Strategic Outline Case of Options to Reform Children's Social Care

Prepared on behalf of DOH

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Department of Health

Strategic Outline Case of Options to Reform Children's Social Care Services

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List of Abbreviations	
CaMHS	Child and Adolescent Mental Health Services
CiN	Child(ren) in Need
CSCS	Children's Social Care Services
CVS	Community and Voluntary Sector
CYPS	Children and Young People's Strategy
CYPSP	Children and Young People's Strategic Partnership
DSC	Delivering Social Change
DE	Department of Education
DoF	Department of Finance
DoH	Department of Health
DoJ	Department of Justice
EA	Education Authority
HSC	Health and Social Care
HSCB	Health and Social Care Board
HSCT	Health and Social Care Trust
LAC	Looked After Children
NDPB	Non Departmental Public Body
NEET	Not in Employment, Education or Training
NI	Northern Ireland
NIGALA	Northern Ireland Guardian Ad Litem Agency
NIHE	Northern Ireland Housing Executive
NIPS	Northern Ireland Prison Service
MDD	Non-Ministerial Department
PBNI	Probation Board for Northern Ireland
PHA	Public Health Agency
PPANI	Public Protection Arrangements in Northern Ireland
PPS	Public Prosecution Service
PSNI	Police Service of Northern Ireland
RESWS	Regional Emergency Social Work Service
RQIA	Regulation and Quality Improvement Authority
SBNI	Safeguarding Board for Northern Ireland
SPPG	Strategic Planning and Performance Group
UK	United Kingdom
UNCRC	The United Nations Convention on the Rights of the Child
YJA	Youth Justice Agency

EXECUTIVE SUMMARY

Purpose

This report, which as far as possible follows the format of a Strategic Outline Case per the Better Business Cases guidance, has been prepared to inform the Department of Health's consideration of the "Children's Social Care Services in Northern Ireland: An Independent Review" (henceforth the CSCS Review), which was prepared between February 2022 and June 2023 by Professor Ray Jones and an Advisory Panel, made up of: Her Honour Judge Patricia Smyth, Professor Pat Dolan and Marie Roulston, OBE.

Background and Context

The report sets out an overview of the Health and Social System in Northern Ireland, within which Children's Social Services are delivered; and provides background information on the structures and systems that, according to the Review, are either partially or fully failing to deliver the desired level of outcomes for children and young people in Northern Ireland.

The report also provides information and context to the operation of the Children's Social Care Services, which is arguably more mandated in nature than any other aspect of care delivered in the HSC, being largely legislatively mandated through the Children (Northern Ireland) Order 1995.

The report also articulates the multi-faceted, and co-owned, remit for children's outcomes across the arenas of health, education, community development and youth justice; with reference made to the relatively newly developed Children and Young People Strategy and the associated co-operation legislation (Children's Services Co-Operation Act (NI) 2015).

Case for Change

Based on the CSCS Review, this report seeks to articulate and evidence the prevailing issues within the current system and structures; caveated somewhat by the fact that there are imminent and substantial changes afoot to commissioning, resourcing, monitoring and finance as a result of the Department's development and roll out of a new Integrated Care System for Northern Ireland.

The following summation of the issues detailed within the CSCS Review relates:

- High levels of demand in Northern Ireland that is unmet by current resources, giving rise to the assertion that the current arrangements are failing to deliver on the Children (NI) Order 1995; with datasets to support the following:

  - Northern Ireland has the highest referral rates in the British Isles (into a referral system that is considered to be overtly social worker resourced (as opposed to other jurisdictions where there is a multi-agency approach to same) and less definitive compared to other jurisdictions;
  - Northern Ireland has the highest Children in Need and Child Disability rates in the UK;
  - Northern Ireland has on par levels of Looked After Children on a regional comparison basis;
  - Northern Ireland has rising levels of Children on the Child Protection Register, which appears to be higher than any other region in the British Isles; and
  - There are rising levels of unmet demand evidenced through rising unallocated case levels;

- Ongoing Workforce /Staffing Issues; with datasets and/or feedback indicating the following:

- There are large numbers of unfilled posts (vacancy rates of Band 5-7 Social Workers absent due to sickness and vacancy was up to 34.1% in FY22/23) and high staff turnover rates (consultation and CSCS Review);
- There is a perceived shortage of supports available to staff, resulting in lack of confidence in the ability of the system to deliver care in the community resulting in risk averse behaviours and higher levels of LAC (consultation and CSCS Review); and
- Teams within Trusts are perceived to be sub-optimally structured in terms of skills mix and multi-agency working with too much emphasis on social workers.

- Sub Optimal planning, governance and accountability; characterised by the following:
  - Historical absence of a Robust Strategic Assessment of Need;
  - Historical Sub Optimal Operationalisation of Strategic Plans - The process of operationalising strategic plans across the five Trusts, each with sub contracted service delivery to the CVS, and through Service Contracts held centrally by SPPG is regarded by the CSCS Review as challenging due to the split between strategic planning and operational delivery; with varying staffing structures and governance arrangements prevalent;
  - Historical focus on performance monitoring (through Delegated Statutory Function Reporting) and a lack of performance management;
  - A poor collective understanding of what the status quo is in terms of expenditure on Children's Social Services and accountability for same by Trusts;
  - Hitherto unsuccessful attempts at partnership working through the Children's Co-Operation Act and the CYPS;
  - A lack of leadership and focus within Trusts owing to the perceived lower priority given to children's service vis-à-vis acute care within Trust Boards and the dilution of Trust Directors' of Children's Services roles with other roles and responsibilities; and
  - A newly formed Strategic Planning and Performance Group in DOH; with clarity of roles not yet apparent as the new Group rolls out its reform programme through the ICS.

- A system in need of recalibration to address the following:
  - An over-focus on reactive, costly child protection interventions compared with the delivery of more pro-active family-support interventions and support; with datasets showing that when compared to other jurisdictions in the British Isles, Northern Ireland has a low spend on family support/ early intervention and later intervention spend is rising (aligned to a rising level of children on the Child Protection Register). Consultees' views were that the Children's Order hierarchy of support is not being followed and support is in effect "inverted" with all time and money spent on looked after children (with acknowledgement that the practice in NI is working well and has thankfully avoided privatisation). The early CSCS Review indications of protecting early intervention and family support were welcome, with a need to reprioritise supports to same through an update of the Children (NI) Order 1995 called for by a number of consultees;
  - An inequitable and disjointed system of care across Northern Ireland; and
  - A system of social care that, despite the scale of the region and the relative newness of the HSC structures, lacks consistency in staffing structures, team skills mix, policies and processes between Trust areas.

This report also sets out a number of key datasets in respect of the status quo service delivery, with input received from the Department for Education, Youth Justice Agency and Health (allied health professionals, nursing and clinical disciplines).

Consideration of Options

In considering future options, the following guiding principles have been penned:

To implement reform within Children's Social Care Services, with a focus on quality, equity, consistency, resilience, and sustainability; to ensure that service delivery across the region is designed to be:

- Capable of responding with agility to current and potential future demands in a manner that is cognisant of competing priorities and complexity of need;
- Effective in meeting the needs of children, young people and families with a range of vulnerabilities in a consistent manner across the region;
- Sufficiently resourced with a range of supports to enable families to make informed and child-centred live decisions; and
- Adequately supportive of staff and carers in the exercise of their statutory and other duties and in the course of their caring responsibilities.

Reflecting this, the draft spending objectives for the proposed project are as set out in the table below[1] (SMART targets to be considered for OBC):

Spending Objectives
1. To develop a CSCS Corporate Plan that is underpinned by robust needs identification and service design that fundamentally and safely recalibrates services away from safeguarding and to a more balanced system of family support
2. To inform the operational delivery of children's social services at both a regional and sub regional level through an agreed Service Delivery Model and a multi-year Operating Plan that has agreed prioritisation of services
3. To structure the delivery of children's social services to ensure equity of service delivery regardless of residence; with waiting lists considered at a regional level where necessary or appropriate
4. To deliver services that are fundamentally structured to allow for agile and prompt redeployment of staffing resources at a regional level
5. To monitor performance and structure performance reviews in such a way as to inform sharing of best practice and trouble shooting

Options are as follows:

1. **Business As Usual** - This assumes that the current structure of working to interim commissioning arrangements continues; along with current reporting and funding arrangements; until such time as the full ICS framework is rolled out; to include a new funding model, new governance arrangements, new commissioning framework and a new performance monitoring and management framework. Within the BAU position, the recently formed Children's Services Strategic Reform Board would undertake urgent, predominantly operational reform tasks under the agreed workstreams of Waiting Lists, Workforce, Residential Placement Capacity, Fostering, Children with a Disability, Regional Care and Justice Campus Implementation; Policy and Legislative Reform; and Reducing Bureaucracy.

2. **Changes within existing ALB Structures -** Under this option, the Children's Services Strategic Reform Board would be resourced to introduce a suite of suggested changes to the BAU position over the next 18 months. These will include the introduction of training and mandates to Trust Boards; the issuance of mandates to Trusts with respect to practices that require changes; strengthened use of the CYP Strategy and CSCA to drive forward integrated planning and multi team working; a new team structure in the

[1] *SMART (specific, measurable, achievable, realistic and timebound) targets to be considered at OBC stage*

Department that redesigns how the Department (including SPPG and PHA) work; and a Reform Programme Board to undertake a recalibration of how Children's Social Care Services are delivered.

During this 18-month period, the expectation would be that the ICS will have reached a further level of maturity and a better understanding will be available as to whole system changes and the impact on system issues identified and impacted i.e. Children's Services Planning, performance improvement, improved clarity on funding flows, etc. Linkages into the ICS will need to be clearly navigated with due consideration given as to how the CYPSP and CYP Strategy interacts with the referred Planning Team and documentation.

3. **Development of an ICS for Children** - Perhaps due to a lack of clear understanding as to what the ICS is, it was suggested that there is an ICS for children developed. However, the ICS is possibly best regarded as new modus operandi for the health and social care commissioning cycle and, as such, it would not make sense to develop a separate ICS. As such, this option is not given any further consideration.

4. **Development of a Collaborative Network** - This was universally discounted due to the added layer it would add to an already confused structure.

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

6. **ALB Option B – New Children and Families ALB Structure with extended workforce and remit to include Education Welfare, Youth Justice and CAMHS –** This option brings other areas of children's services delivered outwith the DoH into the newly formed Children's Social Care Services ALB, as referred in the CSCS Review. It was felt that this option, whilst complex, provided the best scope to recalibrate the social worker workforce to best use their limited resources. This option is the only one that has the buy-in of the YJA.

7. **ALB Option C – New Children and Families ALB Structure to include Children's Health –** This option brings other areas of children's health services delivered within the DOH into the newly formed Children's Social Care Services ALB.

Shortlisting of Options

Based on the work undertaken to date, there are five options shortlisted for detailed assessment within an OBC:

- Option 1: Business As Usual;
- Option 2: Internal Recalibration of Children's Social Care Services;
- Option 3: Recalibration of Children's Social Care Services through formation of a dedicated Children and Families ALB whose remit is limited to delivery of children's social care services (as currently delivered by five HSC Trusts);
- Option 4: Recalibration of Children's Social Care Services through a dedicated Children and Families ALB whose remit includes the delivery of children's social care services (as currently delivered by five HSC Trusts) as well as Education Welfare, Youth Justice and CAMHS remit (currently undertaken by DE, YJA and HSC Trusts); and

- Option 5: Recalibration of Children's Social Care Services through formation of a dedicated Children and Families ALB whose remit includes delivery of children's social care services (as currently delivered by five HSC Trusts) and child healthcare (as currently undertaken by five Trusts).

In moving the investment decision along, the report identifies information gaps that should be addressed to ensure a robust comparison of the BAU with the identified Do Something options; with recommendations made for detailed scoping and development to inform any future agreed OBC preferred option.

1. INTRODUCTION

1.1 Purpose of Report

The Strategic Investment Board have been engaged by the Department of Health (henceforth the Department) to facilitate the preparation of a report to inform the Minister's consideration of the "Children's Social Care Services in Northern Ireland: An Independent Review" (henceforth the CSCS Review).

The CSCS Review, which is the key informant to the Case for Change, was undertaken between February 2022 and June 2023 and was chaired and led by Professor Ray Jones. Professor Jones[2] was assisted by an Advisory Panel, made up of: Her Honour Judge Patricia Smyth, Professor Pat Dolan and Marie Roulston, OBE. The Review was informed by a suite of statistical reports[3] prepared by the Centre for Effective Services in April 2023 (referred to as the CES Reports).

At the time of agreeing terms of reference for this supporting options report it was thought that this Ministerially requested report should be positioned at the level of a Strategic Outline Case (henceforth SOC).

However, as the business case engagement and evidence collation has progressed it is clear that the intended outcome of an SOC, which is that *"at the conclusion of the SOC, senior management and stakeholders will have a good understanding of the robustness of the proposal and the future direction of travel*"; is not achievable by June 2023. The cause of this is twofold: firstly, there is a high level of strategic and operational complexity associated with the potential way forward (which also brings in the Department for Education and the Department of Justice into consideration); and secondly the developmental work required (to capture the status quo and to ensure a collegiate approach) vis-à-vis the reporting timeframe are not aligned. It has also been agreed that there will be public consultation to inform the future direction of travel.

This report does however, as per Better Business Cases guidance, detail the following to inform evidence-based discussion as to the future direction of travel:

- Baseline/ Status Quo Strategic Planning, Governance, Accountability and Organisational Arrangements;
- A Strategic Assessment of the legislative and policy context in which Children's Social Care Services (henceforth CSCS) are delivered;
- Baseline/ Status Quo Outcomes and Financial Budgets;
- Case for Change (including stakeholder views[4]); and
- Preliminary identification of options.

This report is intentionally substantially larger than a typical SOC on the basis that it provides the reader with key informants and pertinent extracts from a range of source documents to reduce the level of external referencing required.

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[2] *Dr Ray Jones is Emeritus Professor of Social Work at Kingston University and St. George's, University of London, and a registered social worker. He has 50 plus years' experience in social care and as a social work practitioner, manager, teacher and researcher.*
[3] *Children's Services Data Report, Workforce Data Report, Budgets and Expenditure Data Report and the Report on the Comparison of children's services, workforce and financial data for UK and Ireland, April 2023, Centre for Effective Services*
[4] *Annex I details all consultees for the SOC*

1.2 Background

1.2.1 Structures

Unlike other regions in the UK, within Northern Ireland there has been an integrated health and social care system since the 1970s, whereby the remit for the delivery of clinical health care sits alongside the remit for the delivery of social care within the one system.

The current arrangements for health and social care in Northern Ireland came about following the Review of Public Administration which was deemed as the most significant and far-reaching restructuring in Northern Ireland for over 30 years, intended to produce more streamlined, integrated and economically efficient public services through the Health and Social Care (Reform) Act (NI) 2009; which created a Health and Social Care Board (HSCB) and the Public Health Agency (PHA) responsible for commissioning care, and five health and social care trusts (HSC trusts) and an Ambulance Service Trust (NIAS). Prior to 2009, there were 19 Health and Personal Social Services trusts, 13 acute or combined hospital trusts, 5 community trusts and the Ambulance Service Trust.

Dating back to September 2011, the associated Framework Document sets out, inter alia, the main priorities and objectives of each organisation[5] and the manner in which the body is expected to discharge its functions and engage with others and the Department. See Annex II for details of these, along with information on other players /mechanisms of relevance to the consideration of the best way forward.

1.2.2 Commissioning

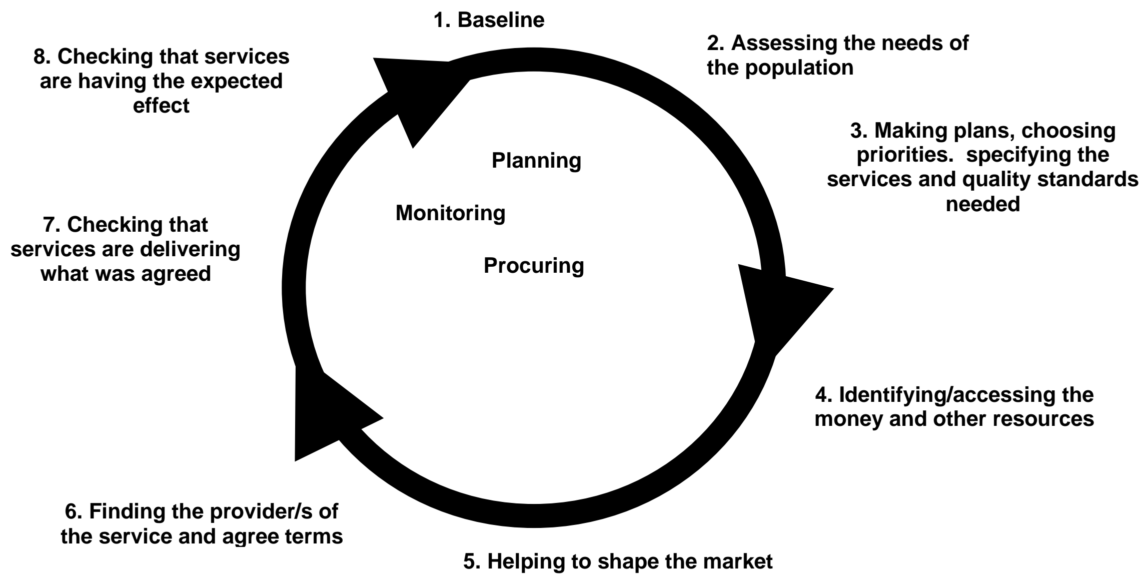
A duty currently allocated to the SPPG, commissioning is defined as the process of securing health and social care services and other related interventions to meet the needs of a population.

