Independent Review of Children's Social Care Services

Initial Consultation on the recommendations

CSCS Review

Public Consultation Response Paper

(Print Version)

Department of Health | An Roinn Sláinte / Männystrie O Poustie

Introduction

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

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

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

Consultation

- The **Consultation Questionnaire** is included at the **Appendix** of this document**.**

- **The consultation will run for 12 weeks from 08 September to 01 December 2023.**

- While we want to hear from as many people as possible on as many of the questions as possible, please feel free to comment on as few or as many of them as you see fit.

- Implementation of many of the recommendations will be subject to the approval of a Minister and/or Executive.

Alternative formats

- Hard copies of this document and copies in other formats (including Braille, large print etc.), can be made available on request. If it would assist you to access the document in an alternative format, or language other than English, please let us know and we will do our best to assist you. Please contact us at cscsreviewconsultation@health-ni.gov.uk or at the address below.

Responding to the Consultation

- **By 01 December 2023** complete the questionnaire and submit:
  BY EMAIL OR BY POST:

  Email to: cscsreviewconsultation@health-ni.gov.uk

  Or post to:

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

- While not necessary, our preference is for responses to be submitted online through Citizen Space.

- Late responses will not be accepted.

Privacy, Confidentiality, and Access to Consultation

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

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

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

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

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

Overview

- Your views on the majority of the recommendations from the Independent Review of Children's Social Care Services are being sought.

- The Review Report makes 53 recommendations. Views are being sought on 51/53 recommendations. There are no questions on recommendations 2 and 48 on the basis that they have service-wide/whole-of-government impacts and need to be considered in a broader context.

- In total, there are **66** consultation questions, organised along the lines of the Chapters in the consultation paper. The text of the recommendations to which

the questions relate is provided, alongside the associated Chapters/Paragraph numbers of the Review Report. There are multiple questions relating to some recommendations. Some questions have a number of elements. If possible and relevant, we would like you to respond to all questions and to all elements of individual questions.

- When responding, you are asked to make reference to the Review Report Report of the Independent Review of Children's Social Care Services in Northern Ireland | CSCS NI Review (cscsreviewni.net) to fully understand the detail behind the recommendations and the context in which they are being made.

- Further detail and supporting documents can be viewed on the Department of Health website at: https://www.health-ni.gov.uk/consultations/consultation-recommendations-independent-review-childrens-social-care-services-northern-ireland

Purpose of this consultation

- The Department of Health initiated a review of Children's Social Care Services in circumstances where those services were under severe pressure. While there have been some improvements, many of the pressures continue to exist.

- The Review Report is intended to provide a roadmap through the current challenges, without being overly prescriptive. This was intentional on the part of the Report's author, Professor Ray Jones. He wanted to create the scope to shape services and ownership of the reform necessary but within the framework set by the Report's recommendations. A number of the Report's recommendations are ground-breaking, including the recommendations relating to the establishment of a new Arm's-Length Body in place of current organisational arrangements.

- The engagement with stakeholders, undertaken as part of the Review, was extensive. It took place over a 13-month period and involved children, young people, parents and family carers, leaders, managers, and practitioners from the statutory and community / voluntary sectors – all for the purpose of developing a robust and sound understanding of the issues facing Children's Social Care Services in Northern Ireland.

- This consultation is intended to add to that evidence base, with the emphasis now on how we address the issues identified by the Review.

Why your views matter

- Some of the reforms recommended by the Review are very significant in policy, practice and service delivery terms. It is important that you are given the opportunity to contribute your views on the suggested way forward. It is important because we want to ensure that we provide the best possible support and services to some of the most vulnerable children and families in Northern Ireland and create the best possible working environment for the staff involved.

Appendix

CHILDREN'S SOCIAL CARE SERVICES REVIEW CONSULTATION QUESTIONNAIRE

About You

The Department of Health (DoH) is committed to protecting your privacy.
For more information about what we do with your personal data please see our consultation privacy notice.

When completing this section, you only need to answer the questions that are relevant to you.

- Are you responding

  as an individual? (Please complete questions 2-6)

  X on behalf of an organisation? (Please complete question 7)

  (Required)

- About You – An individual
  Are you a child / young person (under the age of 18)?

Yes
No

- Are you a child / young person with care experience?

  Yes
  No
  Prefer not to say

- Have you ever engaged with family and children's social care services? If yes, in what capacity? (Examples include - as a: foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive)

  Yes
  No

  If yes, please specify below.

- Do you work with children or families in a social care capacity?

  Yes
  No

- If you answered yes to question 5 do you work in:

  Statutory Health and Social Care Sector?
  Voluntary or community sector?
  Education?
  Other?

Prefer not to say

If other, please specify:

This is the end of this section for those answering as an individual.

- If you are responding on behalf of an organisation, please provide the name of the organisation.

Organisation Name

The Royal College of Psychiatrists Northern Ireland

Chapter 1 – Guiding Principles

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

Recommendation 1: Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children's services are organised and delivered. *(See Chapter 1, pages 36 – 38, paras 1.45 – 1.51)*

Recommendation 4: There is the need for more help for families to assist them to care well for their children. *(See Chapter 2, pages 51 - 53, paras 2.27 – 2.31)*

Recommendation 5: Now is the time for action to tackle the difficulties for children and families and for children's social care described in the TOR and within this report, and the action needs to be taken without drift or delay. *(See Chapter 3, pages 55 – 58, paras 3.1 – 3.14)*

Recommendation 6: In deciding how to respond to this Review there should be a wide and inclusive consultation which draws on the wisdom of all who have experience and engagement with and within children's social care. *(See Chapter 4, pages 61 – 72, paras 4.1 – 4.56 and Chapter 18, page 269, paras 18.9 – 18.10)*

Recommendation 26: Foster carers should be recognised and positioned as valued members of the children's social care workforce. *(See Chapter 13, pages 190 – 191, paras 13.13 – 13.16)*

Recommendation 29: Do not allow the privatisation of care of children. *(See Chapter 13, page 195, paras 13.33 – 13.34)*

Recommendation 50: The difficulties facing children's social care services need to be tackled with pace. *(See Chapter 18, page 272, para 18.20)*

Recommendation 51: There should be a wide consultation on the proposals and recommendations from this Review. *(See Chapter 18, page 269, para 18.9)*
General views are being sought on the recommendations within this group. A specific question is asked in relation to recommendation 29.

Consultation Questions

Q1. Do you agree with the categorisation of these recommendations as guiding principles? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes **X**
No
Undecided
Comments

Q2. 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)

Yes **X**
No
Undecided

Comments

Q3. Do you accept the position taken in connection with recommendation 29?

Yes **X**
No
Undecided

Comments

We agree with the principle that “having made the decision to intervene in the lives of children and families, it is the primary responsibility of the state to provide services to/for them.” It is also important that the care of children does not become a matter of financial profit for private providers, or available to the lowest bidder.

Q4. 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?

Yes **X**
No

Comments

We welcome the emphasis on the need for issues in this area to be tackled at pace. The care of children is of the utmost importance and there should be no avoidable delays in seeking ways to improve these services.

