question 51.

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

69 respondents provided comments for this question.

Question 52.

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

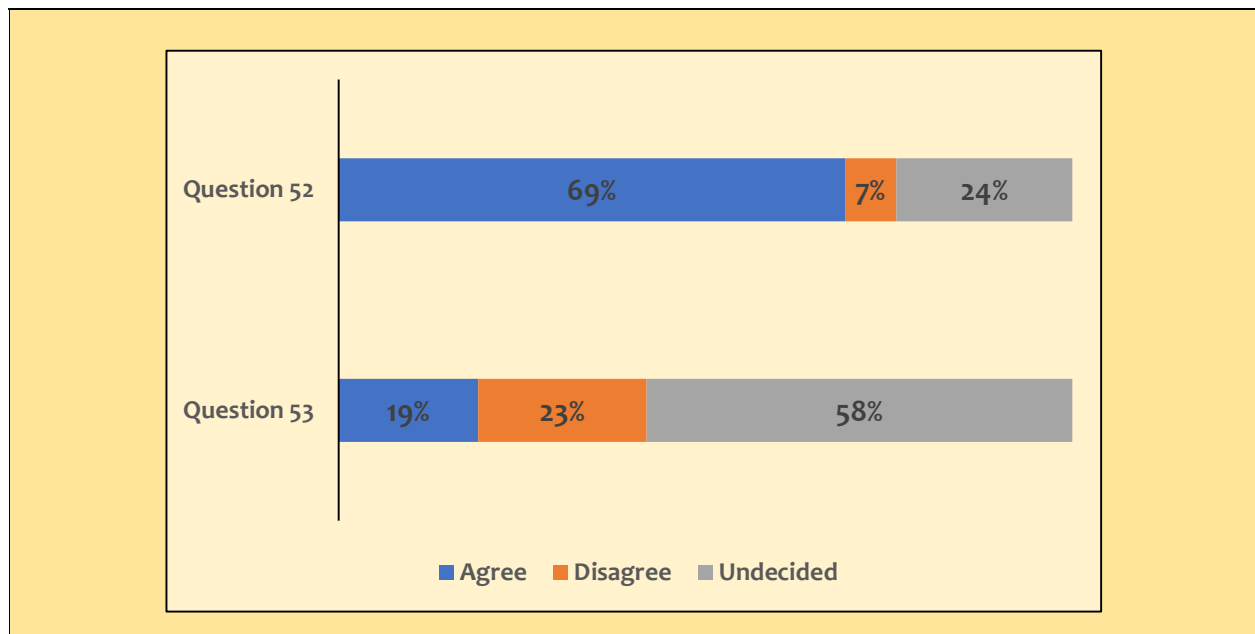
There were 106 responses to this question. 51 respondents provided comments and 28 respondents did not answer.

Question 53.

Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland? (Recommendation 39)

There were 90 responses to this question. 36 respondents provided comments for this question.

In relation to questions 52 and 53 a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO POLITICAL LEADERSHIP/A MINISTER FOR CHILDREN AND FAMILIES, THE KEY POINTS MADE WERE:

On the question of which areas of children’s policy a Minister for Children and Families should be responsible for (question 51/recommendation 39):

- Many made a general point that a Minister for Children and Families should be responsible for all areas of policy relating to children and families and any service from the birth of a child until they enter adulthood. Some responses were more specific, suggesting that the Minister should be responsible for: pre-school; early years; education; emotional wellbeing and mental health; youth justice; adoption; care leavers; child protection; and associated budgets.
- There was a query about voluntary youth services and how this could be brought within the scope of a Minister for Children and Families.
- It was considered that the Minister would have a key role to play in connection with the Children’s Services Co-operation Act (NI) 2015 and that they should act as children’s champion and raise the profile of children within government – particularly the most vulnerable.
- Those who were unconvinced of the need for a Minister for Children and Families raised questions about how the role of Minister would sit alongside

a Commissioner for Children and Young People.