A complex process it is typically considered within a "commissioning cycle" that includes an assessment of need, strategic planning, priority setting, resource acquisition and allocation; to inform an agreed service for delivery by providers, which is duly monitored and evaluated to annually inform a new baseline position to reflect changing needs.

Some of the most common approaches to commissioning include capitation (typically a provider covers the majority (or all) of the care provided to a specified population across different care settings, with the payment calculated as a lump sum per patient); block contracts (effectively pre-payments to providers to deliver a pre-agreed number of procedures or operations) and tariff/ activity based funding (system of paying providers for the number of patients that they treat). Historically, commissioning in Northern Ireland has generally focused on a combination of capitation and block contracts.

The HSC (Reform) Act (NI) 2009 created the current commissioning system (schematic shown below); whereby the Department sets the strategic context for the commissioning of health and social care services through a Commissioning Direction; which communicates the Minister's overarching strategic priorities as well as the specific standards and targets for the health and social care sector.

[5] Public Health Agency (PHA), former Health and Social Care Board (HSCB), Regional Business Services Organisation (BSO), Health and Social Care Trusts, Patient and Client Council, Regulation Quality and Improvement Authority (RQIA) and Special Agencies (NI Blood Transfusion Service, NI Medical and Dental Training Agency and NI Guardian and Ad Litem Agency).



Source: Framework Document

There has not been a Commissioning Direction issued by the Department since pre-pandemic times i.e. the 2019/20 financial year and the FY19/20 Commissioning Plan, has remained the proxy reference through to FY22/23.

The SPPG is in the process of designing a new Commissioning Framework as part of its wider under the auspices of its "Future Planning Model, Integrated Care System NI Draft Framework" (henceforth referred to as the ICS); design planning for which was launched in October 2020.

Essentially under the ICS, the Commissioning Plan Direction has been replaced with a Strategic Outcomes Framework, which consists of a suite of nine thematic outcomes, which the ICS notes *"should be looked at as a whole and not be defined by considering each outcome in isolation".*

STRATEGIC OUTCOMES FRAMEWORK – 9 THEMATIC OUTCOMES

1. People are Healthy and Well – Physically, Mentally, Emotionally, Socially
2. People are empowered and supported to manage their health and wellbeing
3. **Children and Young People have the best start in life and their families or networks are supported in enabling them to reach their full health and well-being potential**
4. People with a caring role are supported to look after their own health and wellbeing, whether they are staff, paid, unpaid, voluntary or family carers
5. People are empowered and supported to gain and maintain positive psychological and emotional mental health and wellbeing
6. People with long-term, chronic and/or multiple conditions or disabilities are able to live confidently and well, and are involved in designing the care they need
7. Older people are confident and able to age and live well in a safe environment connected to their families or communities
8. People approaching the end of their life live with dignity and their families or networks are supported during the illness and through bereavement
9. People live in a fair and equitable society with reduced health inequalities

1.2.3 Children's Services Planning

Children's Services Planning (CSP) was implemented in Northern Ireland in July 1998 to plan and deliver services on the ground around the holistic needs and rights of children and young people through an integrated multi-agency model of planning and commissioning.

There is a statutory requirement that both the Trusts and the Board (now SPPG) review their Children's Services plans on an annual basis; with the scope of the planning limited to the provision of services under Part IV (Support for children and their families) which includes Children in Need and their families; Children Looked After by an authority and Care Leavers.

It is understood that the statutory requirement[6] with respect to children's service planning is met through the publication of CYPSP Action Plans. Detail of same is provided in Annex II. Whilst the CYPSP Action Plan 2021-24 is not explicit about the outcomes it is working towards; it does note that it has been informed by the 2008 Framework for Integrated Planning for Outcomes for Children and Young People and by the NI population accountability data linked to the NI Children's Strategy Outcomes.

1.2.4 Resource Management

The 2011 Framework document notes that *"this is a process of ensuring the best possible use of the resources of the health and social care system, both in terms of quality accessible services for users and value for money for the taxpayer"*. In allocating funding the SPPG use the Northern Ireland Capitation Formula, details of same are in Annex II.

As part of the ICS programme the SPPG is developing a new Financial Performance Framework and a new Governance Framework; these are both currently at the developmental stage. Consultation with the ICS Team indicates the expectation is that there will be a more informed understanding of financial spend on service delivery vis-à-vis commissioned services as an outworking of these developments.

1.2.5 Performance Management and Service Improvement

As represented in the diagram in Section 1.2.2; monitoring performance of providers against the agreements they make in relation to service delivery is a key part of the commissioning cycle. The current framework mandates that "*working with the PHA, the HSCB has an important role to play in providing professional leadership of the HSC*"; including that of *maintaining "appropriate monitoring arrangements in respect of provider performance in relation to agreed objectives, targets, quality and contract volumes"* and to *"effectively address poor performance through appropriate interventions, service development and, where necessary, the application of sanctions*"; as well as *"identifying and promulgating best practice".*

In relation to children, and following the closure of the HSCB, Trusts are required to submit Corporate Parenting Reports to SPPG. These reports historically formed part of Delegated Statutory Function (DSF) Reports (a requirement under a departmental Circular). The DSF reports, which are no longer produced, were annual end-of-year reports to the Department based on the then HSCB's analysis of Trust year-end reports and other relevant data and information gathered as part of the HSCB's professional oversight of statutory social services (both children's and adults) throughout the year. It is anticipated that the former annual DSF report will be replaced with a report on the exercise of children's and social care functions (defined in the Health and Social Care Act (Northern Ireland) 2022). These functions have been directly conferred on HSC Trusts (rather than delegated to them) by way of the 2022 Act.

The following extract is from the October 2021 DSF report:

> Each HSC Trust submit an individual end year report to the HSCB which has been reviewed by the HSCB Executive Director of Social Work. The five reports have provided the opportunity for each Trust to take stock of performance through the year and plan for the future. The attached overview report considers both the

[6] *The legislation required a plan to be in place before 31st March 1999; and for the Department to annually review this plan and, having regard to that review, to either publish modifications or substitute a new plan.*

operational performance and the strategic issues and is intended to provide the Department of Health with the necessary information that will assist its role in governance and accountability. On receipt of the overview report the Chief Social worker will advise the Permanent Secretary and Departmental Board of the key findings of the approved end of year overview report.

The Executive Director of Social Work, HSCB has put in place agreed performance management and quality assurance mechanisms. Elements of this performance management mechanism include:

- Maintaining oversight of individual Trust compliance with delegated statutory functions through regular liaison with Trusts and receipt and analysis of relevant information, data and reports
- Maintaining regional oversight of consistency between Trusts
- Taking prompt action to address under performance or non-compliance
- Alerting the Department of any unresolved disputes. In this reporting period (1st April 2020 to 31st March 2021) the Executive Director of Social Work has ensured appropriate oversight of individual Trust compliance through regular interface meetings, receipt of all necessary data, and the implementation of agreed Trust improvement and action plans.

Following an arrangement put in place to monitor developments using data submitted on a weekly basis during the Covid-19 pandemic, at the beginning FY22/23 SPPG undertook engagement with the Trusts to develop key indicators which could impact on compliance with the statutory functions. The data items are set out on a monthly dashboard. They include Trust comparisons and are shared across leadership of the children's services sector. The data items include staff vacancies, unallocated cases, children referred to social services, children on or added to the child protection and looked after children.

Since July 2022 the SPPG has been monitoring performance of the Trusts through HSC Service Delivery Plans, which are submitted on a monthly basis and cover 18 service areas (grouped into Acute Care, Community Care and Primary Care, with Children's Social Care falling under Community Care). A review of the January 2023 report shows that there are four performance measures for Children's Social Care, with the target on all being that the service delivery returns to pre-Covid levels (expressed as %):

Children's Social Care Service Delivery Plan Targets	
Output	**Target**
Initial Family Assessments	Deliver pre-COVID activity levels during 2022/23
Initial Child Protection Case Conferences	Return to pre-COVID position by September 2022 with a minimum of 84% of initial child protection case conferences held
	At least 85% of review case conferences < 3 months of initial case conference
	At least 89% of subsequent review case conferences < 6 months

As part of the ICS programme the SPPG is developing a new Performance Management Framework; this is currently at the developmental stage. Consultation with the ICS Team indicates the expectation that this revised approach will provide for a more robust commissioning cycle; with investment made in data scientist roles to support data-informed decision making.

1.3 Legislative Requirements

There are two key pieces of legislation with respect to the delivery of Children's Social Care Services; namely the Children (NI) Order 1995 and Children's Services Co-Operation Act (NI) 2015. Details of each are set out in Annex II. Other relevant legislation is population specific and includes the following:

- The Adoption (NI) Order 1987 as amended by the Adoption (Intercountry Aspects) Act (NI) 2001;

- The Children (Leaving Care) Act (Northern Ireland) 2002 (the Children (NI) Order 1995 was amended to strengthen support for children who have left the care system);
- The Safeguarding Vulnerable Groups (NI) Order 2007 (aimed at ensuring only suitable individuals are permitted to work with children and young people, whether in paid employment or in voluntary work);
- The Autism Act (NI) 2011;
- The Chronically Sick and Disabled Persons Act (NI) 1978;
- The Special Educational Needs and Disability Act (NI) 2016; and
- The Mental Capacity Act (NI) 2016.

In addition the Adoption and Children Act (NI) 2022 recently received Royal Assent[7].

1.4 Overview of Service Delivery

1.4.1 Categories of Support

Children's care and protection services as mandated by the Children (NI) Order 1995 are currently predominantly provided by the five Health and Social Care Trusts (HSCTs) in Northern Ireland; as supplemented by Service Contracts between SPPG and other providers.

The types of services delivered are typically categorised between four tiers (based on the four tier model developed by Pauline Hardiker[8]), which are dependent on the assumed or assessed characteristics of the target population. The Understanding of the Needs of Chilidren in Northern Ireland (UNOCINI) guidance, which underpins the regional assessment model that is used to assess the level of need of children and families in Northern Ireland as required by the Children Order (NI) 1995, subscribes to these service categorisations. This assessment considers three parameters – firstly, the needs of the child; secondly, parenting capacity; and finally, the family within the broader context of extended family, community and society. Outline details of the four service tiers is provided in Annex II.

1.4.2 Support Entry Points

There are two key entry points for children and their families – with Safeguarding referrals typically channelled through the various Trust Gateway Teams and Family Support referrals channelled through the Family Support Hub Teams (with the latter typically providing education, advice and guidance to families and children through short term interventions not exceeding 12 weeks duration). Details of same is provided in Annex II.

Ideally it would be insightful from a planning perspective to understand the "funnel" across NI and by Trust i.e. how many referred children come into the system and the pathway routes followed. Notably, a 2019 revenue business case estimated the following system attrition rates:

- 69% of Child Protection referrals and 68% of Family Support referrals were screened, assessed

[7] *This overhauls and modernises the legal framework for adoption in Northern Ireland and makes amendments to the Children (NI) Order 1995, to improve support for children and families in need, and improve outcomes for looked after children and young people, and young people who have left care. Implementation will be on a phased basis over a period of five years, beginning in FY22/23. In order to implement the various provisions, approximately 20 sets of regulations and accompanying guidance will be required, and extensive public consultation will be undertaken.*

[8] *Hardiker et al (1991) The social policy context of prevention in child care, British Journal for Social Work, 21 (4). The Forth Tier is defined as "Children in Need of Rehabilitation – Families where the structure has broken down and the children are suffering, or likely to suffer, significant harm without the provision of services. May be in need of rehabilitation in a care or custodial setting or may be in need of safeguarding."*

and defined as requiring 'No Further Action';

- Child protection referrals received and requiring a UNOCINI assessment: An average transfer rate of 49% from Gateway Service to FIS for further assessment and intervention; and
- Family support referrals received and requiring a UNOCINI assessment: An average transfer rate of 30% from Hubs to FIS for further assessment and intervention.

1.5 Report Structure

The report follows the format as follows:

Five Case Model	
Strategic Case	Strategic fit, need and demand Project aims and SMART/Spending objectives Benefits/risk/constraints
Economic Case	Options development, costing and selection Financial appraisal and calculation of optimism bias Non-monetary appraisal Assessment of risk and potential for displacement Recommendation of preferred option
Commercial Case	Commercial case of scheme Confirmation of procurement/sourcing and implementation actions
Financial Case	Detailed financials of Preferred Option
Management Case	Management Establishment of processes for post project monitoring and evaluation

These areas will be fully covered in the OBC to be prepared subsequently.

2. STRATEGIC CASE

2.1 Introduction

The purpose of the Strategic Case is to articulate how any reform of Children's Social Care Services is influenced or informed by current relevant policies, strategies and objectives; and is supported by a compelling Case for Change. This Section of the SOC is therefore structured in two parts, as follows:

I Strategic Context: Part I provides an overview of the strategic context within which the proposed reform sits; and

II The Case for Change: Part II: defines the Spending Objectives agreed for the project; sets out the status quo and the factors that are driving the need for change; this section also identifies the anticipated benefits, risks, constraints and dependencies to shape the options available within the Economic Case.

Part I: Strategic Context

2.2 Summary Policy Overview

Given the broad scope and reach that the area of Children's Social Care Services has, it is not surprising that there is a plethora of relevant strategy, policy and frameworks documents that provides strategic context to this SOC. The following list refers:

Whole Population Strategy and Policies

- Northern Ireland Programme for Government (PfG) (2021);
- Executive Children and Young People's Strategy (2020 to 2030);
- Health and Wellbeing 2026: Delivering Together (2016);
- NI Executive Child Poverty Strategy (2016 to 2022);
- Families Matter: Supporting Families in NI (DOH, 2009); and

Target Beneficiary Strategy and Policies

- Cross Departmental Covid 19 Vulnerable Children and Young People's Plan (DOH, 2020);
- Safeguarding Board for Northern Ireland's Multi-Agency Neglect Strategy (2018 to 2022);
- Ending Homelessness Together, The NI Housing Executive's Homelessness Strategy (2022 to 2027);
- Stopping Domestic and Sexual Violence and Abuse Action Plan (2021 to 2022) (DOH);
- A Life Deserved: "Caring" for Children and Young People in Northern Ireland' (DOH and DE, 2021) (agreement to develop this joint strategy was given in November 2016 i.e. five years prior to its launch)

Frameworks

- Making Life Better: A Whole System Strategic Framework for Public Health in NI (DOH, 2014)
- The Infant Mental Health Framework for Northern Ireland (DOH, 2016);
- 'A Fitter Future for All' Outcome Framework (2019 to 2022) (DOH, PHA);
- Draft HSC Regional Framework for Disability Services (2021);
- Children & Young People's Emotional Health and Wellbeing in Education Framework (DE, DOH, 2021);

The key strategic informants are the draft Programme for Government (PfG), Health and Wellbeing 2026 and the Children and Young People's Strategy (henceforth CYPS); as discussed in Annex II.

Part II: The Case for Change

2.3 Context of Recommended Change

During consultations there was a common repeated concern amongst stakeholders and that related to the idea of implementing more change in a part of government and public service delivery that has been subject to change for nearly a decade. To provide the reader with an understanding of the roots of this concern, there are two key change projects within health currently; namely:

- **10-year Transformation Programme that was launched in 2016 under the "Health and Wellbeing 2026: Delivering Together".** This programme was the response to the report produced by an Expert Panel led by Professor Bengoa tasked with considering the best configuration of Health and Social Care Services in Northern Ireland. It has the following intentions:

    - Build capacity in communities and in prevention to reduce inequalities and ensure the next generation is healthy and well;

    - Provide more support in primary care to enable more preventive and proactive care, and earlier detection and treatment of physical and mental health problems.

      Specifically Delivering Together notes the imperative to must prioritise prevention and early intervention to Family Intervention Services to ensure that people stay well. This approach will produce better health and wellbeing outcomes and it will reduce demand on our over stretched acute services. The Strategy noted the following pledge: *"to give every child and young person the best start in life, we will further increase the support we provide to children, young people and families from before birth to adulthood".*

    - Reform our community and hospital services so that they are organised to provide care when and where it is needed; and

    - Organise ourselves to deliver by ensuring that the administrative and management structures make it easier for staff to look after the public, patients and clients.

  Under the fourth area there is a stated need to *"work with the wider HSC system to design the new partnership approaches to the planning and management of HSC services, which moves away from competition towards collaboration, integration and improvement."*

  Two key groups were previously in place to provide strategic oversight to this work – the Transformation Advisory Board and the Transformation Implementation Group. Since the advent of Covid the programme has been overseen by the Performance and Transformation Executive Board (PTEB), which has a focus on restoring services to pre-pandemic levels, whilst maintaining a continuing focus on transformation.

- **The Integrated Care System NI Framework** is in the process of being developed by the Department. Work commenced in 2020. The ICS is defined in the draft ICS NI Framework as:

> *A collaborative partnership between organisations and individuals with a responsibility for planning, managing, and delivering sustainable care, services and interventions to meet the health and wellbeing needs of the local population. Through taking collective action, partnerships will deliver improved outcomes for individuals and communities, and reduce inequalities.*

This programme represents a change project of scale; the outcome of which will be the development of a new modus operandi for the commissioning process in Northern Ireland. There are a number of workstreams established to progress work across a number of areas. These include the development of a Strategic Outcomes Framework; Design; ICS Implementation; Test Regional Working Group; Funding; Data and Health Intelligence; and Communication and Engagement. Whilst the ICS NI is a single planning system, it has various levels working together, as follows:

- Regional level consisting of
  - SPPG who supported by PHA will be responsible for planning and commissioning regional services to meet the needs of the population; and
  - A Regional ICS Executive (RICSE) which will provide oversight, co-ordination, and support for the ICS NI, including ensuring governance and accountability arrangements are robust;
- Area Level - Five Area Integrated Partnership Boards (AIPBs) with local planning responsibilities to meet local population needs, guided by an overarching strategic direction; and
- Locality level which will enable and support collaborative working across all partners, including local communities, to understand local needs, inform AIPB planning and support delivery at local levels.