Chapter 2 - More Effective Family and Children's Services

This group of recommendations is intended to deliver more effective social care services for children and families in Northern Ireland. There are 18 recommendations in this group as follows:

Recommendation 2: Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty. *(See Chapter 1, pages 23-26, paras 1.1 – 1.17)*

Recommendation 22: There needs to be a re-set and re-focus for children's social care services to give a greater focus and attention to family support. *(See Chapter 12, pages 171 – 175, paras 12.12 – 12.27)*

Recommendation 23: The success and contribution of Sure Start should be recognised and, along with other family support services, expanded, including for children aged 4-10 years. *(See Chapter 12, pages 177 – 182, paras 12.34 – 12.50)*

Recommendation 25: Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift. *(See Chapter 13, pages 187 – 189, paras 13.4 – 13.12)*

Recommendation 27: The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model. *(See Chapter 13, page 193, para 13.27)*

Recommendation 28: Consideration should be given to the public sector provision of additional smaller children's homes. (See Chapter 13, pages 194 – 196, paras 13.31 – 13.39)

Recommendation 30: Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children. *(See Chapter 13, pages 199 – 201, paras 13.46 – 13.57)*

Recommendation 31: Extend the transition period where appropriate and necessary for young people moving to adult services. *(See Chapter 13, pages 201 – 204, paras 13.58 – 13.71)*

Recommendation 32: Introduce a region-wide transitions advice and advocacy service. *(See Chapter 13, page 202, para13.60)*

Recommendation 33: Accommodation within the positive post-18 services needs to be expanded and more readily available. *(See Chapter 13, page 203, para 13.65 – 13.69)*

Recommendation 34: Implement the major recommendations of the Gillen Review of the family courts. *(See Chapter 13, page 205, para 13.74 – 13.79)*

Recommendation 35: Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services. *(See Chapter 13, page 208, paras 13.80 – 13.81)*

Recommendation 36: An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services. *(See Chapter 14, pages 212 – 213, paras 14.6 – 14.10)*

Recommendation 37: Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children's social care services. *(See Chapter 14, page 213, para 14.11)*

Recommendation 42: There should be the development of emotional health and well-being services separate from clinical CAMHS services. *(See Chapter 15, page 236 – 237, paras 15.50 – 15.56)*

Recommendation 43: Within Beechcroft consideration should be given as to how best to tackle the concerns about young people with challenging and confrontational behaviours being within the same hospital ward space as young people with eating disorders. *(See Chapter 16, page 247 – 250, paras 16.17 – 16.19.9)*

Recommendation 44: There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient service. If this is to continue, action should be taken to tackle the isolation of the in-patient service. *(See Chapter 16, page 250 – 251, paras 16.20 – 16.24.5)*
Recommendation 49: There is without doubt the need for increased funding and investment to respond to the increasing poverty creating difficulties for children and families and to allow them to receive the help and assistance they need. *(See Chapter 17, page 265, paras 17.26 – 17.27)*

Views are being sought on all of the recommendations in this group, with the exception of recommendation 2. Some questions are general; others are specific to individual recommendations.

Q5. 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?

Yes **X**
No
Undecided

Comments

These recommendations, particularly 25 which refers to existing reviews, are ones in which time is of the essence and there is no justification in delaying any further where an already established board exists which can take them forward.

Q6. Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?

Ye
s **X**
No

Comments

The Guiding Principles from this review should be taken into account when taking forward these recommendations.

Q7. Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support? (Recommendation 22)

Yes **X**
No
Undecided

If you selected yes, how might the reset be best achieved/delivered?

Ideally greater family support and early intervention will reduce the number of families ultimately needing higher level intervention, such as child protection proceedings. Greater investment in family support is needed in order to achieve this reset. Some of the recommendations in this report, such as increasing workforce and skill-mix in social care services may help to reset and refocus support at a family support level.

Q8. 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)

Yes **X**
No
Undecided

If you selected yes, should expansion be targeted for those outside catchment areas and, if so, how?

While understandable that the current arrangements focus on the most deprived areas, there is inherent inequality for children and families outside the current catchment areas. Access to services should be based on need, not postcode.

If targeted based on need, how should children be identified to Sure Start projects?

Children in need of support could be identified by health visitors, social services, child development clinics, GPs and other professionals involved in working with young children and families. Referral criteria would need to be circulated to professionals currently involved in working with young children and families. Consideration should also be given to allowing self-referral for partners who feel that they are struggling.

What difference do you consider expansion would make?

Greater equity in the provision of early intervention services rather than the current postcode lottery.

How might this expansion of services be achieved using the existing 38 Sure Start projects?

Significant additional funding would need to be allocated.

Q9. Do you agree that the provision of Sure Start services should be extended to older children, i.e. aged 4 to 10? (Recommendation 23)

Yes
No **X** – please see explanation below
Undecided

If you selected yes, should provision be targeted and, if so, how?

Other services already exist for children in this age group. There is a risk of diluting the services available by expanding the Sure Start geographical areas as well as extending the age groups able to access the service.

Which services/support should be available for children aged 4 to 10 through Sure Start?

N/A

How would extended services for children aged 4 to 10 integrate with their attendance at pre-school/ school?

N/A

What support should be available for parents/ families of children aged 4 to 10 through Sure Start?

N/A

How might this extension of services be achieved using the existing 38 Sure Start projects?

N/A

What challenges or risks might it create/generate and how might these be overcome?

N/A

What benefits would Sure Start services bring to families with children in this age group?

N/A

Q10. How do you consider other family support services could be expanded to meet the needs of children aged 4 to 10? (Recommendation 23)

Existing services, such as Family Support Hubs and EISS, already provide support to families with children in this age group. There are also school based services - eg school counselling services, RISE NI, Educational Welfare Officer, Educational Psychology. This support could be increased with greater investment.

Q11. Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)

Yes
No
Undecided
X

Comments

The views of specialists in this area of practice within NI should be sought as to whether this model would work in the NI context. Any new model introduced should have a robust evidence base which has been subject to peer review.

Q12. Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)

Yes
No
Not sure
X

Comments

Q13. Do you agree that children with a disability should not automatically transition from children's services to adult services at age 18? (Recommendation 31)

Yes **X**
No
Undecided

Comments

There should be a degree of flexibility around transition date - this should take many factors into account to allow for optimal timing where possible and not necessarily be tied firmly to the 18th birthday. However, those aged 18 and over are currently best placed within adult services - so timely transitions where possible should be the aim. The respective services would need to be properly resourced to allow for this flexibility.

Q14. What do you consider to be a suitable transition period for children and young people with a disability moving to adult services? (Recommendation 31)

Comments

This will vary from case to case - for most a transition period of 6 months should suffice, but for others a longer period, perhaps up to 18 months may be required.

Q15. Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)

Yes **X**
No
Undecided

Comments

Transition periods should be case specific as individual circumstances vary widely. However, all young people should be under the care of services best designed to meet their needs.

Q16. Do you agree that a transitions advice and advocacy service is required in Northern Ireland? (Recommendation 32)

Yes **X**
No
Undecided

Comments

Transitions can be a difficult, anxiety provoking and destabilising time for young people and families accessing services. An advice and advocacy service would be a valuable support.