- The Executive Office (TEO) was suggested as a potential ‘home’ for the new ‘junior’ Minister, with a direct reporting line to the First and deputy First Ministers. Others were opposed to locating a new Minister in TEO.
- There were fears that the appointment of a Minister for Children would lead to calls for the appointment of Ministers for other population groups, for example, older people – potentially diluting the purpose of having one in the first place.

On the question whether a dedicated Minister would provide political leadership and focus to the intentions of the Children’s Services Co-operation Act 2015 and champion children and families within government in Northern Ireland (question 52/recommendation 39):

- There was strong support, although it was also highlighted that the absence of a Minister does not excuse implementation and reporting on the Children’s Services Co-operation Act. Multiple respondents considered that such an appointment would give weight to children’s issues and hold leaders to account for delivering long-term sustainable improvements in services for children and families and ensure accountability at all levels and across all Departments. A number of objections, however, were lucidly voiced.
- A small number of respondents including the Alliance Party suggested that the current practical reality of Northern Ireland’s governmental system means there is no realistic prospect of a separate Minister being appointed but also that any assignment of such roles to a Junior Minister would see them lost within a complex double-headed Department. The impact on the role of the NI Commissioner for Children and Young People was also highlighted for consideration, particularly as the office of The Children’s Commissioner already exists and has been involved in discussions around this review.
- Some responses indicated that the breadth of areas to be covered by a Minister (health, social services, justice, education) may lessen their effectiveness, while one respondent commented that having a Minister for Children and Families outside the Department of Health could generate division between Children’s Health and Social Care.

On the question of whether there was another way to provide political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and champion children and families within government in Northern Ireland (question 53/recommendation 39):

- Alternatives proposed included suggestions such as: improved collaboration and partnership working, better aligned structures, an enhanced role for NICCY, a children and families champion in each department, joint ministerial working groups, pressure on the political parties, leadership from the Executive Office, and changes to the organisational remit of DOH.
- Some respondents felt there was no other way to give effect to recommendation 39. Having a singular ministerial focus on children and families would give focus and hold to account the various government departments whose responsibilities and actions directly impact upon the welfare of children and families.

INFRASTRUCTURE (IT)

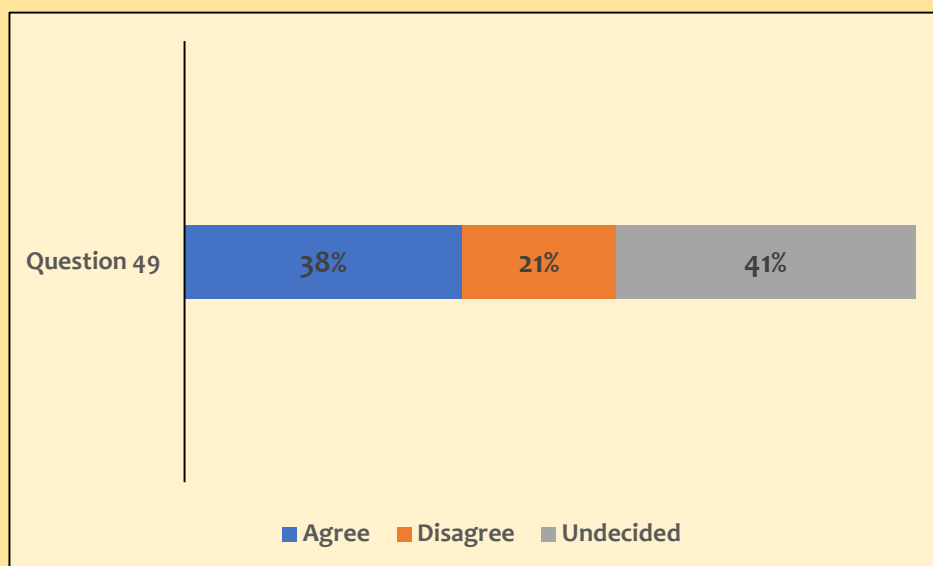
THE NUMBER WHO RESPONDED AND HOW

Question 49.