Consultation and correspondence with the ICS Team provides the following further insights:

- The SPPG is undertaking a holistic look at how it aligns itself internally to allow it to deliver strategic priorities of commissioning, performance management and the deployment and management of annual funding from the NI Executive. As part of this programme of change the SPPG will also seek to "*ensure that staff have the necessary skills to meet the demands of the Integrated Care System NI (ICSNI), our new commissioning model. To this end, we will look at capacity and capability across all SPPG Directorates, teams and individual roles so we can support the new model both internally and across the wider system. Allowing us to build on the good work and learning over the last year together as SPPG. Ensuring we are working on the right things that will have a positive impact on the services and system we plan. - focusing on performance, assuring value for money, and planning in how we do our business*".

- The proposed formal launch date of ICSNI is April 2024; as per the following timetable[9]:

  - Phase 1 - Commenced June 2023 - Mapping of current services to the new model.
  - Phase 2 - To complete October 2023 - 'Stop, Start, Continue Reviews' - working on the right things that make a difference. Exploring skills mix within teams, new and revised job roles to support better ways of working. And ddetermining new skills and learning needed to support the change.

[9] *Source: SPPG Narrative for Change July 2023, By Email*

- Phase 3 - To complete February 2024 - in advance of full ICS NI Go-live to evaluate and build on what works well and what would be even better within the newly aligned SPPG Structure.
- ICSNI Go-Live - April 2024.

2.4 Prevailing Population Statistics

The 2021 census reports that the population of 0 to 18-year-olds in Northern Ireland is 435,081, which accounts for 22.91% of the total population. 2020 demographic profiles of population split by Trust area, are shown in the following table:

Age Category	Belfast	Northern	South Eastern	Southern	Western	NI
0-4 years	21,756	22,153	20,951	27,274	19,574	113,825
5-9 years	22,704	31,415	23,695	28,959	21,101	124,476
10-14 years	21,478	32,133	24,048	28,355	21,003	126,919
15-17 years	11,568	17,553	13,018	14,878	11,464	69,861
Total	**77,506**	**103,254**	**81,712**	**99,466**	**73,142**	**435,081**
Whole Population	359,230	480,194	364,191	388,688	303,207	1,903,162
%	**21.6%**	**21.5%**	**22.4%**	**25.6%**	**24.1%**	**22.9%**

Source: Northern Ireland Statistics and Research Agency (NISRA) (MYE, 2020)

The following table shows that there were 22,071 births in Northern Ireland, which represents a 20-year marginal increase and a 10-year sizeable decrease. Notably, the level of births attributable to teenage parents has fallen from 7% to 2% over the referred 20-year period.

Births	Belfast	Northern	Sth Eastern	Southern	Western	NI	Teenage mother	
2021	4,317	5,166	3,937	4,989	3,662	22,071	474	2.1%
2011	4,840	6,048	4,595	5,522	4,268	25,273	1,170	4.6%
2001	4,084	5,413	3,995	4,556	3,914	21,962	1,524	6.9%

Source: NINIS

CYPSP[10] set up a Framework for Integrated Planning for Outcomes for Children and Young People. Key population indicators and trends (using a self-assessed RAG system – red equates to a worsening position; amber equates to an approximate unchanged position and green equates to an improving position) are as follows:

Population Indicators	2010/11	2020/21	10-yr RAG trend
Percentage mums smoking during pregnancy	17%	12.4%	
Mothers breastfeeding at discharge	44.7%	50.5%	
Immunisation rates for MMR at 24 months	92.8%	92.2%	
Percentage dental registrations 0 to 2 years	30.3%	30.9%	
Percentage dental registrations 3 to 5 years	70%	75.2%	
Key Stage I English Achievement Level 2 or above	94.1%	86.9%[11]	
Key Stage I Maths Achievement Level 2 or above	94.9%	88.8%	
Percentage of young people leaving school with no GCSEs	2.2%	0.8%	
CYP coming to the attention of the police for non-offending behaviour	1,948	Not recorded[12]	Unknown

[10] The Children and Young People's Strategic Partnership (referred henceforth as the CYPSP) is a non-statutory partnership set up in 2011 to improve outcomes for children and young people through integrated planning and commissioning of services across Northern Ireland. Detail of same is provided in Annex II.
[11] 2018/19 figure
[12] The CYP coming to the attention of the police for non-offending behaviour is not broken down by children any more.

Population Indicators	2010/11	2020/21	10-yr RAG trend
Primary school pupils with less than 85% attendance	4.5%	6.2%	
Post primary school pupils with less than 85% attendance	10.9%	10.3%	
Children aged 4-16 years suspended from school	1.39%	1.20%	
Children aged 4-16 years expelled from school	0.01%	0.008%	

Source: CYPSP NI Outcome Monitoring Reports

Population Indicators (0-17 years)	2010/2011	2021/22	11-yr RAG trend
Referrals to Children's Social Services	34,447	Not recorded[13]	Unknown
Number of Children Referred	26,781	34,969	
Children in Need	Not stated	24,545	Unknown
Looked after children	5.8/1,000	8.2/1,000	
Children on CPR	5.6/1,000	5.3/1,000	
% Children Re-registered on CPR	13.5%	18.4%	
Children who are victims of domestic violence	2.1/1,000	5.7/1,000	
CYP admitted to hospital with self-harm related diagnosis	10.4/10,000	8.5/1,000	
CYP admitted to hospital with alcohol related diagnosis	7.5/ 10,000	3.5/1,000	

Source: 20/21: CSC Statistics 20/21. Others: CYPSP NI Outcome Monitoring Reports

2.5 CSCS Review

2.5.1 Headline Reflections and Issues

The report is written in an informal and discursive style that does not specifically label the system failures that lead to the recommendations. Extracts from the report, grouped by key headers, are presented below.

Different Type of Issues in Northern Ireland Creating High Demand

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

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

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

A shared view of services under pressure and unable to provide the availability and level of help needed by children and families, of increasing difficulties for children and families created by poverty and cuts in services, of waiting lists and unallocated and unattended work, of heavily rationed and time-limited services, and of worker churn and change which makes it difficult to build relationships with children and families and with colleagues within and across agencies.

Workforce /Staffing Issues

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

[13] Reporting changed from 2010/11 and this is no longer recorded in this format.

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

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

There has also been support for the development of more multi-disciplinary (and multi-agency) teams with workers with a wider skills mix to be within the teams to provide a more family-focussed service, and for workers throughout statutory and non-statutory children's social services to be given recognition and to be properly valued, including in their employment terms and conditions.

Two further areas for consideration where the skills and professional mix might enhance services. First, collecting information and triaging at the first contact with children's social care services by having other agencies sharing in and contributing to this process. It draws on and further builds the commitment to safeguarding as a multi-agency responsibility. It adds the professional experience and expertise of, for example, police officers, health visitors, education welfare officers, and mental health workers alongside social workers who might be within the initial triaging team which would still be managed and led by a social work manager. It also allows information collection from and discussion back with professionals and agencies which might be contacting children's social care Gateway teams by someone who has the credibility of being experienced within their services. A second area of activity in Northern Ireland which has been set as the (almost exclusive) role for social workers is children's residential care.

Lack of Leadership and Focus

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

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

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

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

The directors of children's services not only have the experience of children's social care being less prominent, and may be more marginal, within the issues facing the Trusts, but they are also drawn into daily and weekly corporate discussions and activities focussed on tackling the urgent health service issues, and are on rotas to respond to immediate crises in hospitals.

Political Inertia

There is a political vacuum created by the absence of a functioning Assembly and Executive, which is having a harmful impact on children and families with increasing poverty and on services provided within the public and VCS sectors.

A System in Need of Recalibration

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

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

Statutory children's social care services have become skewed and heavily focussed on child protection and on the increasing number of children compulsorily placed in care through the courts.

There is the concern about lack of support and the availability of services and the particular limitations for families living in rural areas, areas not covered by Sure Start, and for newcomer families. And for some services, especially for disabled children and for mental health services, there are long waiting lists and services are too time limited or, as with respite care, heavily rationed or not available at all.

Statutory children's social care services are viewed as a child protection service with family support seen as largely the territory of the VCS sector.

"We are thresholding need and support. The current system is not managing risk in the community and instead is transferring the risk into the care system".

There is a general but not exclusive agreement that statutory children's social care services need to be re-set and re-focussed towards family support within a structure which gives more of a focus on children's social care and more consistency across Northern Ireland, albeit with the recognition that structural change on its own will not deliver the changes necessary.

There is also recognition of the need for a further strengthening of the VCS sector with an emphasis on partnerships rather than procurement and with more secure VCS funding.

Inequitable Services/ Lack of Consistency

There are variations in the range of responsibilities allocated to and held by directors of children's services in addition to their leadership role of children's social care.

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

Families have expressed their concerns about the complexity, inconsistency and fragmentation of services.
There are significant variations between Trust areas in, for example, support and services for families with a child with a disability, and with disruption and differences in help when moving to live in a different area.

One concern was that there is variation between the HSCTs in relation to the policies and practices of young people coming into, and being in, care. In particular, the approach to, and planning for, transitioning from care and young adulthood started at age 14, 16 or 18 depending on the HSCT.

A Confused System of Care

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

Confused Planning, Governance and Accountability

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

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

The current governance and leadership arrangements for children's social care in Northern Ireland, which includes arrangements, roles and responsibilities within the Department of Health (through SPPG), are at the centre of some of difficulties in tackling the issues facing children's social care.

[There is a need] … for clear leadership, authority and accountability whilst working across boundaries and promoting multi-professional and multi-agency services.

[There is a] … need for clarity about authority and governance.

[It is the] … clear view from this Review that unless and until the governance and organisation issues are addressed and sorted the practice issues will remain unsorted and unsortable.

There are difficulties which continue to need resolving in the governance (and commissioning) arrangements for health and social care services which were shaped fifty years ago in 1973 and were in essence continued within the 2007 and 2009 changes.

The development of ICSs has given little, if any attention, to social care for children and families but it may be bolted on as a late consideration, with children's social care as a marginal after-thought. This would intensify not tackle the systemic and endemic difficulties for children's social care.

2.5.2 Recommendations

The following report extract relates:

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

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

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

Notwithstanding this last comment, the Review appears to set out a total of 53 recommendations throughout the report. These are presented as they appear in the report; and where possible they have been categorised for ease of understanding. See Annex III.

2.6 Further Exploration of System Issues

2.6.1 Failure to fully deliver on the Children (NI) Order 1995 / A System in Need of Recalibration

The CSCS Review has effectively stated that the current arrangements are failing to deliver on the Children (NI) Order 1995. The following tables show the datasets behind the following headline statistics:

Typical Social Care Services Funnel Progression by Region using 2022 Datasets (Outturn per 10,000 children)				
Region	**NI**	**Ireland**	**England**	**Wales[14]**
Referrals	804	613	552	534
CiN – Non Disability CiN – Disability	458 (57% referrals) 106	- -	301 (55% referrals) 42	239 (45% referrals) 64
Children in Need - Total	564 (70% referrals)	186 (30% referrals)	343 (62% referrals)	303 (58% referrals)
Looked After Children	83 (10% referrals)	49 (8% referrals)	70 (13% referrals)	90 (17% referrals)

Underpinning attributes of the NI System

a. <u>Highest referral rates in the British Isles</u>

Whilst caveated, the relevant CES report[15] notes the following outturns and comparators for referrals to statutory children's social services, which clearly indicates that NI has higher referral rates than its neighbouring jurisdictions (Scottish datasets were not available).

Referrals to statutory children's social services per 10,000 children, by financial year 2011/12-2021/22											
Region	**11/12**	**12/13**	**13/14**	**14/15[16]**	**15/16**	**16/17**	**17/18**	**18/19**	**19/20**	**20/21**	**21/22**
NI	824	873	930	887	786	864	825	789	769	727	804
Ireland	-	347	356	371	369	399	451	459	470	581	613
England	534	520	572	548	532	548	552	545	535	494	552
Wales	726	631	560	563	534	-	-	-	-	-	-

The following data as to the source of referrals relates:

Referrals to statutory children's social services per source, by financial year 2016/17-2021/22						
Referral Source	**16/17**	**17/18**	**18/19**	**19/20**	**20/21**	**21/22**
Police	29%	31%	33%	33%	39%	36%
Social Services	20%	17%	12%	11%	9%	8%
Hospital	7%	7%	7%	7%	6%	6%

[14] *Based on 15/16 datasets for completeness*
[15] *Children's Services Data Report, Workforce Data Report, Budgets and Expenditure Data Report and the Report on the Comparison of children's services, workforce and financial data for UK and Ireland, April 2023, Centre for Effective Services.*
[16] *This sizeable reduction in NI referral rates was largely attributed to changes to reporting approaches e.g. from 2016/17 onwards there was a change in recording referrals in respect to children who were already assessed as being a Child in Need.*

Referrals to statutory children's social services per source, by financial year 2016/17-2021/22						
Referral Source	**16/17**	**17/18**	**18/19**	**19/20**	**20/21**	**21/22**
GP	3%	3%	3%	3%	3%	3%
Community Nurse/ Health Visitor	3%	3%	4%	3%	3%	3%
Health Sub Total	13%	13%	14%	13%	12%	12%
School / Education Welfare Officer	7%	8%	8%	8%	5%	8%
Relative	6%	5%	6%	5%	4%	4%
Court/ Probation Officer	5%	4%	3%	3%	2%	3%
Anon	4%	4%	4%	4%	4%	4%
CVS	3%	2%	2%	1%	1%	<1%
Self	1%	1%	2%	2%	1%	1%
NIHE	<1%	<1%	<1%	<1%	<1%	<1%
Other	11%	14%	16%	20%	23%	24%

Source: Children Social Care Statistics Report 2020/21 and 2021/22

Professor Jones offered the following theories on why referral rates are higher in Northern Ireland:

1. Need in NI is greater – due to greater levels of deprivation and poverty, legacy of the conflict in NI, ongoing fear and threat within communities, resulting in higher levels of need for NI compared to elsewhere.
2. Referrals may be measured differently in NI. For example, in NI, contacts with police for domestic violence (DV) are automatically referred to children's services. In other countries DV related contacts may be screened so that only a proportion are counted as referrals.
3. Differences could relate to a difference in legislation and/or definitions of children in need.
4. More referrals could be drawn in because NI's thresholds are not as high, and triaging may not be as definitive as it might be in other countries. Tolerance and appetite for risk in NI was also assessed as being low with the report citing NI's 'risk averse position'. Also the report noted the possibility of inconsistency in referrals across HSCTs and the application of different thresholds for recording a referral.

It is noted that a 2019 revenue business case[17] noted the following in respect of referrals:

69% of Child Protection referrals and 68% of Family Support referrals were screened, assessed and defined as requiring 'No Further Action'. This required a significant amount of work and does portray a system which recognises that its key role is to screen referrals. This demand is constant and it is worth explaining that the time spent on this activity is not counted and therefore not easily quantified. This activity does however, place significant demand on the Gateway system at the front door, and will continue to do so.

b. Highest Children in Need Rate in the UK

Whilst caveated[18], the relevant CES report notes the following outturns and comparators for levels of Children in Need, which clearly indicates that NI has higher rates than its neighbouring jurisdictions (Scottish datasets were not available).

[17] *Trust Childcare Safeguarding Waiting for Social Work Allocation, December 2019*

[18] *Welsh data refers to children 'in need of care and support'. 'Children in Need' is not a legal term in Ireland, instead data was provided by Tusla on the "number of children in receipt of statutory social work services", however this is a narrower definition than UK countries and may be an underestimation of the number of children in need.*

Children in Need per 10,000 children, 2011/12-2021/22											
Region	**FY11/12**	**FY12/13**	**FY13/14**	**FY14/15[19]**	**FY15/16**	**FY16/17**	**FY17/18**	**FY18/19**	**FY19/20**	**FY20/21**	**FY21/22**
NI	661	684	602	550	569	522	539	554	509	524	564
Ireland	-	263	240	227	212	209	222	207	176	177	186
England	326	331	344	337	337	330	341	334	324	321	343
Wales	312	321	316	308	303	254	257	262	266	270	-

c. Highest disability rates in the UK

Whilst caveated, the relevant CES report notes the following outturns and comparators for levels of Children in Need with a disability, which clearly indicates that NI has higher rates than its neighbouring jurisdictions (Scottish and Irish datasets were not available).

Rate of Children in Need with Disability per 10,000 children, 2011/12-2021/22											
Region	**FY11/12**	**FY12/13**	**FY13/14**	**FY14/15[20]**	**FY15/16**	**FY16/17**	**FY17/18**	**FY18/19**	**FY19/20**	**FY20/21**	**FY21/22**
NI			100	93	99	107	99	100	100	103	106
England	46	46	46	44	43	43	42	42	41	41	42
Wales	79	81	70	67	64	60	55	57	57	55	-

Key points of note in this regard related to the classification by other jurisdictions of autism as a disability; noting that prevalence rates for autism are thought to be higher in NI than other countries. Professor Jones noted that "[*in other jurisdictions within the British isles] autism is seen much more as an education issue, and education works in partnership with health. It is not seen as a social work issue."*

d. On par Rate of Looked After Children

Whilst caveated, the relevant CES report notes the following outturns and comparators for levels of looked after children, which shows that Northern Ireland has a relatively similar proportion of children in care to England and that the gap between Northern Ireland and Ireland has widened in the past five years, as rates in NI and Ireland have increased and decreased respectively. NI now has a rate that is 25% higher than Ireland. Scotland and Wales have had consistently higher rates than Northern Ireland. The gap between NI and Wales has increased steadily in the past five years.