Q17. How do you suggest the advice and advocacy service is provided? (Recommendation 32)

Consultation with a range of services for young people and families, adult services, voluntary agencies - and most importantly, current and previous service users - will be essential in identifying what is needed from an advice and advocacy service.

Q18. Is there scope to combine implementation of recommendation 32 with recommendation 36?

Yes **X**
No
Undecided

Comments

A parent-led organisation would be an important contributor to the development of recommendation 32, although the advice and advocacy

service should also have input form the professionals and services involved.

Q19. Do you agree that the Gillen Review should continue to help shape civil and family justice modernisation priorities? (Recommendation 34)

Yes **X**
No
Undecided

Comments

This report has been outstanding for several years and the recommendations should be taken forward as soon as possible where still relevant.

Q20. 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).

Yes **X**
No
Undecided

If yes, please specify.

More communication should lead to greater mutual understanding and improved services for children and young people.

Q21. 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)

Yes **X**
No
Undecided

Comments

Q22. Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)

Yes **X**
No
Undecided

If yes, please specify. If no, do other mechanisms currently exist which we can draw and build on?

There are currently no consistent mechanisms to provide this type of support for partners. It is essential that all affected parents can access this type of support, regardless of their geographical location.

Q23. Is there scope to combine implementation of recommendation 36 with recommendation 32?

Yes **X**
No
Undecided

Comments

There is scope for Recommendations 32 and 36 to be implemented together - although they serve different functions and should not be mistaken for being one and the same.
Recommendation 32 could be a branch or element of Recommendation 36.

Q24. 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)

Yes **X**
No
Undecided

Comments

Q25. 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)

Yes **X**
No
Undecided

Comments

Mental Health services for children and adolescents have been severely underfunded for many years - and with demand continually increasing, it is not currently possible to provide timely services for those children and young people needing assessment and intervention. Much greater investment is needed to allow development of CAMHS and to reduce waiting lists.

Emotional Health and Wellbeing is separate from acute mental illness, which is the remit of CAMHS. However, when considering Emotional Health & Wellbeing interventions, it is essential to take account of current evidence - including emerging research that universal Mental Health interventions in school may at times do more harm than good.

Q26. Are there any other approaches that could be considered? (Recommendation 42)

Yes
No **X**

Comments

Nothing further occurs at present.

Q27. 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)

Yes **X** – but please see detail below.
No
Undecided

Comments

There has been an enormous amount of service improvement and quality improvement work undertaken across the CAMHS steps in recent years, albeit with the challenge of resources and Covid-19 pandemic.

We believe there could be benefit from a review of the service delivery in Beechcroft. However, we believe the terms of reference should be wider than that proposed by the review. An independent review could focus on:

- progress implementing previous reviews (outlined below)
- care pathways in and out of Beechcroft
- intensive community interventions
- increasing number of admissions of complex eating disorder presentations including nasogastric feeding with restraint
- restrictive care & security within unit
- building and sustaining the workforce
- service user and parental involvement
- data collection and outcomes
- transition to adult inpatient services
- psychiatric liaison for medical wards
- managed care network implementation
- inpatient ID services
- unsuitable admissions to medical wards and adult psychiatric services

Ultimately the Inpatient Psychiatrists have a vision - of providing safe and effective psychiatric inpatient service, where young people are admitted for

the length of time required to achieve therapeutic goals, by a stable multi-disciplinary team with the necessary training, supervision and capacity to care for them, providing adequate liaison with their parent/carers and external agencies - within a culture of psychological safety, continuous quality improvement and robust governance structures.

Previous Reviews/Developments and Progress on Same - are worth listing here:

Child and Adolescent Mental Health: A Review Beechcroft and the acute child and adolescent mental health care pathway, Rees et al, September 20, 2014.

This review was commissioned to ensure the best strategic and operational fit for Beechcroft within the stepped care model. The key priority tasks from the review were - *with progress in each* - outlined below:

1. Strengthen the evidence base within the acute CAMHS pathway
2. Building Capacity
3. Improving outcomes
4. Creation of Youth and Parent Forum
5. Establishment of Managed Clinical Networks
6. Service Reform

1. Strengthening the Evidence Base within the Acute CAMHS Pathway

The Mental Health of Young people and their parents in Northern Ireland Youth Wellbeing Prevalence Survey was published in October 2020 with 1 in 8 children and young people in Northern Ireland experiencing emotional difficulties - and rates of anxiety and depression around 25% higher than in other UK nations.

The CAMHS Care Pathway 'Working Together – A Pathway for Children and Young People through CAMHS' was published in September 2016.

2. Building Capacity

The CAMHS therapeutic model for the inpatient service has been developed in line with Trauma Informed Practice (TIP). This recognised the importance of staff training support and supervision, both in enabling staff to have effective personal mentalization skills and in reducing the risk of vicarious trauma and compassion fatigue. There was an emphasis on psychological formulation as a basis for care plans. The strengths-based framework

emphasised physical, psychological, and emotional safety for both providers and survivors - and created opportunities for increasing resilience. TIP training was delivered to the whole service in 2016 and continues to be provided 1-2 times/year. Integration of the TIP model included therapeutic TIP groups, TIP champions, Senior Management Group oversight of TIP, and review of policies.
There has been development of CAMHS nurse consultant posts, who have undertaken a scoping exercise to determine training needs and delivery of specific training for CAMHS nurses.
There has been development of additional Band 6 nursing roles within Beechcroft inpatient service.

3. Improving outcomes

Data analysts have been appointed to support development of an outcomes framework in BHSCT CAMHS.

4. Creation of Youth and Parent Forum

There has been increased advocacy support for young people by VOYPIC and CAUSE parent/carer advocacy support since 2015.

5. Establishment of Managed Clinical Networks

The Managed Care Network has been established with a Service Manager and Clinical Director appointed. The clinical lead and service manager in Beechcroft are members of the MCN Partnership Board.

6. Service Reform

The Review recommended Beechcroft maintain its current capacity of 33 beds but be reconfigured:

- 2 short stay assessment units (5 beds each)
- 2 intensive care beds
- 2 treatment units (8 beds each)
- Eating disorder unit
- Day services to prevent admission
- Standardisation of CAIIT across all Trusts

The Beechcroft Operational Policy was developed from the Acute CAMHS Review, review of relevant literature - and scoping exercises in Beechcroft Inpatient Service and Cheshire & Wirral Partnership Trust Tier 4 service.

Beechcroft reconfigured its existing service into a 16-bedded treatment ward, 15-bedded admission ward and 2-bedded PICU. Capital funding was made available for development of the PICU which opened in 2020, with subsequent reduction in overall beds: 10-bedded treatment ward, 15-bedded admission ward and a 4-bedded PICU (currently young people maintain a bed on the ward).
There has been improved communication and utilisation of technology within Beechcroft. This increased and became more normalised by Covid-19 when a large amount of interactions moved to virtual world. Beechcroft currently facilitates external meetings face-to-face, teleconference, virtually or a hybrid of both.