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

There were 88 responses to this question. 59 respondents provided comments and 46 respondents did not answer.

A summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO INFRASTRUCTURE (ENCOMPASS), THE KEY POINTS MADE WERE:

- The majority accepted that a region-wide integrated information system is required, although there was still some opposition to the implementation of Encompass in Children's Social Care Services, partly on the basis that the added performance benefits it would bring are unclear. It was considered

that, in the context of a new ALB, a stand-alone children's services system was preferable.

- The importance of having a single information source to assist with the development of policy and with research was recognised. The challenges of having information spread across systems were highlighted. This included safeguarding challenges and barriers to effective assessment and case planning.
- Some responses indicated the importance of alignment with healthcare information and timely access to good quality data and better management information/reports was also stressed. The development of an Outcomes-based Accountability Framework was recommended. There were also calls for implementation of Encompass to be delayed, given on going workforce challenges.
- It was considered that specific changes to the Encompass system are required (family functionality, foster care payments, case histories, better protection of sensitive information, minimising the risk of error and improvements in how information is shared with external partners). The importance of involving service users in the Encompass 'build' process was emphasised.

MORE EFFECTIVE SYSTEMS LEARNING (CMRS)

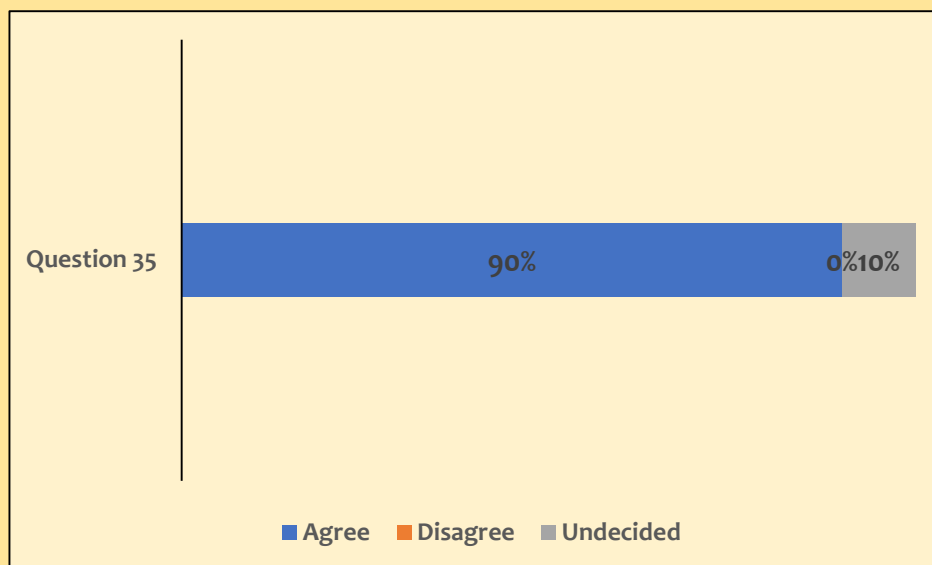
THE NUMBER WHO RESPONDED AND HOW

Question 35.

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

There were 94 responses to this question. 26 respondents provided comments and 40 respondents did not answer.

In relation to question 35, a summary of those who answered yes, no or were undecided is as follows:



OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO CASE MANAGEMENT REVIEWS, THE KEY POINTS MADE WERE:

- There was overwhelming support for a review of the case management (CMR) process to be taken forward by the Safeguarding Board for Northern Ireland.