Rate of LAC per 10,000 children, 2011/12-2021/22											
Region	**FY11/12**	**FY12/13**	**FY13/14**	**FY14/15**	**FY15/16**	**FY16/17**	**FY17/18**	**FY18/19**	**FY19/20**	**FY20/21**	**FY21/22**
NI	61	65	66	66	67	68	71	75	77	80	83
Ireland	55	56	55	54	53	52	51	50	49	49	49
England	59	60	60	60	60	62	64	65	67	67	70
Wales	90	91	91	89	90	95	102	109	114	115	115
Scotland	156	154	151	149	149	144	141	139	140	129	-

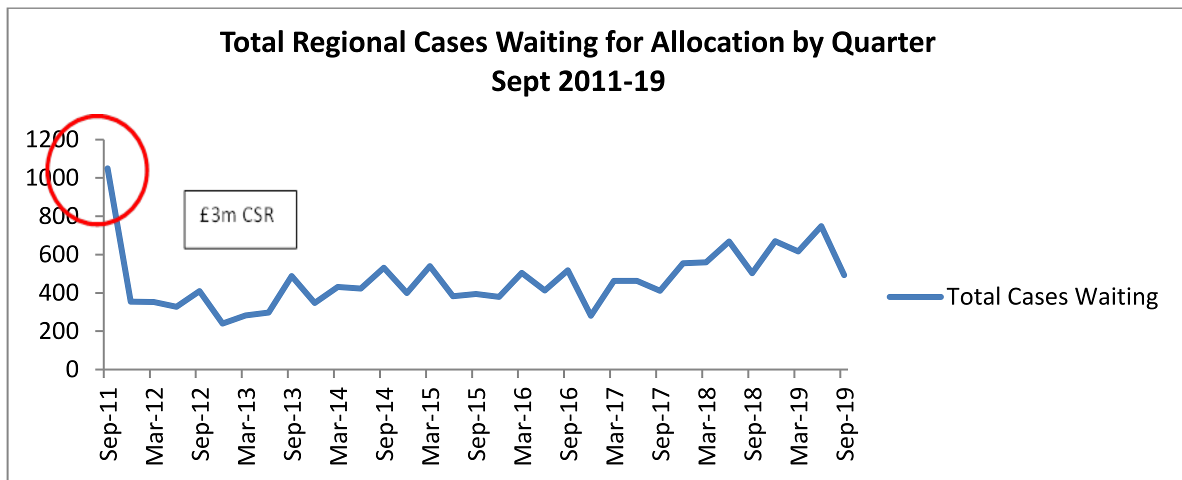
[19] *This sizeable reduction in NI referral rates was largely attributed to changes to reporting approaches e.g. from 2016/17 onwards there was a change in recording referrals in respect to children who were already assessed as being a Child in Need.*

[20] *This sizeable reduction in NI referral rates was largely attributed to changes to reporting approaches e.g. from 2016/17 onwards there was a change in recording referrals in respect to children who were already assessed as being a Child in Need.*

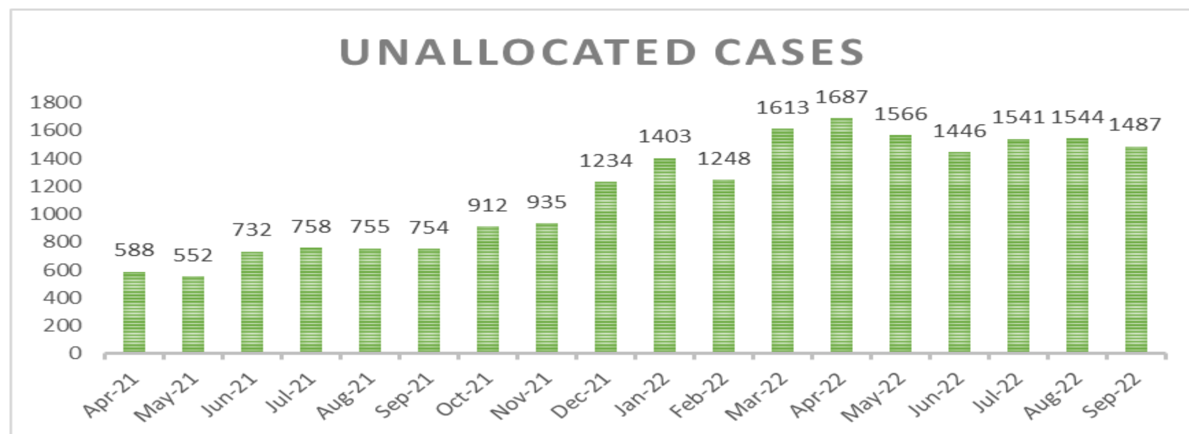
e. Rising Levels of Unmet Demand

The concept of "unallocated cases" (or cases waiting for allocation) has become more significant in recent years – effectively this occurs when a Child has been deemed a Child in Need but there is no Social Worker resource available to work with and support that child and their family.

Attempts to tackle this issue were made in FY11/12 and again in FY19/20 with revenue injections of £3m and £4.6m respectively. The 2019 revenue business case (for a Project entitled: "Trust Childcare Safeguarding Waiting for Social Work Allocation") provides an historical trend analysis between 2011 and 2019 as follows:



Current levels of Unallocated Cases/ Cases Waiting for Allocation are well above the previous 2011 high, as shown below for the period between April 2021 and September 2022:



Source: Monitoring the Statutory Duties and Powers for Children's Social Care Services, 1st April to 30th September 2022

The SPPG report, which includes the above chart, notes the following in respect of unallocated cases:

Of particular concern is the exponential 191.3% increase in unallocated cases in children social services from April 2021 to March 2022. The extent of the increase was not the same across Trusts with the BHSCT and the NHSCT experiencing the largest percentage increase. Furthermore the pressures were not experienced in the same service areas. The majority of unallocated cases in both the BHSCT (73%) and the SEHSCT (41%) were

> *in Children with Disability services; NHSCT and SHSCT experienced the pressure of unallocated cases more in their Child protection/Family Intervention services. Trusts have put in place a range of processes to triage referrals, and where possible work with other agencies to put in place monitoring or support, however this remains an area of risk.*

Source: Monitoring the Statutory Duties and Powers for Children's Social Care Services, 1st April to 30th September 2022

Consultees queried why there has been no reduction in unallocated cases despite additional resources being provided for same.

CVS consultees indicated the view that Trusts, as delivery agents of statutory services, should be "less precious" about who delivers services; with an opportunity to make better use of the CVS to bolster resources and service delivery.

f. <u>Rising levels of Children on Child Protection Register</u>

Whilst caveated, the relevant CES report notes the following outturns and comparators for levels of Children on the Child Protection Register (in England the comparator is a child with a child protection plan, which indicates that NI has higher rates than its neighbouring jurisdictions.

Rate of Children on CPR per 10,000 children, 2011/12-2021/22											
Region	**FY11/12**	**FY12/13**	**FY13/14**	**FY14/15**	**FY15/16**	**FY16/17**	**FY17/18**	**FY18/19**	**FY19/20**	**FY20/21**	**FY21/22**
NI	49	45	44	45	49	49	48	50	52	52	54
Ireland	-	-	12	12	11	11	9	7	8	8	7
England	38	38	42	43	43	43	45	44	43	41	43
Wales	46	47	50	47	49	45	47	45	-	50	47
Scotland	26	25	28	27	26	25	25	25	26	20	-

The effect of the difference between FY13/14 and FY21/22 in real terms is that there is circa 300 additional children on the CPR.

The report also notes the following in relation to attrition rates across the jurisdictions:

> *Conversion rates, the number of child protection plans as a percentage of child protection investigations in NI is high (11-year average of 66%) compared to Ireland (16%), England (29%) and Scotland (19%) but similar to Wales (67%).*

Source: CES Report page 17

g. <u>Anecdotally low spend on family support/ early intervention and increasing later intervention spend</u>

In 2007 UNICEF published a comprehensive overview report of child well-being in developed countries (UNICEF 2007, Child Poverty in Perspective), which provides a comprehensive assessment of the lives and well-being of children and young people in 21 nations of the industrialized world. This report measures and compares child well-being under six different headings or dimensions, which draw on 40 separate indicators relevant to children's lives and rights:

- Material well-being (poverty)
- Health and safety
- Education
- Peer and family relationships

- Behaviour and risks
- Young people's own subjective sense of well-being

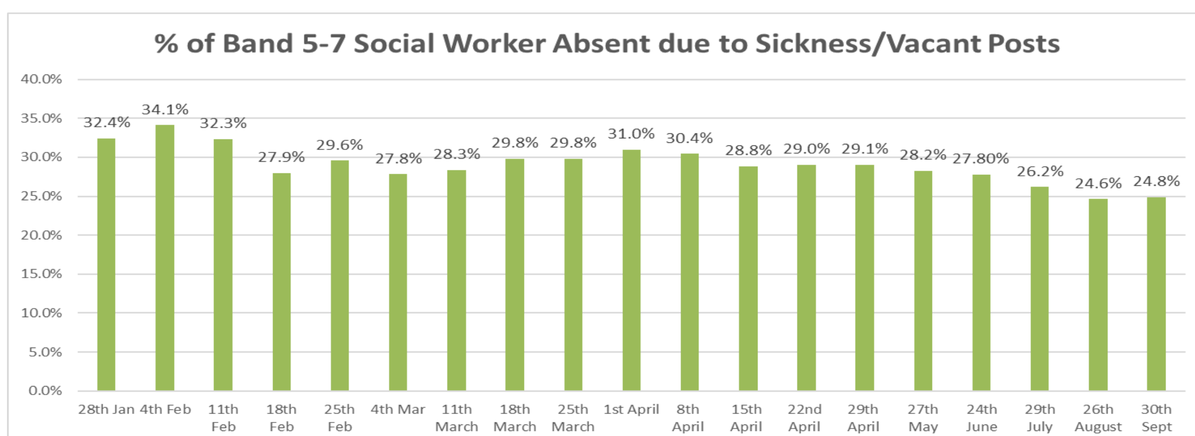
It concludes that countries which have committed to easily accessible, universal provision of, and emphasis on, early intervention services, backed up by and integrated with specialised services for children with additional needs, achieve the best outcomes for children and young people. At the top of the league are four Northern European countries; conversely UK and USA are in the bottom third of the rankings for five of the six dimensions reviewed, and are at the bottom of the overall ranking. Financial spend by area of service delivery has proven difficult to collate in the reporting timeframe. Notwithstanding same, the information provided by the Belfast Trust indicates that Early Years and Sure Start spend accounted for circa 5% of direct costs (before local, BSO, admin, management and training costs); with no clarity (at this time) as to how much of the further 10% spend on "Safeguarding/Family Support" is attributable to Tiers One and Two family supports.

Possible Causation Factors

- Sub optimal assessment structures that see Gateway Teams that are predominantly social worker resourced (as opposed to other jurisdictions where there is a multi-agency approach to same (known as Multi-Agency Safeguarding Hubs)). The CSCS Review highlighted that the assessment structure in NI was siloed and comparatively less definitive in its approach to triage.

- A shortage of supports available to staff resulting in lack of confidence in the ability of the system to deliver care in the community resulting in risk averse behaviours and higher levels of LAC (consultation and CSCS Review).

- Sub optimal team structures within Trusts (too much emphasis on social workers) with high levels of staff turnover and vacancy rates (consultation and CSCS Review). The following graph illustrates overall vacant posts/ sickness between April and September 2022; with individual team rates in some trusts recording much higher levels within individual teams.



Source: Monitoring the Statutory Duties and Powers for Children's Social Care Services, 1st April to 30th September 2022:

Related Research

Supporting and Strengthening Families through Provision of Early Help: A Rapid Review of Evidence[21] notes the following in respect of spending and outcome trends in GB:

> *The past decade has seen huge changes in the delivery of children's social care services:*
>
> - *From 2010/11 to 2018/19, local authorities shifted funding away from early intervention with spending on early help services falling by 44%; and*
> - *Over the same period, there was a 29% increase in late intervention services (children in care, safeguarding and youth justice), and a record number of looked after children.*
>
> *Whilst we cannot yet draw a direct line between reductions in early help and the growth in child protection proceedings and care orders, it does not mean they are unrelated.*

Feedback on the CSCS Review from the National Children's Bureau refers:

> *"Every child deserves a future feeling safe, secure and supported. But our current approach is not working, with record numbers of looked after children and a system skewed towards helping families only when they reach crisis point and children have already been harmed. As the cost of living crisis bites, more families are being pushed to breaking point and more vulnerable children are being put at risk… "Keeping families together is the right thing to do, but also makes financial sense…early intervention can reduce demand for more expensive crisis services later on";* with the cited evidence[22] being that increased spending on children's social care preventative services (including family support and early help) has a positive impact on the Numbers of Children in Need and the Rates of 16-17 year olds starting periods in care.

Source: NCB Response to CSCS Review

Further evidence of the inefficiencies of a system skewed towards safeguarding as opposed to investing in early intervention/ family support is reported through the May 2018 report by the Early Intervention Foundation "The Cost of Late Intervention in NI"; with the following key findings noted:

- The annual short-run cost to the public sector of late intervention in NI is estimated at £536m per year. This is equivalent to £1,166 per child.
- The largest drivers of spend include child protection and safeguarding, domestic violence and youth economic inactivity. The greatest fiscal impacts are projected to fall on social services, health and social security spending.
- Over the past six years in NI there has been increased pressure on spending due to rises in the number of looked-after children, domestic violence incidents and cases of substance abuse among young people.
- However, there have been some off-setting trends, with falls in the number of NEET young people, young people involved in the youth justice service and young people in mental health treatment.
- Spending on late intervention in Northern Ireland is roughly the same per head as in England. However, the drivers are different. While reported cases of domestic violence and spending on child protection are lower, there are high levels of youth unemployment and school absenteeism.

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[21] *Produced by NCB in June 2021. 20210513_Rapid Review_- Summary Report - FINAL.pdf (ncb.org.uk)*
[22] *The NCB Evidence Paper: "Impact of Investing in Prevention on Demand for Statutory Children's Social Care" 2022.*

Commentary/ Stakeholder Feedback

The Children Order advocates the role, and importance, of family support and early intervention; however it is not prescriptive in this regard. As budgets have come under pressure it would appear that Trusts are focusing time (and, by inference, money) on adhering to the prescriptive statutory expectations and this has reduced the amount of supports available for Tier Two interventions.

Professor Jones noted in consultation that whilst the Children Order has three layers: HELP: PROTECT: CARE – there are inadequate supports available under the HELP layer. A consequence of the lack of lower tier supports and an apparent decreasing willingness to manage risk in the community setting, has led to more Looked After Children.

In order to change this way of working the Review recommends a change to the workflow to recalibrate services to helping children's development by delivering more joint up services.

Consultees' views were that the Children Order hierarchy of support is not being followed and support is in effect "inverted" with all time and money spent on looked after children (with acknowledgement that the practice in NI is working well and has thankfully avoided privatisation). The early CSCS Review indications of protecting early intervention and family support were welcome, with a need to reprioritise supports to same through an update of the Children (NI) Order 1995 called for by a number of consultees.

However it was cautioned that in a system that does not fully subscribe to outcomes based accountability and in a system that does not subscribe to multi-annual planning, the value for money assessment of investing in early intervention and family support is difficult to articulate, despite there being clear evidence available that more spend on early intervention / lower tier supports results in lower spend in the protection and care tier 3 and 4 supports.

2.6.2 Absence of a Robust Strategic Assessment of Need

A review of the status quo indicates that children's social services commissioning and children's services planning are areas that require a strategic reorientation/ consideration, with better regional strategic plans developed and linked to operational delivery targets that are based on integrated working and an agility to allow for innovation, changing priorities and unexpected demand surges.

It will be imperative that the new ICS modus operandi robustly *"links investment to agreed desired outcomes, considering options*" (as per the widely used definition of commissioning[23]) at a strategic and delivery level across the region. There should be prioritisation provided within the Commissioning Plan; and operational planning to evidence optioneering of services based on prevailing needs; along with SMART targets or key performance indicators.

[23] The HSC/PHA NI Commissioning Plan 2019/20 defines commissioning as "*the term used to describe all the activities involved in assessing and forecasting the health and social care needs of the population, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place."*

Indicators of this Issue

a. Characterised by a commissioning process that is currently in hiatus with all service delivery performance monitoring tracking back to the FY19/20 Commissioning Plan (consultation and CSCS Review)

b. Characterised by a historical commissioning cycle that did not work for Children's Social Services (consultation and previous reviews) and by an evolving new ICS framework that the CSCS Review fears is at risk of being overly focused on adult and acute health and of not being geared towards Children.

   - Detail provided in Annex I indicates the comparative absence of Children in the Commissioning Plan Direction.

   - The failures of the historical commissioning cycle in the HSCB are widely reported on and accepted. This view was consistently reiterated by consultations with stakeholders.

   - Consultation with the ICS Team provides assurances as to the importance of children in their model of population health; with the fact there is only one outcome related to children not being reflective of the weighting to be assigned to children. The ICS Team has indicated that there will be a focus on children at the Regional ICS Executive level, with a dedicated restructured Children's Commissioning team within SPPG.

c. Characterised by duplicated efforts of the planning / commissioning process undertaken by DOH, SPPG and PHA and the current Children's Services Planning process undertaken by CYPSP (in determining its Action Plan) and by DE (et al) in determining the CYP Strategy.