There are a number of key areas not yet fully realised from this review:

- The Commissioning Specification for the inpatient unit remains outstanding.
- Revision of the Threshold Criteria.
- Clinical Leadership to reflect a dynamic model of therapeutic service provision.
- Framework for outcomes measurement.
- Integrated youth and parent/carer involvement or peer advocates.
- Develop and embed a co-productive model.
- Robust supervision model.
- Development of 24/7 out of hours cover.
- Option appraisal for an alternative to Iveagh inpatient unit.
- Day services.

Review of Regional Facilities for Children and Young People, David Archibald, March 2018

The facilities that came under the auspices of the Review were:

- Donard, Glenmona: a regional residential children's home
- Woodlands Juvenile Justice Centre
- Lakewood Secure Care Centre
- Beechcroft Inpatient Hospital for Children and Young People

Issues specific to Beechcroft:

- Not all Trusts in Northern Ireland operate a CAIT service. Whilst the

clear commissioning direction is that all Trusts should align to this model of care through a managed care network, this has not yet been put in place.
- Admission pathways to Beechcroft from all Trusts require significant enhancement to out of hours services available 24/7.
- Not all Trusts in Northern Ireland have a dedicated Drug and Alcohol Service such as DAMHS. This does provide an alternative to admission for some young people in Belfast and the South Eastern Trust areas.
- Not all Trust CAMHS services are part of an admission panel process to more closely align admissions to Secure Care and to Step 5 MH services.

The following were highlighted in the SWOT analysis:
- No commissioning statement
- Built as an open general psychiatric facility - therefore cannot meet the needs of highest risk young people
- Lower grades of staff move on once experience is gained
- Service user by experience development

Recommendation 6: Establishing the need for secure mental health beds: The establishment of a workstream to undertake an early, detailed needs analysis in relation to the stated need for secure mental health beds in Norther Ireland, and following that, exploration of whether such provision might appropriately be commissioned and provided on the site of the Care and Justice campus.

This piece of work has been taken forward by MCN partnership board and consideration of the proposal is underway by the Forensic Network.

‘Still Waiting’ A Rights based review of mental health services and support for children and young people in Northern Ireland, NICCY, September 2018

Recommendations relevant to Beechcroft:
- Introduce a Mental Health Passport Scheme that contains key information on young people, which they want professionals involved in their care to be able to access.

- The administration of prescription medication for young people must comply with NICE guidelines. Where medication is prescribed to a young person with a history of alcohol and/ or drug problems this should be risk assessed and appropriately supervised. HSCB must monitor prescribing data to ensure compliance with NICE guidelines.
- The complete range of evidence based, effective psychological treatments and alternative therapies should be made available to children and young people. Targets for accessing such treatments should be set in the best interests of children and young people, met, closely monitored and reviewed.
- Joint care planning processes should be developed and reviewed, to ensure that key services work collaboratively and in a coordinated manner to support young people to address the biological, psychological and social factors that are causing or contributing to their poor mental health.
- The practice of admitting children onto adult mental health wards should end. Children and young people requiring inpatient mental healthcare should receive it separately from adults.
- Children should receive the most appropriate and effective inpatient care for their mental health. This should be tailored and appropriate to the level of need and include the provision of inpatient intensive care where necessary.
- Reasons for the increase in the number of young people being detained in Beechcroft need to be urgently interrogated. Similarly, an examination of the variances in referral rates to Beechcroft by HSCTs should be carried out. A clear policy response and actions should be taken forward as a result, in the best interests of children and young people.
- The reasons for Extra Contractual Referrals, treatment received and outcomes for children and young people should be closely monitored. Services which are not currently available in Northern Ireland should be provided, so that all young people who require treatment for mental health problems can receive it close to their family and community. This should include secure forensic mental health provision and complex eating disorder treatment.
- Develop a mental health 'bridging service' for young people aged 16 to 25 years old, that allows for a smoother, flexible and young

person-centred transition between services.

- Inpatient care and treatment should be provided for young people with co-occurring drug and/or alcohol and mental health problems, who cannot be safely and effectively supported within the community. This provision should take a holistic approach to need, provide a range of interventions and be fully integrated into the Stepped Care CAMHS service model.
- Record and monitor referrals not accepted to Beechcroft inpatient unit.

Regulation Quality Inspection Authority

As a registered psychiatric hospital Beechcroft is subject to regular Regulation Quality Inspection Authority (RQIA) reviews with Inspection Reports and Quality Improvement Plans.

Quality Network for Inpatient CAMHS

Beechcroft is a member of the Royal College of Psychiatrists Quality Network for Inpatient CAMHS (QNIC). QNIC is a highly regarded and well-established quality network by providers and commissioners. The standards are largely seen as indicators for quality improvement rather than assurance. Each ward has bi-annual peer reviews and achieved accreditation status in 2015.

Q28. 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)

Yes

No

Not sure

X

Comments

The Inpatient Consultants believe the service has been addressing recommendations from previous reviews. They are not in agreement that a separate inpatient eating disorder unit may be the solution for young people in Northern Ireland.

<u>Other issues raised in the report with regard to CAMHS Inpatient Services:</u>

16.17 Beechcroft is Northern Ireland's regional CAMHS In-patient Hospital. It has two wards – a 15 bed admissions ward and a 12 bed treatment ward. There is also a small separate 4 bed intensive care area. Beechcroft is located in Belfast and managed within the mental health division of Belfast HSCT.

Comments:

Beechcroft is a 25+4 bedded unit; it has a 10-bedded treatment ward, 15-bedded admission ward and a 4-bedded PICU (currently young people maintain a bed on the ward).

16.18 Beechcroft is an open hospital although access to the wards is via secure doors. As such it seems to fall between being an open and secure environment, although a number of young people are detained with a mental health order. It is registered and inspected by the RQIA as an open hospital.

Comments:

Beechcroft has external doors with a press-button to release the door. Safety of young people was a concern and young people had a significantly high rate of absconding from the unit, sometimes with high-risk incidents due to their vulnerabilities.

In July 2019 there was a serious incident of self-harm with a lighter in the unit. As a result, the front doors were locked to minimise lighting

materials being brought into the service, young people and visitors undergo metal detector before entry, there are lockers for visitors personal items - and items brought onto the ward are searched.

There has been a subsequent reduction in absconding and risk of fire setting.

The unit is not a secure psychiatric service in that it does not meet the criteria set out in NHS low and medium secure service specifications, the environment is not sterile, young people are permitted a large number of non-restricted items - and young people have the ability to request leaving the ward (leave for detained patient, CTMA process for voluntary patients).

16.19 There are a number of issues considered within this Review regarding Beechcroft:

16.19.1 As the only in-patient psychiatric facility for children and young people across Northern Ireland demand for admissions has outstripped available places. If there were more intensive services available from the community CAMHS teams provided by each HSCT the demand for, and length of stay within, Beechcroft might be lessened. As noted in the 2018 report of the review of regional facilities for young people there is noticeable variation in the community CAMHS provision [and Drug and Alcohol Mental Health Services – including detoxification services - which are also relevant] across the five HSCTs.

Comments:

The Inpatient Consultants agree that there needs to be a review of intensive community interventions as an alternative to psychiatric inpatient care, gatekeeping and discharge process.