- There was strong agreement that CMR processes take too long and can be stressful for parents and practitioners.
- Some process improvements were acknowledged and the scope to deliver more under current structures was questioned.
- Greater emphasis on examining good practice was advocated.
- There were opposing views on the need for a more participative process. The risk of causing greater stress for parents and practitioners was highlighted.
- The need for improvements to be made to the interface between the CMR and other review processes was also considered necessary.
- The need for staff to be better supported through the CMR process was indicated.

PART 4 - WORKFORCE

RECOMMENDATIONS 3, 8, 9, 10, 11, 17, 20 AND 21

CONSULTATION QUESTIONS 55 – 63

WORKFORCE

THE NUMBER WHO RESPONDED AND HOW

Question 55.

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

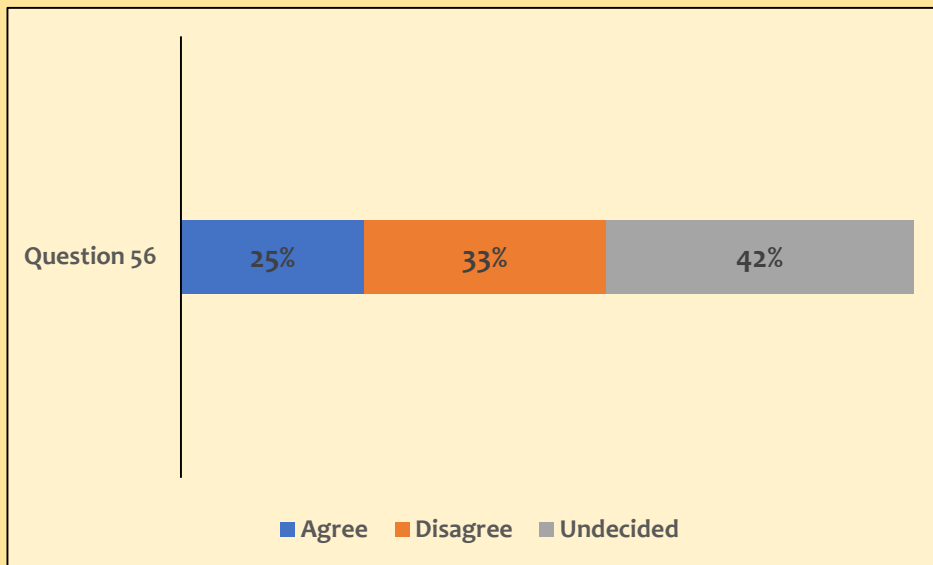
There were 98 responses to this question. 83 respondents provided comments and 36 respondents did not answer.

Question 56.

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

There were 90 responses to this question. 60 respondents provided comments and 44 respondents did not answer.

In relation to question 56, a summary of those who answered yes, no or were undecided is as follows:



Question 57.

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

There were 80 responses to this question. 58 respondents provided comments and 54 respondents did not answer.

Question 58.

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

There were 90 responses to this question. 65 respondents provided comments and 44 respondents did not answer.

Question 59.

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

There were 92 responses to this question. 72 respondents provided comments and 42 respondents did not answer.

Question 60.