   Section 1 details the varying outcomes used by the CYPSP and the historical commissioning plan and the proposed Strategic Outcomes Framework under the ICS.

d. Characterised by a lack of a regional Children's Services Plan that includes all areas of service delivery under the Children (NI) Order 1995 (not just the CYPSP Action Plan that details priority areas) including those commissioned directly by SPPG and those delivered locally and regionally by Trusts.

   - A review of the legislation requirements indicates that regional children's services planning is only required for children in need (Schedule 2A);

   - Query if the CYPSP Action Plan fulfils this statutory and functional role given that the CYPSP has historically had more of a focus on early intervention and family support;

   - The Action Plan also only provides a set of overarching priorities; against which each Trust details their responses in varying formats, it is not clear what services are delivered to Children in Need outside the priority targets (through whole system delivery targets); and

   - Query whether good service planning for a region can happen without an overarching plan that is linked to budget and targets at a regional level.

e. <u>Characterised by historically poor datasets and information sharing, which inter alia, hinders planning for services.</u>

- Consultation with the ICS Team indicates that there has been recent investment in data analytics/science to better position the SPPG with respect to understanding trends and pathway experiences.

- Consultation with the Encompass Team indicates that there should be better data capture and sharing of information within the health sector.

- Consultation with the CVS indicated their view of the need for a closer track of movement of children in and out of the child protection register.

2.6.3 Sub Optimal Operationalisation of Strategic Plans

The process of operationalising strategic plans across the five Trusts, each with sub contracted service delivery to the CVS, and through Service Contracts held centrally by SPPG is regarded as challenging.

Indicators of this Issue

a. <u>Characterised by split ownership of the Commissioning Plan between six players (SPPG and five Trusts) and the lack of an umbrella, region-wide Children's Services Plan</u> that includes all areas of service delivery (not just the CYPSP Action Plan that details priority areas) including those commissioned directly by SPPG and those delivered by Trusts.

b. <u>Characterised by various strategies with varying and sometimes conflicting outcomes (CYPSP Action Plan, CYP Strategy, Outcome Group Action Plans) and crowded strategic context</u> as characterised by numerous imminent strategies including a Family and Parenting Support Strategy; Anti-poverty Strategy; Maternity Strategy, Autism Strategy; Childcare Strategy (as committed to in the CYPS). Consultation with the SPPG acknowledged that there are approved strategies that sit in silo in terms of integrating with overarching commissioning plans and budgets.

   This is a point that Barnardo's feedback to the CSCS Review Panel appears to make:

> *"It is vitally important that the Review recommends the prioritisation of the development of vital children's social care policies at a central Government level and makes links with ongoing important policy developments which relate to the Review to ensure effective co-ordination….*
>
> *The Independent Review of Education in Northern Ireland published interim findings in October 2022, and the Independent Review of Special Education Needs is nearing completion. Co-design processes in the development of new Northern Ireland Executive Violence Against Women and Girls Strategy and social inclusion strategies, including Anti-Poverty, have been ongoing. The next seven-year Domestic Violence and Sexual Abuse Strategy is currently being consulted on and the Welfare Mitigations Review Independent Panel have published their report and recommendations.*
>
> *It will be extremely important that clear linkages are made between all of these crucially important policy developments to ensure optimum collaboration to the benefit of children and young people and their families who are served by the children's social care system."*

c. <u>Characterised by the absence of a NI CSCS multi-year Corporate Plan and supporting Operating Plans to act as the conduit for the annual delivery of activities</u>

It is noted that the new HSC Act (NI) 2022 requires each HSCT to submit for approval to the (SPPG within the) Department of Health a 'scheme' in relation to how they will carry out their statutory functions. This scheme has to be approved, or can be modified, by the Department of Health (i.e. the Department of Health is able to direct HSCTs (by way of a Direction) about how a HSCT's social care and children's functions should be carried out). It is noted that SPPG has indicated that they have given no Directions since the 2022 Act dissolved the HSCB.

A comparison of schemes in relation to Statutory functions at the time of HSCB operation vis-à-vis SPPG operation within the Department was drawn by the SPPG as thus:

"Schemes in relation to Statutory functions were previously in place when the HSCB existed that set out all the legislation. Since the HSCB closed, there has been a very brief one page scheme that notes that the legislative duties have been conferred on the HSC Trusts". The following 2022 scheme relates:

1. The Trust notes the content of the circulars:

- **Circular (OSS) 01/2022**: Legislative and Structural Arrangements in Respect of the Authority of the Department of Health, Chief Social Work Officer, the Office of Social Services and the Social Care and Children's Directorate of the Strategic Planning and Performance Group in the Department of Health and Health and Social Care Trusts, in the Discharge of Social Care and Children's Functions (Formerly Relevant Personal Social Services Functions);

- **Circular (OSS) 02/2022**: Social Care and Children's Functions (Statutory Functions): Management and Professional Oversight

- **Circular (OSS) 03/2022**: Role and Responsibilities of the DOH Deputy Secretary/Chief Social Work Officer, Director of Social Care and Children's Directorate, and Executive Directors of Health and Social Care Trusts for Children in Need, Children in Need of Protection and Looked After Children.

2. The Trust will put in place the professional oversight and governance arrangements to comply with the legislation as set out in the Establishment Order (The Health and Social Care Trusts (Establishment) (Amendment) Order (Northern Ireland) 2022)

3. The Trust will provide the Department of Health via the Social Care Children's Directorate with any requested performance management data, monitoring and quality assurance data and reports as requested.

Feedback from stakeholders suggested that the service is following a Business Continuity Plan as opposed to a Business Operational Plan.

Others noted that the sector needs a robust implementation plan and resources that has service delivery to children and their parents at the core; with a standardisation of services and clarity of roles and remits within the larger ecosystem of care.

d. <u>Multiple procurements of CVS services with arguably no centrally held understanding of spend and resource allocation to drive economies of scale and to reduce bureaucracy</u>

Consultation with representatives within the CVS indicated the perceived ad-hoc nature of commissioning, with, at best 3-5 yearly cycle but often annual contracts (owing to the lack of multi-year budgets by the Trusts).

CVS consultees called for a focus on what is broken in the current system and to fix that regardless of structure – this predominantly spoke to the broken nature of commissioning and procurement of services off the back of same; with the following attributes cited:

- Ad-hoc contracts and a number of legacy ones with no scope for co-design and innovation (particularly given roll over rates of payment against higher expectations of outputs);
- Current approach, of competitive tendering, is detrimental to the sector;
- Inconsistent procurement by Trusts, often with a lack of understanding of service requirements in contract award and management; and
- Varying commissioning models within and between departments (of health, education and justice).

The consultees called for a regional agreement on engaging with the CVS akin to England where the commissioning is "strategic, longer term, bigger value, sensible, intelligent and forward looking" compared to being piecemeal and operationally reactive in NI; as well as a need for Outcomes Based Accountability (as opposed to delivery based on outputs or activity levels) to be invested in and properly used.

2.6.4 Inconsistency of Services

The process of operationalising strategic plans across the five Trusts, each with sub contracted service delivery to the CVS, and through Service Contracts held centrally by SPPG is regarded by the CSCS Review as challenging due to the split between strategic planning and operational delivery; with varying staffing structures and governance arrangements prevalent.

Indicators of this Issue

a. <u>Varying Approaches to Risk Assessment</u>

The following tables demonstrate the stark variance within the Trusts' children population in terms of their status as Children in Need, despite there being the same UNOCINI assessment approach.

Children in Need Total and per 10,000 children by Trust, 2020/21 and 2021/22												
HSC Trust	**FY16/17**		**FY17/18**		**FY18/19**		**FY19/20**		**FY20/21**		**FY21/22**	
Belfast	4,262	560	4,331	567	4,088	532	3,546	458	3,681	475	3,888	502
Northern	5,326	490	5,113	471	5,191	477	5,814	533	4,978	456	5,448	528
South Eastern	3,837	474	3,796	468	3,598	442	3,785	462	3,852	471	3,929	481
Southern	4,875	507	4,686	483	5,277	539	5,213	526	5,522	555	6,829	687
Western	4,437	605	5,584	762	6,135	837	4,056	553	5,062	692	4,451	609
Total NI	**22,737**	**522**	**23,510**	**539**	**24,289**	**554**	**22,414**	**509**	**23,095**	**524**	**24,545**	564

Source: Table 1.1. Children's Social Care Statistics Tables

Children in Need by Disability Classification at 31st March 2022											
HSC Trust	**Physical**	**Sensory**	**Learning**	**Autism & ADHD**	**Other**	**Total, % and Rate/10,000**			**None**	**Total & Rate/10,000**	
Belfast	89	13	397	196	16	711	18%	92	3,177	3,888	502
Northern	99	25	495	299	67	985	21%	95	3,799	4,784	463
South Eastern	89	62	625	327	0	1,103	28%	135	2,826	3,929	481
Southern	78	65	266	787	0	1,196	18%	120	5,633	6,829	687
Western	87	0	332	187	0	606	14%	83	3,845	4,451	609
Total NI	**442**	**165**	**2,115**	**1,796**	**83**	**4,601**	**19%**	**106**	**19,280**	**23,881**	**549**

Source: Children's Social Care Statistics Tables 2021/22 – Table 1.2

Rate of children on the Child Protection Register per 10,000 population aged under 18 years								
HSC Trust	**2015**	**2016**	**2017**	**2018**	**2019**	**2020**	**2021**	**2022**
Belfast HSC Trust	50.4	50.3	45.6	41.5	43.5	32.4	43.2	44.5
Northern HSC Trust	46.5	48.0	42.2	43.0	43.0	47.9	45.0	47.8
South Eastern HSC Trust	46.7	53.3	47.9	41.1	44.9	45.6	42.8	43.9
Southern HSC Trust	43.2	54.8	60.2	57.5	56.1	56.0	60.6	59.4
Western HSC Trust	40.3	39.5	48.9	55.7	67.3	81.4	70.8	72.3
Total NI	**45.5**	**49.4**	**48.9**	**47.7**	**50.4**	**52.1**	**52.1**	**53.2**

Source: Children's Social Care Statistics Tables 2021/22

b. Varying supports available by area

The following information relates as to the locally commissioned CVS services by Trust, which was available from three of the five Trusts, as presented below:

Spend on CVS Contracts (£'000)	**BHSCT**	**NHSCT**	**SEHSCT**	**SHSCT**	**WHSCT**
Various Sample Years (see below)	5,249	-	-	2,711	4,352

Disaggregated spend was provided by Belfast and Southern Trusts, which provides a sense of the nature of the discretionary spend by Trusts on services from the CVS. It is noted that the financial datasets are presented under varying cost categories, which substantially hinders comparisons across Trusts.

BHSCT Financial Spend on CVS - Actual to January 2023 and Projected to March 2023	**£'000**
Children With Disability	767
Sure Start Projects	175
Early Years	1,566
Gateway	182
Safeguarding/Family Support	864
Looked After Children	1,694
Total	**5,249**

SHSCT Financial Spend on CVS - FY23/24	**£'000**
CYP Supported Services	202
CYP Early Intervention	66
EI and Family Support	33
General e.g. Contact Centres, FSHs, Short Breaks, etc	2,410
Total	**2,711**

An analysis of the Belfast Trust financial datasets (as detailed in Section 4.1.2) shows that circa 5.7% of the Trust's direct spend on Children's Social Care Services[24] is on Sure Start and Early Years supports, and a further 11.4% of the direct spend is on Safeguarding/ Family Support.

c. Characterised by varying staffing roles and structures

In structural terms, service delivery teams are typically structured around the level of need or characteristics of the children they deliver services to. Team structures by Trust (where available) are presented below.

Belfast Trust CSCS Teams
• Early Intervention and Safeguarding Team • Early Intervention Services Team • Family Support and Safeguarding Services Team • Corporate Parenting Team • Regional Emergency Social Work Service Team • Fostering & Adoption Services Team • Looked After Children Team • Residential Services (includes Edge of Care Services)
Northern Trust CSCS Teams
• Family Support and Intervention Teams • Children with a Disability Teams • Corporate Parenting Programme (includes Residential facilities for Looked After Children). Trust notes that there are a range of CVS that support the corporate parenting programme that includes supported accommodation schemes, advocacy and support, and adoption counselling. • Child Health, Development and Emotional Wellbeing Programme. Trust notes that the work carried out spans a broad spectrum of need and complexity and is organised within a stepped model of care.
South Eastern Trust CSCS Teams
• Children and Family Team – includes ATC Team, IST Team, Edge of Care Team, Family Meeting Service, Court Children's Service. • Fostering Team – includes Support and Development Fostering Teams, Duty Fostering Team, rly Fostering Frontline Service Team, Permanency Team, Recruitment and Assessment Team, Intensive Support Fostering Team, LAC Therapeutic Team and Adoption Team. Also offers Short Breaks Standalone Service. • Disability Services Team – includes Children's Homes Teams, Children's Disability Teams and Flexi Care Team. • Corporate Parenting Team – includes Residential Peripatetic Support Service Team, Supported Lodgings Services Team, Residential Services Team and Leaving Care Services Team. Also hosts Lakewood Regional Secure Care Centre and team. • Multi-Disciplinary Team – membership include disciplines from Community Paediatric Medical Staff, Allied Health Professionals, Special Educational Need Service, Children's Disability Service (Nursing and Social Services), Community Children's Nursing (CCN), Children's Psychology, Step 2 CAMHS (Primary Mental Health), Paediatric Epilepsy Nurse, Child Health Administration, Community Paediatric Administration, Single Point of Entry (SPOE) Administration, SPOE Referral Co-ordinator, ASD/ADHD and Neurodevelopmental Services, School Nursing Team.

[24] *Also includes spend categories of Children with Disability, Gateway, Fostering, LAC, RESWS and Residential Care.*

Southern Trust CSCS Teams
• Family Support and Safeguarding – includes Gateway Teams, Family Intervention Teams, Domestic Abuse Team, CSE Team, Court Children's Team, Edge of Care Team, Surestart Teams and SPOE Team, PPANI Team, HSB Team • Corporate Parenting – includes Looked After Children Teams, Concurrent Care Team, Family Recruitment and Placement Team, Assessment and Support Teams, Adoption Services Team, Residential Services Team, Children with Disability Services Teams, Transition/ Community Access/Short Breaks Team, 14+ Teams, TASKE Team, Supported and Community Living Team, Clinical Looked After & Adopted Children Therapeutic Services
Western Trust CSCS Teams
• Safeguarding Children and Corporate Parenting – includes Gateway Team, Family Support Team, Family Intervention Support Team (includes Court Teams, CSE and Generic Teams), Looked After Children and 16+ Team (includes Tenancy Support, Housing Support and Supported Accommodation Teams); and the Residential, Fostering and Adoption Team • Children's Health and Disability – includes Children's Health (health visiting, family nurse partnership, etc), CAHMS Team, Children's ASD Services and Children's Disability Services (includes Community Teams, Short Break Teams, etc).

Each Trust was asked to detail their formal and informal engagements with other parties. Samples are provided for Belfast and SE Trust in Annex IV.

d. <u>Characterised by varying remit of Director of Children's Services</u>

Each Trust Director has varying responsibilities and roles, as summarised below. Organisational governance charts are available upon request.

Belfast Trust Directorship Remit
The Director's role is that of "Director of Children's Community Services" and this role encompasses Executive Director of Social Work. Remit covers Children's Community Social Work and Child Health. Child Health accounts for approx. 20% of time. Assistant Directorships (or equivalent) reporting into the Director as follows: • Divisional Nurse (Community Child Health) • Early Intervention and Safeguarding • Corporate Parenting and Regional Emergency Social Work Service • Divisional Social Worker • Quality Improvement Service Manager
Northern Trust Directorship Remit
The Director's role is that of "Director of Children and Young People Division" and this role encompasses Executive Director of Social Work. Assistant Directorships reporting into the Director as follows: • Corporate Parenting • Safeguarding/Family Support • Child Health, Development and Emotional Well-being • Executive Director Social Work

South Eastern Trust Directorship Remit
The Director's role is that of "Director of Children's Services" and this role encompasses Executive Director of Social Work. Assistant Directorships reporting into the Director as follows: • Family Support, Safeguarding and LAC • Fostering, Adoption, Permanence, Early Years, Children's Disability & SETConnects[25] • Lakewood, Residential & Leaving Care Services • Executive Director of Social Work
Southern Trust Directorship Remit
The Director's role is that of "Director of Children and Young People Services". Assistant Directorships reporting into the Director as follows: • Corporate Parenting • Family Support and Safeguarding • Executive Director of Social Work
Western Trust Directorship Remit
The Director role is that of "Director of Women and Children's Services" and this role encompasses Executive Director of Social Work. Assistant Directorships reporting into the Director of Women and Children's Services as follows: • Corporate Parenting • Children's Safeguarding • Health Care and Lead Nurse (include Maternity, Neo Natal and Community Dentistry) • Community and Public Health (includes CAHMS, Family Planning] • Executive Director of Social Work (includes Delegated Statutory Functions)

e. Characterised by varying levels of integrated service delivery and comparatively lower levels of multi-disciplinary team working than other benchmark regions.

Consultation indicated the existence of pockets of good integrated service delivery (involving nurses, AHPs, etc), with specific examples mentioned by various stakeholders e.g. Stewartstown Road, Brownlow and Foyle. It was suggested that the current Trust structures are a barrier to sharing and rollout of innovative practice.

Professor Jones considers that the integration in NI is lower than anywhere else in the UK (verbally conveyed). This integrated working has been mandated in England since 2001/2 – with, for example, every area having a Youth Offending Service.