16.19.2 There would be benefit if Beechcroft's psychiatrists and other professional staff had the capacity to out-reach more into community CAMHS services and for these services to have the capacity for more of a through-care model with patients within Beechcroft who will largely have had, and will have on discharge, services provided by community CAMHS teams.

Comments:

This is not in keeping with NHS England models for inpatient care and the rationale and evidence base for this approach would require explanation.

Beechcroft works closely with community services to handover interventions within the inpatient service and plan requirements for discharge. The commencement of and ending of interventions is usually helpful for young people and families. We do not believe the inpatient service should be filling gaps in community CAMHS or the lack of more intensive interventions. However, the psychoanalytic psychotherapist is permitted to continue interventions outside of Beechcroft due to the significant lack of this in the community.

We think additional resources for assessment of referrals for admission could be helpful for gatekeeping and in line with NHS England. In addition, consultation for complex and challenging cases could be helpful. These developments would need to be appropriately funded, planned and resourced.

16.19.3 The 2018 review noted that admissions to Beechcroft (and to each of the regional facilities) are not proportionate to child populations within each HSCT area but with greater usage by the Trusts geographically

located closest to the services.

Comments:

The MCN has been collecting data regarding Trust of origin referrals and the underlying reasons for differences between Trusts is complex.

16.19.4 The lack of any facility categorised as providing low, medium and high security psychiatric in-patient care and treatment for young people within Northern Ireland has been considered for some time. Currently Beechcroft has to stretch its remit, and its registration, to seek to contain young people who need a placement in a secure facility. A small number are placed in (private) secure hospital provision outside of Northern Ireland, with the distress that they are at some distance from their families and the danger that they are at a distance from those within Northern Ireland responsible for their care. There have been discussions about a shared facility with the Republic of Ireland. This makes sense as the need for secure CAMHS in-patient care in Northern Ireland will be small scale, but there could also be the option of creating a small low secure facility within the overall health service campus partly occupied by the current Beechcroft site and managed as a part of the Beechcroft hospital service.

Comments:

We fully support development of local low/medium secure service or a SLA with a suitable unit out of jurisdiction to allow for clinical needs of this population to be met in a more timely and safe manner. The impact of remaining in Beechcroft awaiting specialist treatment is a negative and unsafe experience for the young people, parent/carer and staff in Beechcroft.

16.19.5 A significant concern from this Review is that within Beechcroft there is a challenging, distressing and potentially harmful mix of young people. Within the same wards there are young people who have challenging and threatening behaviours who can be frightening and may pose a risk to others. They are accommodated within the same space as an increasing proportion of Beechcroft's patients who have serious eating disorders. They are likely to be more physically frail and may need physical care and interventions as well a mental health care. They are likely to be more timid, withdrawn, anxious and fearful. In discussions during the Review young people have expressed how distressed and frightened they have been by the behaviours they experienced during the days and nights on their wards.

Comments:

One of the perceived negatives - but we believe the strength of Beechcroft - is admitting and treating a complex group of young people, all under an overarching model of trauma informed care. The interventions and milieu suit a wide range of psychiatric presentations.

We do not think any young person should be exposed to difficult behaviours/confrontational behaviours - regardless of their diagnosis. There is no doubt that dynamics in an adolescent inpatient unit can be challenging to manage - and this is impacted on by the availability of a well-resourced and skilled staff team. Beechcroft robustly risk assess patients and individually care plan patients to support young people feeling safe in the unit.

Having an eating disorder does not exclude young people from engaging in challenging behaviours - and the young people presenting over time and since the Covid-19 pandemic have high level of comorbidity and resistance to care provided.

There is a need to understand the outcomes of interventions for young people with eating disorders and this is being currently collected by Beechcroft and MCN.

There is a need to understand what treatments are being offered in other jurisdictions and MCN are engaging in this.

Beechcroft can provide specialist eating disorder assessment and treatment as outlined in Medical emergencies in eating disorders (MEED): Guidance on recognition and management (CR233) (rcpsych.ac.uk) However, there needs to be a commissioning agreement over what the inpatient service provides on an ongoing basis, particularly as a small eating disorder unit has been recommended in previous reviews.

16.19.6 The increasing incidence of serious eating disorders among young people suggests that increased more local specialist services may need to be provided.

Comments:

There has been a national rise in eating disorders since the Covid-19 pandemic and local community team and medical services may need additional resources.

16.19.7 Within the current two ward facility at Beechcroft further consideration should be given as to whether, and if so how, there might be more of a separation of young people with very active challenging behaviours and young people with serious eating disorders.

Comments:

See our Comments above at 16.19.5.

In addition, there has been development of the PICU ward in Beechcroft with additional funding for this, which will assist in managing challenging behaviours within Beechcroft.

16.19.8 Beechcroft is managed within the mental health division of Belfast HSCT and not within the management of children's social care services. As a psychiatric hospital in-patient facility this is appropriate. The clinical and nursing staff all have within their professional reference groups other medical and nursing professions, and their patients all have significant requirements for specialist psychiatric health care. It is why this Review does not recommend that Beechcroft, or the lead on clinical CAMHS more generally, should be within the proposed Children and Families ALB.

Comments:

We are in agreement with this position.

16.19.9 One further issue in relation to Beechcroft, but shared with the Iveagh Centre which is discussed below, and of concern to the young people who were met at Beechcroft during this Review, is the high staffing dependence and churn of agency nurses and nursing assistants, and especially on night shifts. This is also sometimes a feature of the staffing within children's homes, but was more pronounced at Beechcroft and Iveagh. The young people expressed feeling vulnerable when adult strangers, particularly at night, had access to them and the responsibility for their care and supervision. For example, in June 2022 out of 85 nursing posts at Beechcroft across all

nursing grades 30 posts were vacant and these vacancies were largely covered on shifts by lower graded agency nursing assistants.

Comments:

There is a recovery plan in place to fill vacancies in Beechcroft. It is well established that quality, expertise and consistency of care is impacted by capacity and competence of staff - and we fully support this recovery.

16.24.5 The isolation of Iveagh should be a concern. If there is to be a continuing hospital in-patient provision for children and young people with a learning disability combined with mental illness and challenging behaviours it ought to be more closely integrated with other in-patient provision for young people. Consideration should be given to relocating Iveagh, if its provision is to continue, to the Beechcroft campus site.

Comments:

We would support a small inpatient service for children and young people with intellectual disability being located closer to Beechcroft. However, given they are in a purpose built environment, we cannot foresee how this is strategically possible. There may need to be improved networks for interface and co-working considered instead.

Q29. 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)

Yes
No
Undecided

Comment

Equity is a core principle of health care. If it is accepted that there is a need for a psychiatric hospital inpatient service for young people without a learning disability at Beechcroft, it would be discriminatory not to provide such a service for a group of young people simply because they have a learning disability. Not only do young people with a learning disability suffer from the same range of mental health problems that young people without a learning disability suffer from, it has long been known that they are 4 to 5 times more likely to suffer from a mental health problem than their typically developing peers (1).