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

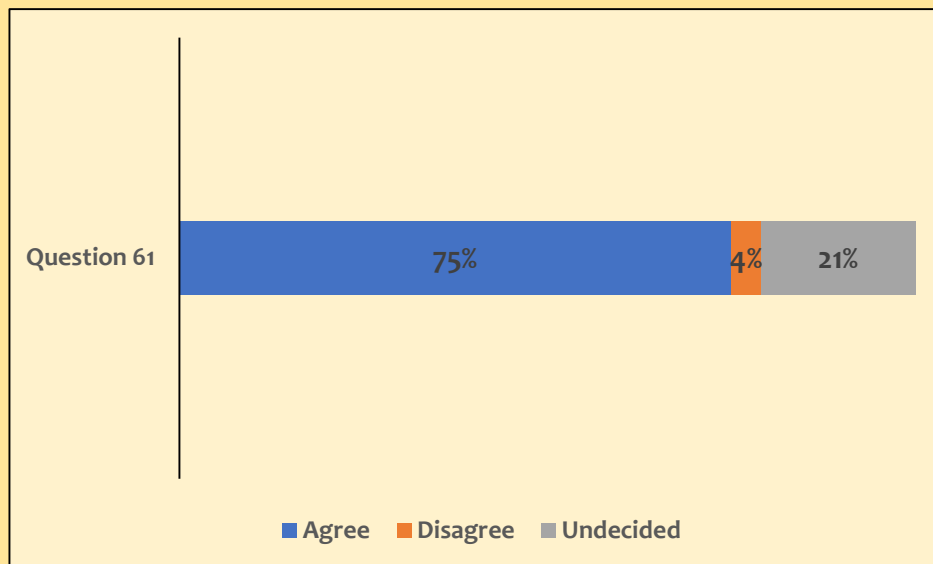
There were 91 responses to this question. 60 respondents provided comments and 43 respondents did not answer.

Question 61.

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

There were 91 responses to this question. 57 respondents provided comments and 43 respondents did not answer.

In relation to question 61, a summary of those who answered yes, no or were undecided is as follows:



Question 62.

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

There were 87 responses to this question. 71 respondents provided comments and 47 respondents did not answer.

Question 63.

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

There were 86 responses to this question. 58 respondents provided comments and 48 respondents did not answer.

OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO WORKFORCE, THE KEY POINTS MADE WERE:

On the question relating to how we further stabilise the children's social care workforce (question 55/recommendation 3):

- The challenges reported by the Review were restated in consultation – a workforce that feels overworked and undervalued, high caseloads, increasingly complex referrals, high levels of unnecessary bureaucracy, low morale, and poor work-life balance.
- It was also reported that the challenges extend beyond social work and into other workforces.
- Stabilisation suggestions were offered in the areas of recruitment, retention, pay, terms and conditions, workload, training and support, career pathways and progression, skills mix and reducing bureaucracy.
 - On recruitment, the main suggestions were: more social workers, long-term workforce plans, lowering entrance requirements for degree courses, ensuring fair and equitable access to social work training and providing improved financial support for social work students, postgraduate pathways for graduates from related disciplines; employment based routes into social work; positively promoting social

work (including in schools) and challenging negative perceptions; an improved blend of regional and local recruitment with national and international reach, underpinned by creative recruitment campaigns; and a guarantee of permanent employment for new recruits.

- On *retention*, the main suggestions were: career incentives, particularly for individuals with long service; helping staff to feel safe, valued and making positive contributions to children and families; addressing vacancies and reducing caseloads. The impacts of strategic initiatives like MDTs were considered to have impacted on retention.
- On *pay*, the main issues were: lower levels of pay than in other regions and a lack of pay progression; staff having to work longer hours than they were contracted for. The main suggestions were: resolving ongoing pay disputes; paying overtime for hours worked beyond those contracted and a review of mileage payments.
- On *terms and conditions*, the main suggestions were: the need for flexible/hybrid and family-friendly practices.
- On *workload*, the main suggestions were: to reduce and limit individual caseloads and to introduce caseload weighting and safe staffing levels.
- On *training and support*, the main suggestions were: tailored and trauma-informed training which reflects the nature of the work and focusses on staff well-being; support by psychologists, psychotherapists, and occupational health, as well as peer mentoring, coaching and support; opportunities for continued personal development; effective leadership and management and a bespoke leadership and management development programme for children's services.
- On *career pathways and progression*, the main suggestions were: clear career pathways and more opportunities for career progression and greater equality of opportunity across teams; greater financial incentives for staff to move into managerial positions.
- On *skills mix*, the main suggestions were: greater skills mix in front-line teams, to include, for example, youth workers, family support workers, play specialists, and AHPs; more effective partnership working and collaboration, including with the voluntary and community sector, necessary; co-location of services, for example youth justice workers and social workers, or attaching social workers to schools.
- On *reducing bureaucracy*, the main suggestions were: additional administrative support; a review of delegated authority to enable more

tasks to be undertaken by non-social work staff.