It was suggested that NI would benefit from a range of services teams (from a range of disciplines) designed around service delivery to a target sub-population. Suggested such teams for NI could include the following:

- Youth Offending Service;
- Under 5 Service (beyond getting ready for school – family support focus - working with struggling families to build parental confidence);
- Disability Service (health-led); and
- Mental Health Service (emotional CAHMS-led).

[25] *SET Connects is a therapeutic support service for Looked After and Adopted children and the network that surrounds them.*

Options to effect this change include the introduction of mandates and joint agendas for commission; supported by performance framework; and movement to an ALB.

2.6.5 Governance and Accountability

Indicators of this Issue

a. <u>Characterised by a relatively immature senior management team in the Trusts (on the basis of recent appointments, including on an interim basis) and a newly formed SPPG team in DOH</u>

The preparation of this SOC has been challenging in respect of understanding the status quo with respect to the services that the SPPG performs on the basis that they are very much at the planning stages of a system overhaul through the ICS.

It has been suggested that there are many unknowns as to the relationships between parties in this new era (following closure of the HSCB)

b. <u>Characterised by perception that HSC Trust boards are not fully cognisant or sighted on their statutory responsibility for children's outcomes; with prioritisation of children (and community care generally) universally perceived as being lower than adult and acute health services</u>

c. <u>Characterised by hitherto unsuccessful attempts at partnership working through the Children's Services Co-Operation Act and the CYPS</u>

Previous attempts to address commissioning and joint working approaches within Children's Social Care Services have largely been unsuccessful. Whilst the legislation to mandate joint working and service delivery for better children's outcomes exists prima facie in the Children's Services Co-Operation Act, the legislation stopped short of what is needed to ensure that the existing HSC structure and its partners (in Education, Youth Justice, etc) work efficiently and effectively.

The Department has advised that the originally proposed Children's Services Co-operation Bill included a provision (in Clause 4) for the establishment of a partnership with duties relating to children's services planning - in other words, placing the CYPSP on a statutory footing. The clause would have repealed paragraph 2A of Schedule 2 to the Children (NI) Order 1995 (Children's Services Planning) and placed a statutory duty on the HSCB to produce a Children and Young People's Services Plan. However, it transpired that the provision would not have fulfilled the original intention of establishing the partnership in statute. It was agreed that further additional work, including consultation, would be necessary to ensure that the provision could achieve its intended purpose. This was done through the draft Adoption and Children Bill consultation.

The referred consultation to gauge public support for the establishment of a regional CYPSP under statute was positive; with 75% agreeing and 19% undecided. Consultees indicated their views that the Regional CYPSP could potentially avoid overlap with other bodies e.g. PPANI set up under Article 50 of the Criminal Justice (NI) Order 2008; with a call for the Regional CYSPSP to be facilitative rather than regulatory and to positioned as the overarching framework for children's budgeting and commissioning of services i.e. across all departments and functioning in line with the arrangements of the CSCA. There was a request for clarity as to the focus of the Regional CYPSP and how it would

link to the CYP Strategy management structures to prevent duplication and enable synergies to be utilised.

It was considered by consultees that the CSCA has only recently started to be enacted (eight years after its development) and still is not doing what it was intended to do. This is evidenced in the fact that the CYPS is lacking in a robust governance framework and resources.

d. Characterised by low levels of public awareness or press interest in children's social care outcomes and services and an absence of a Children's Minister

Consultee feedback is that remit for children is dispersed amongst a number of ministers and there is a need for one dedicated voice for Children – noting that there is little or no moral duty in the general public towards children's outcomes.

e. Characterised by a poor collective understanding of what the status quo is in terms of expenditure on Children's Social Services and accountability for same by Trusts

The requests for financial information of spend by headline areas proved a challenge for the SPPG and Trusts to extract and present to inform the SOC, suggesting poor overall intelligence regarding activity and spend.

This will likely continue i.e. proxy costings based on assumptions around Programmes of Care levels until a new Funding Framework is developed through the ICS Funding workstream.

The relevant CES Report[26] notes *"the complexity of financial accounting arrangements for children's social care … expenditure for children's social care is spread across a number of cost centres, some of which contain other areas of children's expenditure, outside the scope of this review, such as AHP, Health Visiting etc … and planned expenditure and actual spend are tracked on different financial systems".*

During consultation with the CVS there was a call for better accountability in the whole service delivery in terms of where money is spent. It was suggested that the CVS is highly accountable for contracts they deliver and this is not consistent across the system. It was also queried where unspent resources received by Trusts for vacant positions went to – whilst one charity offered its resources to address vacancies in its local Trust, they were told that there was no available budget for same.

f. Characterised by an absence of an inspection function (similar to OFSTED in GB)

Consultees noted that the abolition of the Children's Services Improvement Board removed the line of sight to Trust Boards and ended a culture of central improvement.

Consultees did query who would play an independent review function on the basis that too many people are too close to one another to effectively undertake this role in a small region the size of NI.

[26] *Comparison of children's services, workforce and financial data for UK and Ireland, April 2023, Centre for Effective Services*

g. Characterised by an historical focus on performance monitoring (through Delegated Statutory Function Reporting) and a lack of performance management

Feedback from consultees was that the Trusts are not efficiently and effectively delivering regional services within CSCS but that the 'delivery' of regional children's services is not a function of the SPPG.

Feedback from stakeholders queried that value of the current monitoring and reporting through the Delegated Statutory Functions Reports on the following bases:

- They provide retrospective datasets on numbers of children at a point in time
- There is no meaningful recording of the flow of children through the system

CVS consultees considered that the approach taken by SPPG to how it commissions work from the CVS is more collaborative. They also considered that SPPG could potentially take a lead role to address differences in approach to the CVS by Trusts.

2.7 Considerations of Reform Outside of Health and Social Care System

2.7.1 Introduction

During the course of engaging with the Review Team there was much discussion about the opportunity to consider opportunities that a new ALB could bring, with consultees indicating varying views as to the optimum new structure (if a new ALB route was to be pursued). The varying factor centred on what, if any, complementary service areas should come into the new structure's remit. Particularly given the call for more integrated working across agencies and disciplines and recognition of the limiting factor that available social work resources presents.

This is an area that would require detailed discussion owing to the very varying views held by different stakeholders as to the merits and demerits of including, in addition to Children's Social Care teams, the following staff/remits:

- Wider Children's health teams within a new ALB (to effectively create a Children's ALB); and
- AHPs, CaMHS, Youth Workers, YJA social workers, Education Welfare Officer staff (in an enlarged ALB).

The CSCS Review notes the following in this regard:

> It is recommended that the children's and families ALB include the following services and workers:
>
> - The Education Welfare Service... although it has a focus on children where school attendance has dropped below 85% it is essentially a resource to families to get children to attend school and address child and family issues which may be hampering school attendance.
>
> - The Youth Justice Agency…The agency has had considerable and laudable success in reducing the number of children facing criminal prosecutions.
>
> - The Youth Service … [has] considerable involvement of young people with youth organisations in Northern Ireland with 140,000 young people registered as participating with youth services.

- Emotional health and well-being services should be working with early years settings and schools and be a partnership between the Education Authority and health services along with VCSs. [This is vis-à-vis 'Clinical CAMHS' [which] should continue to be managed by the HSCTs, albeit as multi-professional services with, for example, social workers seconded from the children's and families ALB to work within the multi-professional and multi-agency teams.

Verbal consultation with Professor Jones revealed his view that the NI system (to include health and social care, education and justice) does not need more social workers; instead it needs to recalibrate its existing wider workforce – to include Education Welfare Officers and Youth Offending Officers – to expand the delivery of joint services and more family support.

To inform this consideration in Section 3, this section details status quo informants in that regard.

2.7.2 Workforce Overview

In addition to the role that is currently delivered by HSC trusts and others through the SPPG Commissioning Plan, there are many other organisations under other government departments undertaking work with the same cohort of children, young people and families, all with the same intended outcome of this population's betterment, as detailed in the CYPS Strategy. The following list relates.

Health / Social Care Community Setting
• Social Workers in Trusts • Social Workers in CVS • Allied Health Professionals includes Speech and Language; Occupational Therapists; Physiotherapists; Dietetics; etc. • Nursing Staff • Health Visitors • Child and Adolescent Mental Health Services teams and paediatricians
Non-Health Community Setting
• Social Workers in Youth Justice Agency • Youth Workers
Education Setting
• Social Workers in School Setting • School Education Welfare Officers • School nurse practitioners • School teachers
Justice Setting
• Youth justice social workers • Probation officers • Prison officers • Public protection and child abuse investigation police officers

Staffing by key stakeholder is estimated as follows:

Indicative Staffing Levels by Profession	
Profession	**Regional Estimate**
AHPs	1,000-1,200
Social Workers – Statutory Children and Family Services	2,598 FTEs
Social Workers – EA Education Welfare Services	160 FTEs
Social Workers – EA Other Services	60 FTEs
Youth Workers – Education Authority	Not known – circa 2,000[27]
Social Worders – YJA	58.5 FTEs
Health Visitors	Not known
Youth Workers – YJA	16.5 FTEs
Community Nurses	500-600

2.7.3 Department for Education Informants

Background

The Department of Education is responsible for setting policy, strategy and for the central administration of education and related services in Northern Ireland. It has a wide and complex range of functions, impacting on all areas of a child's wellbeing. As well as being responsible and accountable for the quality of education in grant-aided schools, youth organisations and those services offered by early years providers, it has responsibility for leading the delivery of the Executive's Children and Young People's Strategy and its Childcare Strategy.

The Department has developed a Draft Corporate Plan, which will provide a clear strategic focus in the medium term, outlining the Department's priorities in view of where it can best make a difference for children and young people. The Department also develops an annual business plan setting out its actions to delivering the strategic priorities contained in the Corporate Plan.

The Department's Vision is for: "A system that is recognised internationally for the quality of its teaching and learning, for the achievements of its young people and for a holistic approach to education." Strategic priorities are as follows:

- Make learning accessible to all
- Improve the quality of learning for our children & young people
- Look after our children & young people
- Support those who need more help with learning
- Improve the learning environment
- Tackle Disadvantage and Underachievement
- Support and develop our education workforce
- Effectively manage, review and transform our education system

[27] *Based on CSCS Review quote that the workforce of 20,881 has at least 90% volunteers*

Consultation

Consultation with DE in March 2023, with one of the Department's Deputy Secretaries, indicated a level of support in principle for the concept of an ALB that draws in other services, including those interfacing with Education. It was noted that there is an increasing number of issues experienced in the school setting, conflated and compounded by increasing complex familial and community issues.

A review of the Education Welfare Service is underway and as yet has not been finalised. It is recognised that there is a need to take a more strategic approach to attendance and the underpinning issues causing same. It was considered that there is scope for the service role to be recalibrated to ensure that the focus is not too narrow and links with other interventions and supports impacting on attendance and broader issues affecting children in school.

The use of limited resources by schools to employ a dedicated social worker was noted as a rising trend; with the ALB providing an opportunity to co-ordinate social worker support across a number of schools in a locality.

It was felt that a key system failure is the inability for departments to work together – calling for players to act as a system with the ALB arguably providing an otherwise lacking platform for joint consideration of system change.

It was also noted that DE is undertaking an end-to-end review of SEN Services, looking at policy intention and approach through to operationalisation, including referrals and triaging mechanisms.

The CSCS Review to re-orientate the system towards more family support was welcomed, with parenting and school-readiness deficits creating issues within education.

It was noted that DE is about to undertake a review of Youth Service funding and policy; recognising the importance of youth work in supporting children and young people.

With respect to the CYP Strategy it was noted that there are limitations, and that there is a need for leadership and resource pooling for optimal outcomes to be achieved.

2.7.4 *Youth Justice Agency Informants*

Background

The Youth Justice Agency was established in April 2003 and provides a range of services, both within the community and within custody and often delivered in partnership with others, with an emphasis on:

- Diverting children and young people from crime;
- Helping children and young people to address their offending behaviour;
- Assisting their integration into the community; and
- Meeting the needs of the victims of crime.

The community-based services are delivered by a Youth Justice Services Directorate through five Area Teams located across Northern Ireland; each of which is responsible for the delivery of a wide-range of front-line services, often jointly with or on behalf of other partner agencies:

- Working with children and young people who are on the cusp of the formal youth justice system in order to intervene at the earliest opportunity (Earlier Stage Diversion);
- Hosting and delivering Youth Engagement Clinics;
- Facilitating and delivering Youth Conferences - both Court ordered and diversionary, ensuring that, where appropriate, victims have an input as to the way forward;
- Delivering a range of earlier stage and diversionary initiatives;
- Supervising and supporting children and young people, using a Children First model, across the continuum of Earlier Stage Diversion through to working with the most complex children and young people at risk of custody or on leaving custody;
- Service provision and attendance at all Youth Court sittings across Northern Ireland, including Magistrates', Crown and High Courts as required; and
- Delivering programmes and interventions to children and young people and their parents/carers to prevent reoffending.

It also provides custody for children and young people at its Woodlands Juvenile Justice Centre which is located in Bangor and services the needs of all of Northern Ireland.

Strategic Context

The YJA Model of Practice sets out the basis for how it will undertake its remit in a manner that seeks to promote continuous improvement. Known as "Positive and Progressive Youth Justice: Children First YJA Model of Practice" it seeks to make communities safer by helping children to stop offending. The framework has an overarching "Children First" philosophy.

The YJA operates under a Corporate Plan, with the current 2022-25 plan detailing the YJA's priorities on delivering on its model of practice. Notably this is the first corporate plan since the 2013-16 plan. Of note, the Corporate Plan states the following:

> [Preparing a corporate plan] is a great way of giving some certainty to our service users, staff and stakeholders on how we plan to deliver services over a longer-time frame. Importantly, it also helps improve our accountability to the people we serve.
>
> This plan dovetails well with the Department of Justice's new three-year corporate plan and the Department's Strategic Framework for Youth Justice (published in March 2022).

Under this corporate plan the YJA prepares annual performance impact reports that includes OBA-type information on services delivered and their impact.

Consultation

Consultation with the CE of the YJA indicates their view that a move to an ALB is critical to deliver the required system change. Justice is, in principle, supportive of an amalgamation of services / a move of the youth justice agency into a new ALB; but would not be supportive of full harmonisation of services within the current Trust structure owing to the view that the regional service model, where one Trust delivers services on behalf of all five Trusts, does not generally have a history of success, including at Lakewood.

There was a caution as to the adequacy of justice policy being reflected in an ALB and the retention of the policy link to the DOJ Minister. In order not to lose sight of justice issues in the development of the ALB and in its ongoing operation, he suggested that a Director role with sole responsibility for regional services is created within the ALB from the outset of the change management process.

The value of robust planning within YJA (through the continuous improvement programme, model of practice and performance impact reporting) was discussed, including the availability of early stage diversion services at the first point of contact – the YJA movement of services upstream has seen a circa 70% reduction of children in custody; and a rationalisation of the YJA budget (including reduced outsourced delivery).

2.7.5 *Allied Health Professionals Informants*

Background/ Strategic Context

The Allied Health Professions Federation Northern Ireland website indicates that there are 7,693 people registered with the HCPC as allied health professionals (AHP) in Northern Ireland, with approximately 5,548 working for the five trusts. Collectively AHPs account for the second largest group of health care professionals within the health service in Northern Ireland. The following is noted:

<u>Vision</u>
"The AHP workforce is positioned to improve the health and well-being of the population in Northern Ireland"
<u>Mission</u>
The AHPFNI provides collective AHP leadership and representation to influence national policy and guidance at a strategic level
<u>Strategic Priorities</u>
Workforce; Service Transformation/the future of Health and Social Care; and Visibility of AHPs/Leadership.
<u>Key Aims</u>

- Collective representation of the thirteen allied health professions on key issues across the health service.
- Ensuring recognition of the contribution and value of the whole AHP workforce in supporting patient centred care.
- Ensuring that AHPs are included at a strategic level across the health and social care system and their expertise in health service delivery is recognised.
  Highlights of 2020/21

As part of the Department of Health's workforce planning programme, workforce reviews have been published for four professions namely Physiotherapy; Podiatry; Prosthetics and Speech and Language Therapy.

Consultation

Consultation with a selection of AHPs from the disciplines of speech and language, occupational therapy and physiotherapy was held in May 2023.

It was noted that AHPs work across acute, older people and children's services, with their cost of service recorded in all Programmes of Care.

The estimated staff compliment working in Children's Services was between 1,000 and 1,200.

In terms of engagement with children it was noted that the SE Trust AHP team recorded 50,000 touchpoints with children and families in 2019/20; which provides a sense of the opportunity for staff to trigger welfare or safeguarding concerns. Indeed, the same Trust has allocated 0.5 FTE resource to the role of Safeguarding AHP Lead for this purpose.

Variation in AHP practice across the five HSCTs was noted.

It was considered that AHPs should be more involved in strategic planning of services; with limited shaping of services currently undertaken consistently across all areas; with a call for a strategy to ensure there is a collective approach (regardless of whether there is a new ALB).

Noted concern expressed about the potential loss of working relationships, accessibility and availability if the CSCS were to be removed from the Trusts and placed in a new ALB.

Referenced examples of good integrated working in LAC and SureStart.
Called for an ALB to have a blended skill mix in its management team i.e. not all social workers to ensure successful multi-disciplinary working.