Young people with a learning disability who are detained under the Mental Health Order require assessment and treatment in a psychiatric hospital. It is not clear where the Department envisages these young people would go if the Iveagh Centre was no longer operational. It would not be possible to meet the complex needs of young people with a severe learning disability and a mental disorder who are detained under the Mental Health Order in the inpatient service for young people in Beechcroft.

The Iveagh Centre's most recent RQIA inspection was a very positive one with universally positive feedback from the parents and carers contacted. It is unfortunate that the Jones report seemingly relied upon poor quality evidence from a single Belfast Live article, with many inaccuracies, which we cannot unfortunately elaborate upon because of patient confidentiality. We would suggest that the Department triangulate this data by seeking out other evidence sources which are in the public domain, such as the recent RQIA inspection of Iveagh and parent and carer views from Iveagh inpatients (beyond those of one parent who gave an interview to Belfast Live).

The Iveagh Centre uses an acuity tool to allocate resources for its 6 beds, similar to Beechcroft and other psychiatric inpatient units throughout the UK - therefore it is misleading to talk about the number of inpatients at a given time as if that is a reflection of Iveagh operating below capacity. Where

young people require a very high level of staffing resource, they occupy more than one notional bed as per the acuity tool.

(1) https://www.lancaster.ac.uk/staff/emersone/FASSWeb/Emerson_07_FPLD_MentalHealth.pdf

Q30. 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)

Yes
No **X**
Undecided

Comments

It is vital that we are clear on the distinction between health and social care services for young people with an Intellectual Disability. Whilst young people with a learning disability have great need for a range of social care services, they also require evidence-based interventions from clinical services when they develop emotional and behavioural disturbances that severely impact on their quality of life.

So-called 'diagnostic overshadowing' is a common problem encountered by young people with a learning disability, which unfortunately is much in evidence in this report. This means that the difficulties experienced by young people with a learning disability are attributed entirely to their learning disability and it is not recognised that they can suffer from a range of medical and psychiatric disorders *alongside* their learning disability, which require specialist support.

These services need to be clinically governed and to adhere to nationally

agreed standards of best practice. Where young people require inpatient clinical services, this means that they require the governance and monitoring frameworks associated with a hospital.

It may be useful for the Department to be aware of the extensive scoping survey that was carried out in Scotland in 2017(2), to look at the need for mental health inpatient services for young people with a severe intellectual disability. This survey makes sobering reading, highlighting the real-world impact of the lack of such specialist services on young people, their families and services in Scotland. The report highlighted that young people with a severe intellectual disability and a mental health problem - and their families - were forced to manage intolerable levels of distress and risk at home, were cared for in inappropriate services or were transferred long distances to England in order to access specialist inpatient care.

We would suggest that this is not a position Northern Ireland should want to emulate. On the back of this review, it has been accepted that Scotland needs a specialist inpatient unit for young people with a severe intellectual disability and mental health problems and one has now been commissioned.

The Iveagh clinical leadership team discussed with Professor Jones at the time of the review that many regional reviews of mental health services going back a number of years have proposed that Iveagh should be better integrated both within the wider CAMHS network and more specifically with Beechcroft Unit.

The Rees review of acute CAMHS and subsequent Action Plan in 2015/16 led by Commissioner Catriona Rooney - and involving the PHA, HSCB and BHSCT - highlighted the need to develop an acute services operational framework and suggested that “consideration be given to relocation of a small inpatient service for children that may be sited closer to Beechcroft”.

The Royal College of Psychiatrists report CR200 'Psychiatric services for young people with intellectual disabilities'(3), highlights the challenges for standalone services such as Iveagh: "Services for young people with an intellectual disability risk becoming isolated....The most immediate links will be with child and adolescent mental health services (CAMHS)....The inpatient unit needs to be co-located with other hospital services to ensure the effective safeguarding of vulnerable people. The physical location is important for adequate monitoring and supervision, to ensure that the staff do not become isolated and idiosyncratic and to provide the reassurance of additional staff in an emergency." (Royal College of Psychiatrists, 2016)

Recent RQIA reports have also requested that the Belfast Trust review Iveagh's model of care with respect to its relationship to Beechcroft.

We agree that the Department should look at the geographical and organisational isolation of Iveagh within the learning disability programme of care and consider a move to organisational and physical co-location alongside CAMHS.

Young people with a learning disability and a mental health problem may require access to a PICU and separate care spaces if they cannot share space with other young people. Neither of these environments are available to young people in the Iveagh Centre, but they are available to young people in Beechcroft. This is a further inequity for young people with a learning disability which requires redress.

(2) https://www.gov.scot/binaries/content/documents/govscot/publications/progress-report/2017/11/ld-camhs-inpatient-report/documents/00527514-pdf/00527514-pdf/govscot%3Adocument/00527514.pdf

(3) college-report-cr200.pdf (rcpsych.ac.uk)

Q31. Are there any other steps that you consider the Department needs to take in

connection with the concerns raised by the Review? (Recommendation 44)

Yes
No
Not sure

Comments

As the acute in-patient part of a mental health stepped care model, the Iveagh Centre continues to be challenged by the lack of a robust community infrastructure that could prevent admissions, minimise delayed discharges and improve discharge options.

Gaps in services across the region including step 3 community CAMHS services for young people with intellectual disability (ID), crisis intervention, respite and residential provision for children with ID - all impact on Iveagh's ability to admit appropriately and to discharge young people in a timely way.

The right of children and young people with ID to have equal access to mental health services has been well established, yet many barriers to services remain.

The DHSSPSNI integrated care pathway for CAMHS (2018), highlighted the right of young people with an ID in NI to have equal access to CAMHS.

The NI Children's Commissioner's Office, in its 'Still Waiting' report, recently highlighted concerns about the rights of children with an ID to access appropriate services for their mental health: "A comprehensive and integrated mental health service model across Northern Ireland for children and young people with a learning disability should be agreed and implemented. This model must ensure that young people with a learning disability can access comparable services and support as young people without a disability."

Q32. Have you any further comments about how social care services for children and families could be improved, taking account of what the Review found?

Ye
s
No
X

Comments

Chapter 3 – Operational/Organisational Effectiveness and Efficiency

This group of recommendations is intended to deliver organisational arrangements which are focussed on children and young people at all levels, from the Department of Health through to front-line children's social care services. There are 17 recommendations in total in this group as follows:

Recommendation 7: There is a clear and firm recommendation for a region-wide Children and Families arms-length body. So much which follows is likely to be dependent for its impact on having a regional ALB. *(See Chapter 6, Pages 113 – 116, paras 6.1 – 6.10)*

Recommendation 12: Statutory children's and families' social care services need to be located within an organisation where this is the primary focus of the organisation. *(See Chapter 8, pages 127 – 129, paras 8.5 – 8.9.2)*

Recommendation 13: Future arrangements need to allow the leaders of statutory children's social services to focus on the services without the allocation of other roles and responsibilities. *(See Chapter 8, page 129 – 131, para 8.10 – 8.15)*

Recommendation 14: The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland). *(See Chapter 9, pages 133 – 138, paras 9.1 – 9.21)*