On the questions relating to the current shared recruitment model and whether any other measures could be put in place to address recruitment delays (questions 56 and 57/recommendation 8):

- The general view was that the current shared recruitment model does not provide value for money and that there were benefits to be gained from moving away from it. It was acknowledged that the current challenges with recruitment applied to other parts of social work and the wider HSC.
- There was also a view that the funding likely to be required to move away from the current model would be better invested in services for families.
- Some were of the view that investment should be made to fix the current model, rather than replacing it completely. Suggested changes were: dedicated HR teams for children's services; better recruitment planning; rolling recruitment; accelerated pre-employment checks; a move away from traditional interview approaches – by, for example, introducing ‘talent alerts’; guaranteed employment—without the need for interview—for newly qualified professionals; and the introduction of skills mix in frontline teams to address the problems with recruiting social workers.
- The need for long-term workforce and succession planning was emphasised, as was continued implementation of the recommendations from the 2022 Social Work Workforce Review.
- It was highlighted that any new ALB would need to take ownership of recruitment and develop its own recruitment strategy.

On the question relating to grading and banding (question 58/recommendation 9):

- The majority of comments supported grading and banding structure review, with improved pay and career progression identified as central to addressing recruitment and retention challenges. The need to incentivize both frontline practice and movement into management roles were mentioned.
- There was some support for greater specialism in social work roles, and for linking career progression to experience and professional development, acknowledging that long service results in a wealth of skill and experience that can have a direct and positive impact on children and families.
- Other comments focused on the need to match pay and grading to the

responsibilities and risks associated with specific roles, and it was suggested that any review of banding or grading should take place alongside a review of social work roles and job descriptions.

- Some of those commenting identified the ability to develop pay and grading structures outside of AfC as a potential benefit of a regional ALB. Others suggested benchmarking social work pay in NI with similar roles in local authorities in GB although concern was also expressed about diverging from AfC and the consistency it provides.
- It was suggested that consideration should be given to pay and grading in the context of developing a greater skills mix in frontline teams, with consideration of implications for management roles, to ensure appropriate supervision and governance arrangements were in place.
- In addition, comments were received that a review of grading and banding should take into consideration those performing similar roles outside of the statutory sector.

On the question relating to skills mix in front-line teams (question 59/recommendations 10 and 17):

- The focus in responses was on the benefits that more diversified teams within children's services would bring. They included: addressing social work workforce pressures; increasing demand; enhanced services; minimising duplication, making best use of social workers' key skills; and greater opportunities for staff development and more collaboration.
- Specific skills were recommended including: psychotherapy; youth work; community-based family support; social work assistants; experienced domestic abuse workers; contact workers and foster carers. It was suggested that different areas of children's social care would require different skill-sets and that some teams would lend themselves more to skills-mix than others.
- Clarity of role was considered crucial and this should determine grading. Effective training, levels of supervision required and leadership qualities were identified as important considerations.
- An evidence-base to support decision-making around skills mix was considered necessary. Specific research conducted by BASW NI and NISCC was pointed to, as were lessons to be learned from the voluntary and community sector.

On the questions relating to a trainee social work programme (questions 60 and 61/recommendations 10 and 20):

