Independent Review of Children's Social Care Services

 Initial Consultation on the recommendations

CSCS Review

Public Consultation Response Paper

(Print Version)



Introduction

1. This consultation seeks views on the recommendations arising from the Independent Review of Children’s Social Care Services in Northern Ireland (the Review).
2. 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

1. The **Consultation Questionnaire** is included at the **Appendix** of this document**.**
2. **The consultation will run for 12 weeks from 08 September to 01 December 2023.**
3. 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.
4. 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

1. **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.

1. While not necessary, our preference is for responses to be submitted online through Citizen Space.
2. Late responses will not be accepted.

Privacy, Confidentiality, and Access to Consultation

1. 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).
2. Where it is appropriate or necessary, we will remove email addresses, telephone numbers, and any other personal identifiers from these responses.
3. 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.
4. 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.
5. 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

1. Your views on the majority of the recommendations from the Independent Review of Children’s Social Care Services are being sought.
2. 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.
3. 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.
4. 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)](https://www.cscsreviewni.net/publications/report-independent-review-childrens-social-care-services-northern-ireland) to fully understand the detail behind the recommendations and the context in which they are being made.
5. 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

1. 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.
2. 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.
3. 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.
4. 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

1. 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.

1. Are you responding

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

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

(Required)

1. About You – An individual

Are you a child / young person (under the age of 18)?

[ ]  Yes

[ ]  No

1. Are you a child / young person with care experience?

[ ]  Yes

[ ]  No

[ ]  Prefer not to say

1. 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.

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

[ ]  Yes

[ ]  No

1. 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:

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

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

Organisation Name

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## **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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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?

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| Yes |[ ]
| No |[ ]

Comments

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**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?

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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

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

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What difference do you consider expansion would make?

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

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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

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

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

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

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

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

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

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

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Not sure |[ ]

Comments

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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)

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| No |[ ]
| Undecided |[ ]

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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)

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

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| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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

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

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| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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).

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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If yes, please specify.

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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)

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| No |[ ]
| Undecided |[ ]

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Comments

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

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| Undecided |[ ]

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

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

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| Undecided |[ ]

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Comments

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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)

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| Undecided |[ ]

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Comments

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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)

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| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Not sure |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]
| Not sure |[ ]

Comments

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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?

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| Yes |[ ]
| No |[ ]

Comments

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## 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?

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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?

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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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?

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]
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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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

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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)

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| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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

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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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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

Comments

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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If you selected yes, what arrangements could be made?

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What challenges might this bring?

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

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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

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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?

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| Yes |[ ]
| No |[ ]
| Not sure  |[ ]

Comments

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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?

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

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Comments

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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?

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| Yes |[ ]
| No |[ ]

Comments

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## 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)

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| Yes |[ ]
| No |[ ]

Comments

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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)

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| Undecided |[ ]

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Comments

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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)

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| No |[ ]
| Undecided |[ ]

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Comments

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

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| Yes |[ ]
| No |[ ]

Comments

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

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| Yes |[ ]
| No |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]

Comments

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

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| Undecided |[ ]

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If yes, please explain your reasons.

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

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| Yes |[ ]
| No |[ ]

Comments

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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)

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| Yes |[ ]
| No |[ ]

Comments

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## 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)

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| Yes |[ ]
| No |[ ]
| Undecided |[ ]

Comments

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

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| Undecided |[ ]

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Comments

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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)

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| Yes |[ ]
| No |[ ]

Comments

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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.