Recommendation 15: Consideration should be given to establishing a children's and families social care division in the Department of Health. *(See Chapter 9, pages 140 – 142, paras 9.31 – 9.33)*

Recommendation 16: There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families. *(Chapter 10, page 150 – 152, paras 10.32 – 10.39)*

Recommendation 18: The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services. *(See Chapter 10, pages 150 – 152, paras 10.32 – 10.39)*

Recommendation 19: The existing children's social care information systems should be compared and the best performing adopted as the region-wide system rather than Encompass being developed to incorporate the integrated care records requirements for children's social care. *(See Chapter 10, page 147 – 150, paras 10.17 – 10.31)*

Recommendation 24: Re-arrange statutory services team structure to have more of a community focus and presence. *(See Chapter 12, pages 182 – 185, paras 12.51 – 12.62)*

Recommendation 38: A decision should be taken to introduce a region-wide children's and families Arms-Length Body which includes current HSCTs' statutory children's social care services along with other allied services and professions closely related to children's social care. *(See Chapter 15, pages 215 - 239)*

Recommendation 39: Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner. *(See Chapter 15, page 226, para 15.22 – 15.23)*

Recommendation 40: Within the context of developing a region-wide Children and Families ALB there should be the development of a regional care and justice centre within the Woodlands site. *(See Chapter 16, page 242 – 247, paras 16.7 – 16.16)*

Recommendation 41: The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland. *(See Chapter 16, page 242 – 247, paras 16.7 – 16.16)*

Recommendation 45: The regional Children and Families ALB should develop its own quality assurance and development processes and with independent participation within the processes. *(See Chapter 16, pages 254, Paras 16.30 – 16.36)*

Recommendation 46: The process, as already intended, of undertaking Case Management Reviews should be speedier and more participative. *(See Chapter 16, page 256, para 16.39 – 16.40)*

Recommendation 47: The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership rather than a purchasing relationship. *(See Chapter 17, page 259 – 262, paras 17.5 – 17.14)*

Recommendation 48: There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets. *(See Chapter 17, pages 260 – 261, paras 17.6 – 17.11)*

Q33. Are you content for recommendation 14 to be considered as part of ongoing internal organisational re-design work within the Department of Health?

Yes **X**
No
Undecided

Comments

Q34. 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?

Yes **X**
No
Undecided

Comments

Q35. Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?

Yes **X**
No
Undecided

Comments

Case Management Reviews should happen at the earliest opportunity so that learning can be disseminated as quickly as possible and to reduce the inevitable stress on those involved.

Q36. 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?

Yes **X**
No
Undecided

Comments

Q37. 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)

Yes **X**
No
Undecided

Comments

As stated in the report, a regional Arms Length Body for Children and Families will be essential in overseeing the implementation of many of the recommendations coming from the review and will allow for consistent and focused governance arrangements with a primary focus of Children's social care.

Q38. 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)

Yes
No
Undecided

Comments

N/A

Q39. 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)

Yes **X**
No
Undecided

Comments

We strongly agree that Beechcroft and Iveagh as clinical hospital services for young people needing specialist Psychiatric assessment and treatment should remain under the governance of Health Trusts with a focus on clinical care.

Q40. 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)

Yes **X**
No
Undecided

Comments

As long as there are evidence based and robust processes open to external and independent review and oversight from the Department of Health.

Q41. 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)

Comments

It is important for any organisation to have a degree of independent oversight. However, there is a risk of this being experienced as overly critical or punitive - which is not conducive to service development and improvement. Processes which foster a culture of learning and development within an organisation, with guidance and when necessary intervention from outside agencies such as the Department of Health, may be more open and positive.

Q42. 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)

Yes **X**
No
Undecided

Comments

Woodlands JJC has higher quality facilities. Lakewood's estate is very limited and could be considered counter-therapeutic. Sharing facilities will allow for a more efficient use of shared resources such as health and education.

Q43. 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)

Yes
No **X**
Undecided

Comments

We believe that the arguments for the development of a Care and Justice Campus are sound and make sense and do not feel that this should be contingent on the establishment of a Children and Families ALB. We also want to reiterate that any ALB should remain within the remit of the Department of Health, as we see the Integrated Health and Social Care Trusts as a strength of the region's organisation.

Q44. 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)

Comments

A step-down unit for Woodlands could potentially be a good use of the site. WIth regard to any other use of the site, this would require scoping exercises to ascertain what provision is required and whether the unit itself could be a suitably therapeutic environment.

Q45. 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)

Yes **X**
No
Undecided

Comments

Multi professional and Multi-agency working are the most holistic and comprehensive approaches to working with children and families. In addition, good communication between services is essential when working with and referring families between services, recognising that many families will be involved with multiple services and agencies, often at the same time.

Q46. 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)

Comments

A range of skills - including family support workers and social work assistants who can focus on practical tasks and pieces of work in order to free up social workers to do the work of engaging with children, parents, liaising with other professionals etc. The increase in skill mix should not be seen as a replacement for the social work role; Social Workers are highly trained professionals and increasing the skills mix must not be seen as an opportunity to replace social workers with lower paid, less qualified staff.

Q47. Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)

Yes
No **X**
Undecided

Comments

The necessity for different agencies to work together will vary from case to case; professionals should be given the freedom to work together in the best interests of the children and families who they work with, whenever necessary, rather than this being mandated. This is particularly the case between Health, Social Services, Youth Justice and, at times, Education.

Q48. If you answered yes to Q47, what is the best way to make this happen? (Recommendation 18)

Comments

N/A

Q49. Do you agree with the proposal to reject Recommendation 19? If no, please explain why?

Yes **X**
No
Undecided

Comments

The priority should be to enable communication and sharing of information. As Encompass has already been agreed upon as the system to be adopted regionally for Health, it is essential for Social Care to be part of the same system to ensure the best communication possible between services.

Q50. Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)

Yes
No
Undecided

If you selected yes, what arrangements could be made?

We agree that a consistent approach and structure across the region would be preferable - as the current differences can be confusing and may lead to a loss of services for families who move area. Any changes which allow families to remain with the same Social Worker or Team when their circumstances change, should be viewed as a positive; frequent changes of social worker can be upsetting and destabilising for young people and their families.

What challenges might this bring?

The proposed changes could be challenging and destabilising for teams who are already under a lot of pressure. It is essential that any proposed changes are made in consultation with the professionals and service users involved - and are agreed *alongside* these parties, rather than imposed from 'above'.

What benefits can we expect any proposed new arrangements to deliver?

Better consistency and stability for families navigating social care systems would be the main benefit.

Q51. If appointed, which areas of children's policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)

Comments

We do not believe that appointing a Minister for Children and Families would be the best course of action - but rather an Arms Length Body under the Department of Health, as there is so much overlap between Health and Social Care.

Q52. 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?

Yes
No
Not sure

Comments

A Minister may help to progress the recommendations from the report and bring a greater focus to the needs of Children and Families. However, it could increase division to have a Minister for Children and Families outside the Department of Health - and it is important for there to be harmony between Children's Health and Social Care, as there is so much overlap between the two.

Q53. 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?