- Reintroduction of the trainee social work scheme and other ways of widening access to training were well supported in responses to questions 60 and 61. The popularity of the Open University route was referenced, although it was also observed that the course is over-subscribed, with long waiting lists. Some respondents suggested reinstating the employment-based route, emphasising benefits such as on-the-job training, support for career progression, the development of a greater skills mix in frontline teams, and making the most of the skills and experience already embedded in children's teams and communities across the statutory and voluntary and community sectors.
- Fast track schemes/ conversion courses for individuals with other qualifications or from other disciplines were also suggested, as was the development of apprenticeship schemes supported by day release arrangements to enable social care workers, for example, to complete social work training.
- Other suggestions included a Masters qualification route for those who have a primary degree in any discipline, a potential role for local FE colleges to improve accessibility to training courses, the provision of additional financial support to students during placement, and a reduction in the level of professional registration fees.
- While comments overall were positive, some respondents suggested that further consideration should be given to why strategies such as the employment-based route had been stood down previously. Other comments highlighted the significant supervision requirements associated with supporting trainees and cautioned against placing too much responsibility on trainee social workers.

On the question of how to improve retention of social workers in children's social care services (question 62/recommendation 11):

- A range of measures to improve retention of social workers within children's services were suggested.
- Key suggestions were: improved pay and conditions, including the introduction of financial incentives for a specific number of years of service or for staff working in frontline children's services; safe staffing levels and

caseload management; improved opportunities for career progression and professional development, including the introduction of a transfer policy; the development of skills mix within children's services teams; improvements in arrangements to support staff and promote staff wellbeing; the introduction of family-friendly working arrangements, including for example supported child care schemes.

On the question relating to post-qualifying development programmes (question 63/recommendation 21):

- The introduction of improved post-qualifying development programmes linked to career progression was considered a positive step forward. The potential benefits cited included: enhanced multi-professional learning; greater collaboration and improvements in staff wellbeing and staff retention.
- The Childcare Award, an existing post-qualifying course, was cited as an excellent example.
- A number of service areas were identified as being suited to post-qualifying training programmes, including: fostering, mental health and addiction.
- Other roles/professions/service areas/sectors also considered suited to post-qualifying programmes were identified, including childcare, foster carers and the voluntary and community sectors.
- A number of challenges were also identified, including: the capacity of staff working in busy service areas. Mitigations proposed included: protected time (and associated resource to make this possible) and on-the-job course components as an alternative to the submission of written course work.

PART 5 - MAKING AND TRACKING PROGRESS

RECOMMENDATIONS 52 AND 53

CONSULTATION QUESTIONS 64 – 66

MAKING AND TRACKING PROGRESS

THE NUMBER WHO RESPONDED AND HOW

Question 64.

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

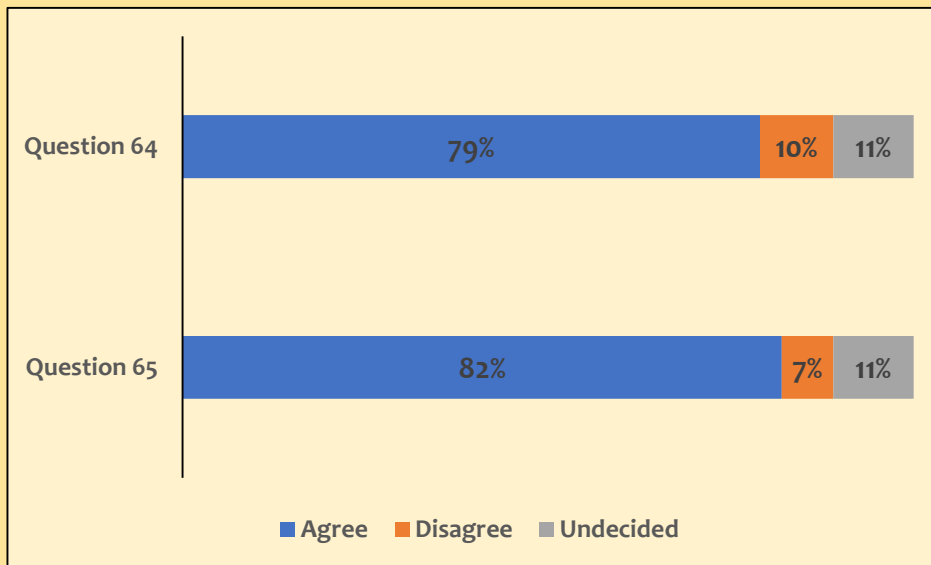
There were 103 responses to this question. 48 respondents provided comments and 31 respondents did not answer.