2.8 Spending Objectives

Given the infancy of the concept and the uncertainty as to the way forward in respect of change/ reform of CSCS, this report does not articulate spending objectives that have been developed through stakeholder workshops. In lieu of same, which would be agreed through consultation and as part of the developmental process of agreeing the future direction of travel, the following guiding principles have been penned:

To implement reform within Children's Social Care Services, with a focus on quality, equity, consistency, resilience, and sustainability; to ensure that service delivery across the region is designed to be:

- Capable of responding with agility to current and potential future demands in a manner that is cognisant of competing priorities and complexity of need;
- Effective in meeting the needs of children, young people and families with a range of vulnerabilities in a consistent manner across the region;
- Sufficiently resourced with a range of supports to enable families to make informed and child-centred live decisions; and
- Adequately supportive of staff and carers in the exercise of their statutory and other duties and in the course of their caring responsibilities.

Reflecting this, the draft spending objectives for the proposed project are as set out in the table below[28] (SMART targets to be considered for OBC):

[28] *SMART (specific, measurable, achievable, realistic and timebound) targets to be considered at OBC stage*

Spending Objectives
1. To develop a CSCS Corporate Plan that is underpinned by robust needs identification and service design that fundamentally and safely recalibrates services away from safeguarding and to a more balanced system of family support
2. To inform the operational delivery of children's social services at both a regional and sub regional level through an agreed Service Delivery Model and a multi-year Operating Plan that has agreed prioritisation of services
3. To structure the delivery of children's social services to ensure equity of service delivery regardless of residence; with waiting lists considered at a regional level where necessary or appropriate
4. To deliver services that are fundamentally structured to allow for agile and prompt redeployment of staffing resources at a regional level
5. To monitor performance and structure performance reviews in such a way as to inform sharing of best practice and trouble shooting

2.9 Tusla – Irish Child and Family Agency

Annex V sets out background information about the formation of and operation of TUSLA, which is the Irish Child and Family Agency.

Consultation with the West North West Regional Chief Officer at Tusla in February 2023 indicated that key system issues prior to TUSLA formation included those of inconsistent service delivery, a lack of strategic planning (at commissioning and local spending levels), an absence of frontline engagement with parents and carers; and a highly charged political influence on service delivery. It was felt that these have largely been addressed through inter alia:

- Development at the outset of a National Service Delivery Model
- New governance structures that include a board with no political influence
- New national commissioning strategy and cycle that provides for national priority setting and agile service delivery
- Service design that is informed through youth and parental participation/ feedback with the CEO

Lessons learned include the following:

- The disaggregation of the social work services from health was challenging – whilst there were joint referrals and prioritisation of cases; good relationships and guiding principles about access to services e.g. a LAC referral to CAHMS picked up within a certain timeframe, in the early days these were eroded due to the difficulty in maintaining local relationships and the falling away of practices that relied on those relationships.
- The process of re-establishing relationship has been enabled through the joint identification of needs and responses in terms of integrated service pathways and a more robust intake screening service.
- There has been a process of centralisation to upskill, strategically understand, plan and reshape the service, followed by regionalised, recalibrated integrated teams that sees six area teams, each led by a Regional Chief Officer supported locally and nationally by HR, finance, training, risk and comms staff – these local teams were considered integral in connecting local operations with central oversight operations

- There has been an IT system set up that is outside of the health system and is specifically not based on the medical model to ensure correct setting of priorities; this includes all staff IT-enabled with a laptop that carries a mobile ICT system that includes scope to dictate emails.
- There are better communications across the workforce, with regular inspection reports shared across the system

It is noted that there are conflicting views as to the accuracy of the representations made about the success (or otherwise) of Tusla; with different anecdotal feedback received during the SOC consultation exercise suggesting that there are issues within the system. It is therefore recommended that a robust benchmarking study and exercise is undertaken by the Department to ensure lessons learned are adequately captured.

2.10 Main Benefits and Risks

Given there is no clarity at this stage as to the direction of travel, these are considered in the SWOT analysis of options in Section 3.

2.11 Constraints and Dependencies

Key constraints are as follows:

- Absence of Ministerial decision making.
- Circa two-year back log in Office of Legislative Counsel[29] workloads, potentially making the timely delivery of legislation challenging.

2.12 Stakeholder Support

Consultation was undertaken with a range of stakeholders; the views of whom have been reflected in Section 2.6 and in the analysis of options in Section 3.4.

2.13 Conclusion

Fundamentally the CSCS Review has concluded that the current arrangements are not adequately delivering against the Children (NI) Order 1995, with numerous systemic failures identified.

The independent review highlights that the facets of a well-functioning system are absent; research suggests that best practice would consist of a focused, consistent and strategically and operationally aligned system; that the organisational leaders within the system would have the trust of their staff, have autonomy to make decisions and scope to innovate in service delivery; and crucially, service users would have a strong sense of agency and are empowered to contribute towards achieving better outcomes.

Following on from this, the independent review has recommended, inter alia, that there is a new ALB set up with a single remit to deliver Children's Social Care in Northern Ireland. The Review paper repeatedly

[29] The principal function of the OLC is to draft Bills for the Northern Ireland Executive for introduction to the Northern Ireland Assembly. The Office also works with Parliamentary Counsel in Whitehall to ensure the correct application to Northern Ireland of Westminster Bills. Counsel provides advice and guidance to ministers and officials on constitutional and legislative matters.

sets out its view that the system issues identified could not be suitably fixed within the current structural and governance arrangements, whereby the responsibility for defining, delivering and checking performance of service delivery sits within the Department, SPPG and the five Trusts.

The Review Team was unable to comment on the value for money of the service owing to the lack of activity costing information; as well as the incomparability of the available datasets against benchmark datasets held for GB and Ireland.

The finding of this section is that there is widespread agreement of the Case for Change given the argument that there are rising demands and growing unmet needs; however there are varying views as to how this change is best effected.

The CSCS Review is very specific in some operational regards, yet leaves the strategic decisions to the Department et al; specifically it is unclear on the following considerations:

- The future role of Children's Services Planning and Integrated Planning through or outwith the CYPSP and the CYP Strategy structures;
- The future role of Children's Social Services commissioning with and without an ALB;
- The future role of SPPG and Department Policy staff; and
- The considerations as to how functions currently held by other departments (DE and DoJ) will come within the remit of the new ALB; and/or alternative arrangements to effect change.

3 ECONOMIC CASE

3.1 Introduction

The Economic Case is constrained by the level of development of thinking about the future direction of travel. Notwithstanding same, this section sets out the guidance on the creation of an Arm's Length Body (given that the proposed direction of travel by the CSCS Review is the creation of a new ALB); as well as a list of options and an initial assessment of each. No costs are attached to the requisite change underpinning each option; nor of the potential savings that may be achieved through different ways of working (if any). This would be considered in any future outline business case.

3.2 Arm's Length Bodies

3.2.1 Overview

Given that the key recommendation emerging from the CSCS Review relates to the creation of an Arm's Length Body it was considered useful to provide detail on same, to suitably inform decisions about the future direction of travel.

3.2.2 Background

The government has choices about how it delivers policies and public services. It can deliver directly through government departments or it may instead decide to set up an arm's-length body, in particular where it is appropriate for the body to be distanced from government or to draw on external technical expertise. Government relies on ALBs to carry out a range of important functions to deliver departments' strategic objectives.

Guidance exists to determine the appropriateness of setting up a new ALB; referred to as the "Three Tests" the following relates:

1. Is this a technical function, which needs external expertise to deliver?
2. Is this a function which needs to be, and be seen to be, delivered with absolute political impartiality?
3. Is this a function that needs to be delivered independently of ministers to establish facts and/or figures with integrity?

Source: Cabinet Office Code of Good Practice

Types of ALBs include Executive Agencies, NDPBs, NDPBs with Advisory Functions and NMDs as detailed below:

- Executive Agencies: These are clearly designated (and financially viable) business units within departments that are responsible for undertaking the executive functions of that department, as distinct from giving policy advice. They have a clear focus on delivering specified outputs within a framework of accountability to ministers.
- Non Departmental Public Bodies (NDPBs): These have a role in the process of national government but are not part of a government department. NDPBs operate with some independence and are not under day-to-day ministerial control, although a minister will be responsible to Parliament for their performance and effectiveness. NDPBs show considerable variety of structures and working methods, with scope for innovation and customisation. They are commonly used for trading activities.

- NDPBs with Advisory Functions: These NDPBs consist of external (non-civil service) experts who operate in a personal capacity to form boards or committees to provide ministers with independent specialist advice (free from political control).
- Non-Ministerial Departments (NMDs): NMDs operate similarly to normal government departments in the functions they perform (though usually they are more specialised and not as wide ranging in the policy areas they cover). They generally cover matters for which direct political oversight is judged unnecessary or inappropriate, and are usually funded by their own estimate.

3.2.3 Governance

The Cabinet Office's "Corporate Governance in Central Government Department: Code of Good Practice" (published April 2017) notes the following with respect to governance generally and of ALBs specifically:

> Good corporate governance is fundamental to any effective and well-managed organisation and is the hallmark of any corporate entity that is run accountably and with the long term interest clearly in mind.
>
> The ALB should ensure that the department has a written agreement with each of its ALBs which clearly defines the relationship. This written agreement, which should be reviewed formally every three to five years, should reflect:
>
> - Purpose and responsibility of the ALB;
> - Legal framework of the ALB;
> - Environment in which it operates; and
> - Partnership model adopted between the ALB and the Department.
>
> The agreement should provide clear information about:
>
> - The shared aims and mutual responsibilities, including a management framework and agreed tolerances for meeting performance targets, and actions to be taken where these are not achieved;
> - The arrangements for reporting and consultation in order to ensure that the departmental board receives information enabling it to monitor the areas of strategic clarity, commercial sense, talented people, results focus and management information;
> - The mechanisms to provide the department with assurance on information provided by ALBs on their performance;
> - The roles and responsibilities of both the department and ALB, along with expectations of support from the other party; and
> - The process for making board and senior management appointments in the ALB.
>
> The guidance also calls for the Department to "*periodically review the effectiveness of its portfolio of ALBs and whether or not they are:*
>
> - *Delivering in line with departmental single departmental plans;*
> - *Effective and provide value for money*[30]*;*
> - *The most appropriate mechanism for implementing policy objectives; and*
> - *Well governed and accountable for that they do."*

[30] Cabinet Office's Guidance on the Creation of New ALBs notes that "*efficiency should be embedded in the behaviour of ALBs at the outset, and analysis of how efficient an organisation is should run through all of the ALB's own self-monitoring processes, and regular performance reviews that should take place between the departmental sponsor team and the ALB."*

3.2.4 Application to CSCS

Professor Jones' view of how a Children's Social Care ALB would meet the above screening exercise is that this is a technical function that needs external expertise to deliver.

It would however seem that the HSC system in Northern Ireland is possibly unique insofar as, while there are ALBs to deliver commissioned health and social care services (the HSC Trusts), not all functions associated with that service delivery sit outwith the Department. SPPG (now part of the Department), undertakes what could be described as technical functions, by, for example, directly commissioning services from other providers. This puts the relationship between Department and the Trusts on a different footing to any other ALB-Department footing. This varying relationship is arguably at the heart of the issues identified with respect to governance and accountability; and service operationalisation.

The position in relation to this has been fluid in the past – aligned to the closure of the HSCB. The following is noted in the CSCS Review:

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

The CSCS Review somewhat seeks to bring clarity about the Department-ALB relationship with respect to Children's Social Care Services, which, under the new 2022 Health and Social Care Act (Northern Ireland), are as follows:

- HSC Trusts have the statutory responsibility and accountability for fulfilling the functions and the responsibilities that are determined by the relevant children's legislation, including the Children (NI) Order 1995;
- In fulfilling their statutory functions each HSCT has to submit for approval to the (SPPG within the) Department of Health a 'scheme' in relation to how they will carry out their statutory functions;
- This scheme has to be approved, or can be modified, by the Department of Health (i.e. the Department of Health is able to direct HSCTs (by way of a Direction) about how a HSCT's social care and children's functions should be carried out); and
- The department has the power to give a 'delegated direction' and this would solely be in relation to a function of the Department of Health not already allocated by legislation as a statutory responsibility to the HSCTs. Given that the vast majority of Children's Social Care functions are deemed to fall under the Children (NI) Order 1995 this would appear to be nugatory powers for this area of Health.

3.3 **List of Options**

During the engagement period the consultees were asked, where appropriate, to consider how the key deficiencies identified by the CSCS Review could be addressed outwith of the ALB recommendation. The resultant long list of options is detailed below.

With all Do Something Options there is scope for immediate action through the legislative Withdrawal of Services and Operation of the Service by the Department or an other body (for a period of time).

3.3.1 *Business As Usual*

This assumes that the current structure of working to interim commissioning arrangements continues; along with current reporting and funding arrangements; until such time as the full ICS framework is rolled out; to include a new funding model, new governance arrangements, new commissioning framework and a new performance monitoring and management framework, within the referred whole system approach to change through the ICS.

Within the BAU position the recently formed Strategic Reform Board would undertake urgent, predominantly operational reform tasks under the following workstreams:

Workstream Activity	
1.	*Waiting Lists*
2.	*Workforce:* • Recruitment and retention • Skills Mix • Workforce development and support
3.	*Residential Placement Capacity:* • Looked After Children • S/Unaccompanied Asylum-Seeking Children • Care Leavers
4.	*Fostering:* • Recruitment and Retention, including allowances and structures
5.	*Children with a Disability:* • Implementation of the Strategic Framework
6.	*Regional Care and Justice Campus Implementation:* • Harmonisation • Prevention • Integration
7.	*Policy and Legislative Reform:* • Looked After Children Strategy • Family and Parenting Support Strategy • Adoption and Children Act
8.	*Reducing Bureaucracy*

3.3.2 *Changes within existing Department-Health and Social Care ALB Structures (Internal Recalibration of Children's Social Care Services)*

Under this option the Strategic Reform Board (see Section 4.3) would be resourced to introduce changes from the following suite of suggested changes to the BAU position over the next 18 months:

- Training and mandates introduced to Trust Boards to ensure that Children's Social Care Services are tabled at each board meeting e.g. suggestion to mandate a nominated non-executive director for CSC work at each Trust Board to ensure a champion is there at the Board Strategic Planning level and that CSCS is a regular standing item and not just one that features as an escalation agenda item.

- Mandate Trusts with respect to practices that require changes e.g. limited remit to ensure protected time allocation to Children's Social Services and in respect of Executive Directorship dual roles.

- Strengthened use of the CYP Strategy and CSCA to drive forward integrated planning and multi-agency/disciplinary team working (subject to agreed accountability and governance arrangements, including, inter alia, due consideration of placing the CYPSP onto a statutory footing).

- Appoint a new team structure in the Department that redesigns how the Department (including SPPG and PHA) work, with or without a reporting line to a new Minister for Children. This team would become the proxy Children's Services Planning Team with a dedicated remit for the preparation of a multi-year Children's Services Plan (akin to Tusla's Corporate Plan) and annual operating plans; with the team having planning, finance, policy, performance monitoring and performance management capability.

- This team, presumably led by a Reform Programme Board that fully involves the Trust Directors, would undertake a recalibration of how Children's Social Care Services are delivered[31]:

  - Development of a Services Development Model Agreement[32]
  - Development of a Strategy for Regional Services;
  - Development of a Strategy for Regional Residential Care Services;
  - Consideration of CSCS operational delivery recommendations such as (not exhaustive):
    - New team structure requirements including new staff grades, team sizes and caseloads
    - New, mandated multi-disciplinary team structures
    - Joint agendas for commissioning
    - New multi-agency gateway teams
    - Named key worker
    - Smaller, bespoke residential homes
    - Increased funding for foster care
    - Retention payments for social workers
    - Commission, fund and support an independent parent-led parent support organisation
    - Mocking bird model (for fostering)
    - Enhancement of the out of hours service
    - 3-5 year contracts with the CVS
    - SureStart roll out to all communities

During this 18-month period the expectation would be that the ICS will have reached a further level of maturity and a better understanding will be available as to whole system changes and the impact on system issues identified and impacted i.e. Children's Services Planning, performance improvement, improved clarity on funding flows, etc.

Linkages into the ICS will need to be clearly navigated with due consideration given as to how the CYPSP and CYP Strategy interacts with the referred Planning Team and documentation. Consultees views of fixing the system in situ were varied:

[31] *In some cases, subject to the outcome of consultation, including with other departments.*
[32] *Tusla indicated that this was the first task undertaken upon inception to provide clarity as to where each team and networks fits and integrates; as well as the consistency of service expected*

"The system has had many forms of change in the past ten years and only now when we are settling are we talking about more change"

"Structural change to an ALB won't change or address all issues – so we need to be clear what will be achieved to manage expectations"

"If team working is properly mandated then there is no need to separate out staff from existing "organisational home"

"From the ground up there needs to be an understanding of financial implication of operational decisions"

"Services are in crisis and cannot wait to action change through a massive restructuring exercise required to create a new ALB"

"Easier to navigate boundaries and shared ownership in an integrated system"

"There have been previous attempts at service delivery transformation but change within a broken system cannot be sustained or properly implemented"

"Many issues can be addressed within the existing system, but that would just be a sticking plaster solution – we need to make a step change in how children's services are prioritised and governed; and explore more efficient ways in delivery of services in a time of rising demand"

"Any previous attempts of better integrated working within the health and social care system have been highly reliant on dedicated individuals as the driving force – when they leave position the impetus for change has dissipated (despite there being agreement to the underlying premise of the change process)"

"The Co-Operation Act is not working and the CYP Strategy lacks ownership – there have been failed attempts at better collaborative working to no avail in the current system/structure"

3.3.3 *Develop an ICS for Children*

Perhaps, on the basis that the programme to develop and operationalise the ICS is still a work-in-progress, , it was suggested that there is an ICS for children developed. However, the ICS is possibly best regarded as new modus operandi for the health and social care commissioning cycle and, as such, it would not make sense to develop a separate ICS. As such, this option is not given any further consideration.