Yes
No
Undecided

Comments

The role of a Children and Families ALB alongside the role and work of the Children's Commissioner should be adequate to ensure that there is a focus on the needs of Children and Families in the region.

Q54. 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?

Ye

No

Comments

More focus needs to be given to Adoption services and procedures within this area.

Chapter 4 – Workforce

This group of recommendations is intended to address the workforce challenges within children's social care services, particularly in relation to the recruitment and retention of staff. There are a total of 8 recommendations in this group as follows:

Recommendation 3: Action needs to be taken to address the children's social care workforce crisis. *(See Chapter 2, pages 49 – 51, paras 2.20 – 2.26)*

Recommendation 8: The organisations delivering children's social care services should undertake their own staff recruitment. *(See Chapter 7, pages 120 – 121, paras 7.10 – 7.14)*

Recommendation 9: Grading and banding structures need to be reviewed and revised. *(See Chapter 7, page 122, paras 7.15 – 7.19)*

Recommendation 10: Alongside a greater skills mix, re-establish the trainee social worker role and qualification route. (See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)

Recommendation 11: There should be a focus on staff retention. *(See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)*

Recommendation 17: There should be further development of a skills mix within children and families frontline teams and services. *(See Chapter 10, page 152 – 157, paras 10.40 – 10.54)*

Recommendation 20: Introduce a trainee social worker programme. *(See Chapter 11, pages 160 – 161, paras 11.7 – 11.8)*

Recommendation 21: Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children's social care services. *(See Chapter 11, pages 161 – 162, paras 11.9 – 11.10)*

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

Q55. Do you have any comment to make on how we further stabilise the children's social care workforce? (Recommendation 3)

Ye

No

Comments

We applaud the measures already taken to increase numbers in the workforce over this past 6-12 months and hope that these measures continue to build on recruitment. Ensuring adequate staff support and supervision, positive working conditions and opportunities for career development and progression are essential in recruiting and, perhaps more importantly, retaining staff, which ultimately leads to better services for Children and Families.

Q56. 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)

Yes

No **X**

Undecided

Comments

The current model for recruitment, according to the report, is not serving its intended purpose and is contributing to delays in recruitment as well as

other difficulties. This is unlikely to be providing good value for money in the longer term.

Q57. 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)

Yes
No
Undecided

Comments

Greater investment in the current system may address some of the difficulties, but is unlikely to solve all of the issues identified in the review. The system appears to be flawed in many ways and the best option would be a complete rethink. There needs to be joined planning carried out - through University training posts, postgraduate training and workforce.

Q58. Do you have any comments specific to grading and banding structures within children's social care services? (Recommendation 9)

Ye

No

Comments

It is clear from the report of the review that the current grading and banding system is a barrier to career progression and therefore to staff retention and as such it is not working well for the service as a whole and should be

reviewed.

Q59. Do you have any comments specific to the delivery of a greater skills mix within frontline teams? (Recommendations 10 and 17)

Ye

No

Comments

Increasing the skills mix in frontline teams is a positive step. but brings with it requirements for supervision of lower grade staff etc. It is vital that this does not further impact on the ability of social workers to carry out their primary function of supporting children and families.

Q60. 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)

Ye

No

Comments

The views of those working in the service should be taken into account with regard to these options, particularly with regard to the relatively recent experiences of trying to reintroduce a Trainee Social Worker Programme = which was not felt to be a successful endeavour.

Q61. Do you think that there are advantages to reintroducing a trainee scheme for social work? (Recommendations 10 and 20)

Yes
No **X**
Undecided

If yes, please explain your reasons.

As detailed in the report, this has been undertaken in the past and was not felt to have been successful for multiple reasons.

Q62. Do you have any comments to make about how we can improve retention of social workers in children's services? (Recommendation 11)

Ye

No

Comments

Greater support and protection from excessive workloads and unmanageable caseloads, a review of salary scales and greater opportunities for career development and progression - will all aid retention.

Q63. 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)

Ye

No

Comments

Improved Post-Qualification Development Programmes and opportunities for specialisation help to improve services for young people and families as well as improving staff wellbeing and increasing staff retention.

Chapter 5 – Making and Tracking Progress

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

Recommendation 52: Within six months, and the start of the New Year, decisions should be taken and action initiated to make the significant changes necessary to tackle the long-standing systemic and endemic difficulties for children's social care which impact on children and families and on the practitioners and managers who throughout this Review have demonstrated their commitment and their expertise but who are hampered and hindered by the current arrangements. *(See Chapter 18, page 269, para 18.10)*

Recommendation 53: There should be an annual conference, with participation by young people and parents and all who seek to provide help, to track progress and with a key role for a proposed cross-cutting Children's Minister along with the independence of the Children's Commissioner in facilitating the conference. *(See Chapter 18, page 272, para 18.19)*

Views are being sought on recommendation 53 only.

Q64. Are you content with the proposal to host a conference in Autumn 2024? (Recommendation 53)

Yes **X**
No
Undecided

Comments

The theme, to track progress since the publication of the report, is a good way to ensure that the review does not get lost or sidetracked in the context of our current political vacuum in NI.

Q65. Are you content with the proposed theme of the conference? (Recommendation 53)

Yes **X**
No
Undecided

Comments

Q66. Are there further comments that you would like to make in terms of how we assess whether sufficient progress is being made? (Recommendation 53)

Ye

No

Comments

We would like to commend the initiative to carry out such a comprehensive review of social care within NI and the amount of time and work invested by Professor Jones and the team. The report is an incredibly detailed document which demonstrates a high degree of understanding of the current situation. The recommendations are also comprehensive, optimistic, yet in the main

realistic. Although we have not fully endorsed all of the recommendations, we agree that the rationale behind them is sound. We are hopeful that this Review and Report will be the starting point for significant improvement in our social care services, with the ultimate goal of improving the lives of children and families across Northern Ireland.

RCPsych NI thanks you for inviting us to comment and offers its services for any further work in this area where you feel we may be of assistance. Our contact details are set out below.

Name:
Dr Siona Hurley, Vice Chair & Acting Chair RCPsych NI Faculty of Child & Adolescent Psychiatry

Contact E-mail:
thomas.mckeever@rcpsych.ac.uk

The Royal College of Psychiatrists is the statutory body responsible for the supervision of the training and accreditation of Psychiatrists in the UK and for providing guidelines and advice regarding the treatment, care and prevention of mental and behavioural disorders. Among its principal aims are to improve the outcomes for those with mental illness and to improve the mental health of individuals, families and communities.

The College has approximately 440 members in Northern Ireland, including Doctors in training. These Doctors provide the backbone of the local Psychiatric service, offering inpatient, day patient and outpatient treatment, as well as specialist care and consultation across a large range of settings.

The Royal College of Psychiatrists in Northern Ireland is grateful for the opportunity to contribute to this Consultation. As a Regional and National source of expertise in the assessment and management of mental illness, our Members have a direct interest in the subject matter of this Consultation.

The replies we have given herein are based on the views mainly

of our Faculty of Child & Adolescent Psychiatry, with input from Members working in both Intellectual Disability and Forensic Psychiatry.

What next?

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

Many thanks for taking the time to respond to this consultation.