Question 65.

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

There were 95 responses to this question. 22 respondents provided comments and 39 respondents did not answer.

In relation to questions 64 and 65, a summary of those who answered yes, no or were undecided is as follows:



Question 66.

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

There were 93 responses to this question. 52 respondents provided comments and 41 respondents did not answer.

OF THE COMMENTS RECEIVED IN RESPONSE TO QUESTIONS RELATING TO MAKING AND TRACKING PROGRESS, THE KEY POINTS MADE WERE:

On the question of an annual conference (questions 64 and 65/recommendation 53):

- The proposal to host a conference in Autumn 2024 was welcomed by some and considered to be ambitious by others. There was some disappointment about a departure from what the Review recommended.
- There were some concerns about cost in the current constrained financial environment, questions about whether it would facilitate honest debate and some fears that it could get in the way of implementation.
- There was agreement that it would be a method of monitoring

implementation of the Review recommendations, of highlighting progress and identifying any barriers to implementation and also to celebrate best practice.

- The involvement of service users (both children and parents), staff and other key stakeholders was considered necessary.
- There was broad support for the proposed theme of the conference, although clear objectives were recommended. It was also suggested that the response to the Review should be published in advance of any conference taking place and used to inform what the conference should focus on.
- It was also suggested that the Commissioner for Children and Young People should organise and host the conference to add independence.
- More formalised implementation arrangements, which involve children, young people, families and other stakeholders were also sought. These arrangements should include monitoring, review and evaluation of progress and include an element of independence. A role for the Commissioner for Children and Young People was again suggested.

On the question relating to how we assess whether sufficient progress is being made (question 66/recommendation 53):

- Many respondents emphasised the importance of sharing outcomes-based implementation monitoring with all stakeholders and the wider public, perhaps using a website or newsletter. Co-design of performance indicators with service users, staff, the community and voluntary sectors and other stakeholders was advocated with particular comments made about ensuring the participation of children and adults with disabilities.
- It was suggested that monitoring and reporting on progress should be aligned with and measured against the reporting provisions of the Children's Services Co-operation Act, as well as international children's rights standards. Some specific suggestions for data measurements were proposed, for example, live tracking of vacant posts and caseload weightings.
- Some respondents commented that workstreams in the ongoing programme of reform of children's social care services should have clear action plans and arrangements in place to monitor and report widely on progress. The role of the NI Executive in agreeing cross-cutting

implementation plans, and the Assembly in monitoring progress, was also identified, as was the importance of long-term funding to support implementation of the review's recommendations.

SECTION 3

WHAT WILL HAPPEN NEXT

PART 6 – WHAT WILL HAPPEN NEXT

NEXT STEPS

30. A number of the recommendations in the Review report are cross-cutting and require engagement with other Ministers and the wider Executive. The process of engagement has commenced and it is hoped that it can conclude as quickly as possible, allowing sufficient time for the consideration of what are significant recommendations with potentially far-reaching implications.
31. It is the intention of the Minister of Health to make an oral statement to the Northern Ireland Assembly when it returns after summer recess in 2024. The statement will chart the way forward in response to the recommendations of the independent Review of Children’s Social Care Services.
32. In the meantime, work will continue under the Children’s Social Care Strategic Reform Programme, to deliver much needed change in response to ongoing challenges and pressures. The Programme was established in April 2023, is made of 9 important and connected strands of work, much of which relates to what the Review recommended.
33. Finally, the Department of Health would like to record its sincere thanks to Professor Ray Jones for the significant work undertaken by him, the quality of his Review report, his energy and his commitment, particularly to children and families in Northern Ireland and those who work with them on a daily basis.