3.3.4 *Develop a Collaborative Network (akin to the approach taken within Mental Health and separately within Pathology Services – by way of example)*

This was universally discounted due to the added layer it would add to an already confused structure.

Consultees views of a network were resoundingly negative:

"Networks are talking shops unless there is accountability."

"Despite there being a network approach in the area of pathology, there is still real disparity of services between Trusts and Trusts are not acting for the good of the total service because they don't have sight of the total service."

3.3.5 ALB Option A – New Children and Families ALB Structure (Recalibration of Children's Social Care Services through Dedicated Children's Social Care ALB)

1. Operate to a single framework i.e. set up a new Children's Social Care Services ALB that becomes the body who receives the Annual Commissioning Direction and is the body with full ownership and accountability for the associated budget allocated to Children's Social Care by the Executive. CSCS Review notes that the new ALB needs to *"have the accountability and the authority to do what is required by the legislation".*
2. The ALB prepares a multi-year corporate plan that is informed by a commissioning process tailored to children and underpinned by integrated services planning. Consideration to be given as to how this process sits within, or is informed by, the new structures being developed presently through the ICS and CYPS.
3. The ALB is monitored against agreed service targets and outcomes set by the Department.
4. The ALB is tasked with recalibrating service delivery to better fulfil the Children (NI) Order 1995 to include considerations listed above.
5. Within a children's and families social care ALB there would be the ALB chair with the significant status of governance leadership along with the ALB's board, and a chief executive with, as suggested by the CSCS Review, five geographical directors of children's services with the profiles and 'gravitas' to 'grip' the issues which need to be addressed and to be the strategic leaders working with children and families, communities, and partner organisations.
6. New board arrangements.
7. New governance arrangements.

Consultees views of fixing the system through an ALB were varied:

"There is a real concern that you will be off-loading a broken system."

"You would get benefits of leadership being closer to staff"

"A single organisation is not in itself the panacea"

"Opportunity for better regional resourcing approach to staffing"

"Better connectiveness between strategic and operational leadership"

"Opportunity for Children to have better voice at the political table"

3.3.6 ALB Option B – New Children and Families ALB with extended workforce and remit to include Education Welfare, Youth Justice and CAMHS

The CSCS Review Team makes clear statements of how a new structure with a wider staffing remit to deliver children's services in community and justice settings would potentially benefit the outcomes achieved for children and young people; however no recommendations in this regard were made. It is noted that the lesson learned from the Tusla experience was that CAMHS should have transferred in at formation; and that AHPs also need to be carefully considered in this regard.

Needs are much more multi-faceted and as such, the response should be multi-faceted – it should not "belong" to any one discipline or department.

It was felt that this option provided the best scope to recalibrate the social worker workforce to best use their limited resources; and this option is the only one that has the buy-in of the YJA.

Consultee views:

> *"Opportunity for Children to have better voice at the political table"*
>
> *"Scale of change required for this option is off-putting"*
>
> *"Anxiety of financial budgetary loss – there will be less scope for an ALB to find slack in other services as is currently the case in the Trusts"*
>
> *"Better integrated service planning and delivery"*

3.3.7 ALB Option C – New Children and Families ALB Structure to include Children's Health

Consultation with Nursing, the PHA and AHPs queried the potential for a move to a Children's Services ALB. This was on the basis that the services are considered highly integrated, with clear lines of responsibility and reporting lines. It was felt that a Children's ALB would be the strongest vehicle to raise the profile of children's health; albeit that there would be significant clinical governance considerations and requirements resulting from such a body. Professor Jones was of the view that these services should remain within Trusts primarily on the basis that these professions identify themselves first and foremost as health professionals.

3.4 Conclusion on Options

The selection of a preferred way forward is not possible at this juncture. This is for two reasons:

1. There is a lack of clarity as to the definition of the Business as Usual (BAU) and ongoing internal recalibration. A Reform Programme has now been established that is intended to deliver system improvements; and the ICS Change Programme is underway. Precisely what this will mean in operational terms, and in relation to commissioning, financing and performance management, remains to be determined; and

2. There is a lack of stakeholder consensus at this time as to the format of any new ALB structure (if the changes to be affected through the referred ICS Change Programme are not fully or successfully implemented). This lack of consensus is largely caused by a lack of information as to what each option would entail; a situation that should rectify itself when detailed scoping of the options takes place.

Despite this lack of clarity, the BAU option will always be shortlisted for comparison purposes (as per Better Business Cases guidance). To inform a robust comparison of the BAU to the identified Do Something options there is a need to:

- Collate a full understanding of funding allocation and associated spend by agreed headers – an exercise likely to require a joint approach between DOH Policy, SPPG and Trust Finance and Children's Directors;
- Undertake further scoping work with those departments, as referred to in the Review and listed in Section 3.3.6, that have a remit for children's outcomes; this should include strategic clarity as to the

intended future direction of travel foreseen for the CYP Strategy, CYPSP and the Children's Services Co-Operation Act (NI) 2015;
- Seek advice on the costs and legalities associated with the formation of a new ALB, to include consideration of the implications of transferring staff, transferring budgets, estate arrangements and the setting up of back office structures and systems e.g. finance, HR, etc.

Therefore, based on the work undertaken to date, there are five options for shortlisting:

- Option 1: Business As Usual;
- Option 2: Internal Recalibration of Children's Social Care Services;
- Option 3: Recalibration of Children's Social Care Services through formation of a dedicated Children and Families ALB whose remit is limited to delivery of children's social care services (as currently delivered by five HSC Trusts);
- Option 4: Recalibration of Children's Social Care Services through dedicated Children and Families ALB whose remit includes the delivery of children's social care services (as currently delivered by five HSC Trusts) as well as Education Welfare, Youth Justice and CAMHS remit (currently undertaken by DE, YJA and HSC Trusts); and
- Option 5: Recalibration of Children's Social Care Services through formation of a dedicated Children and Families ALB whose remit includes delivery of children's social care services (as currently delivered by five HSC Trusts) and child healthcare (as currently undertaken by five Trusts).

4 COMMERCIAL CASE

4.1 Introduction

The Commercial Case is meant to demonstrate that the delivery of the preferred option is underpinned by robust arrangements in terms of the arrangements for implementing the proposed change. Given that there is no agreed preferred option, this section has been used to detail the OECD best practice for a change programme of this nature, detail the recently enacted Reform Programme arrangements and also provide the guideline timeframe proposed by the CSCS Review.

4.2 Best Practice Recommended for NI Change

With respect to the arrangements for implementing change the previously referred 2016 OECD report notes the following in terms of how reforms of this nature should be approached:

> For the government of Northern Ireland, as elsewhere, choices and trade-offs in moving forward with public governance reforms will be based on political judgement that is context-dependent. That said there are six broad lessons that the OECD has identified from its current work in this area … these are:
>
> 1. Set priorities. Reforms often have many dimensions, with differing degrees of priority. Choose wisely, based on evidence and how best to achieve policy objectives.
> 2. Create a clear roadmap. The government needs to be clear about the path it will follow and about how best to sequence key steps along the way. Clearly identify "winners" and "losers" of a reform initiative. "Losers" need to be acknowledged and their losses taken into account.
> 3. Focus on implementation, and maintain flexibility in pursuing it. Capacity for reform implies the ability to sustain it over time while assessing progress regularly. The system has to remain flexible and adjust reform paths to evolving conditions. Focus communication on the outcomes of reform. Citizens are generally not very interested in public governance reform – unless it affects such fundamental services as healthcare and education. Communications should therefore focus on improvements and positive, outcomes-related impacts.
> 4. Exploit windows of opportunity. Crises offer opportunities to innovate and fix problems. Identify and seize opportunities to address deficiencies.
> 5. Leadership. Virtually all assessments of public governance reform stress the importance of strong leadership. Many also point to the need for government cohesion in support of reform: if the government does not speak with a single voice around a reform proposal – and speak forcefully in its favour – it will send mixed messages around the government's commitment to it. Leadership is as collective as it is individual.
> 6. Communicate. Plan and execute communications activities aimed at explaining to governmental and non-governmental stakeholders the actions that are to be taken to as part of public sector reform and the timeline for rolling out the reforms.

The report concludes thus:

> Sound public governance – the ability of a government to identify and plan strategically to address existing and emerging multi-dimensional policy challenges using sound evidence, mobilising internal and external resources, starting with citizens, to execute these plans efficiently and effectively with services that actually improve outcomes for people, and use and communicate robust performance information to adjust course if results are not being achieved properly – can help position Northern Ireland to achieve its aim of improving public services to meet people's needs, thereby enhancing its ability to improve multi-dimensional outcomes for citizens and

businesses over time. Not doing so might simply lead to drift and to the long-term worsening of the challenges that the government and people of Northern Ireland so fervently wish to see resolved.

4.3 Reform Board Structures

Regardless of the option selected as the preferred way forward, the Department has set up a Strategic Reform Board ('the Board') to provide strategic oversight, direction and governance for the delivery of the suite of changes recommended by the CSCS Review. The role of the Board is thus:

- To provide overall strategic direction for the programme;
- To promote co-ordinated activity and collaboration within and across organisational boundaries;
- To ensure the required resources are available;
- To monitor progress against agreed milestones, providing support and challenge, as necessary;
- To advise on contingencies and countermeasures to mitigate the impact of any potential risks to progress; and
- To expedite decision making should implementation issues require escalation.

The Board will be accountable to the HSC Performance and Transformation Executive Board (PTEB), chaired by the Permanent Secretary of the Department of Health. The Board will receive reports on progress from the eight[33] workstreams (as detailed below) and will provide a constructive challenge function in relation to progress across the range of activity. The Board will in turn report to PTEB on progress across its range of responsibility. The Board has also committed to the establishment of additional workstreams in line with the emerging needs of the children's social care system and any direction from PTEB.

Workstream Activity		Lead
1.	*Waiting Lists*	DOH (SPPG)/ Trust Director
2.	*Workforce:* • Recruitment and retention • Skills Mix • Workforce development and support	DOH (OSS)
3.	*Residential Placement Capacity:* • Looked After Children • S/Unaccompanied Asylum-Seeking Children • Care Leavers	DOH (SPPG)/ Trust Director
4.	*Fostering:* • Recruitment and Retention, including allowances and structures	DOH (SPPG)/ Trust Director
5.	*Children with a Disability:* • Implementation of the Strategic Framework	DOH (SPPG)/ Trust Director
6.	*Regional Care and Justice Campus Implementation:* • Harmonisation • Prevention • Integration	DOH/ DOJ/ Policy
7.	*Policy and Legislative Reform:* • Looked After Children Strategy • Family and Parenting Support Strategy	DOH (Policy)

[33] At the time of reporting, a ninth workstream relating to family support is under consideration by the Strategic Reform Board.

Workstream Activity		Lead
	• Adoption and Children Act	
8.	*Reducing Bureaucracy*	DOH (SPPG)/ Trust Director

The membership of the Board is as set out below:

Name	Position / Organisation	Role
Peter Toogood	Deputy Secretary, DOH	Chair/SRO
Eilís McDaniel	Director of Family and Children's Policy, DOH	Programme Director
Áine Morrison	Chief Social Work Officer, DOH	Member/ Prof Advisor
Gavin Quinn	Director of Mental Health, DOH	Member
Mary-Frances McManus	Deputy Chief Nursing Officer, DOH	Member
Shane Elliott	Housing and Health Lead, Department of Health/NIHE	Member
Brendan Whittle	Director of Hospital and Community Care, DOH SSPG	Member
Catherine Cassidy	Deputy Director for Children's Services and Mental Health, DOH SPPG	Member
Ciara McKillop	Deputy Director for Older Peoples and Children with Disability, CAMHS and Emotional Health and Wellbeing, DOH SPPG	Member
Aidan Dawson	Chief Executive, PHA and CYPSP Chair	Member
Tom Cassidy	Director of Children's Services/Executive Director of Social Work, WHSCT	Member
Maura Dargan	Director of Children's Services/Executive Director of Social Work, NHSCT	Member
Colm McCafferty	A/Director of Children's Services/ Executive Director of Social Work, SHSCT	Member
Lyn Preece	Director of Children's Services/Executive Director of Social Work, SEHSCT	Member
Kerry-Lee Weatherall	A/Director of Children's Services, BHSCT	Member
Dawn Shaw	Chief Executive, Northern Ireland Guardian Ad Litem Agency	Member
Lynn Long	Director of Mental Health & Learning Disability, Children's Services and Prison Healthcare, RQIA	Member
Marian O'Rourke	Director of Regulation and Standards, NISCC	Member
Stephen Martin	Chief Executive, Youth Justice Agency, Department of Justice	Member
Ricky Irwin	Director for Inclusion & Well-being, Department of Education	Member
Claire McClelland	Director for Raising Aspirations, Supporting Learning & Empowering Improvement, Department of Education	Member
TBC[34]	Voluntary and Community Sector (as it relates to services for children)	Member
Gerry Largey	TUS representation	Member

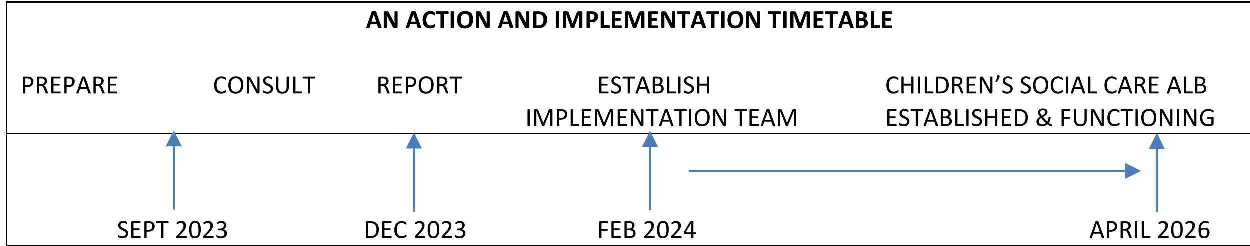
The Board will meet monthly for the first six months (to September 2023). Frequency of meetings will be reviewed at the six-month point. Extraordinary meetings may be convened on an as-needs basis to resolve more immediate issues.

[34] *At the time of reporting, a process to secure VCS representation on the Board and Workstream is under discussion by the Board.*

4.4 Implementation Timetable

4.4.1 CSCS Review Proposed Timetable

The CSCS Review has set out a timetable as follows:



The general feedback is that this is ambitious and may be hindered by the referred constraints i.e. no ministers to make decisions and backlogs within the legal system to progress new legislation.

4.4.2 CSCS Review Proposed Migration Approach

The CSCS Review recommends that, subject to the outcome of the consultation about the recommendations from this Review, a shadow chair and board be appointed along with a chief executive designate for the ALB. Their task will be to lead the creation and development of the ALB working closely with the HSCTs and, in particular, the directors of children's services who would transfer to the ALB when it is established.

Reflecting the process of this Review, the shadow chair, board and chief executive designate should engage with all who have an interest in the ALB providing the platform to address the systemic and endemic difficulties for children's social care services and to progress the refocusing of children's social care services. And as a part of the process of developing the ALB some of the issues facing children's social care services can start to be addressed with the guidance of the shadow board and chief executive designate.

At the same time as the ALB is being created the role of the Department of Health in relation to the ALB needs to be clarified to tackle the governance and accountability issues highlighted in this Review.

4.5 Legal Requirements

The CSCS Review notes that there are likely two options for the implementation of a revised CSCS structure; either through existing legislation (Article 22A of the Personal Social Services (NI) Order 1991) or through new primary legislation. With respect to the existing legislation the following is noted:

Paragraph 22A provides that the Department may, by direction, cease the exercise of specific Social Care and Children functions by HSC trusts and for them to be exercisable by a substituted body or person.

Further detail in 22(A) provides for the making of transitional provisions to ensure continued delivery of services in any situation in which another body or person takes over responsibility for Social Care and Children functions.

It would seem, therefore, that the power may exist to move statutory children's social care responsibilities from the five HSCTs and to place these responsibilities with another body (such as the proposed children's social care ALB) although new primary legislation may be necessary to allow the other allied services noted in this report to be within an expanded children's ALB.

It is considered that primary legislation will be required to establish a new ALB and to clearly define its statutory objective and functions. More detailed legal advice will have to be sought in this regard.

5 FINANCIAL CASE

5.1 Status Quo – Financial Expenditure by Department

5.1.1 Introduction

The terms of reference issued to Professor Jones noted the following in respect of finances:

> Current investment in Children's Services is c. £260m annually. Unlike children's services in other parts of the UK, in particular England, children's social services have not experienced significant budget cuts, other than the requirement to deliver savings in line with the requirements, which applied to all Northern Ireland government departments and their ALBs. There has been an additional £63m (28% increase) invested in Children's Services over the last 5 years. In addition, c. £18m transformation funding has been allocated to Children's Services, bringing the percentage increase to around 36% over the last five years.

Source: Review Terms of Reference Page 11

The SOC Team sought to disaggregate this estimate to inform the Status Quo understanding; with detailed historical financial information requested from the Department of Health (through SPPG) and the Health and Social Care Trusts.

In addition, given the recommendations by the Review to bring other related services currently delivered by the Department for Education and the Youth Justice Service, information was also sought from them in respect to their current spend on related areas. This section provides a summary of the information provided in the SOC reporting timeframe and notes limitations or areas for further work within same.

5.1.2 DOH Spend

Overall Budget Estimate by SPPG

The following high level estimate of DOH spend on Trust and Non-Trust services under contract is provided for FY19/20. It specifically excludes the costs attributable to SPPG (and its predecessor HSCB) in its role as Commissioner and Performance Manager.

FY19/20 High Level Spend Estimate for Children's Social Care Services (Actual Spend)				
Trust Spend	**POC 3**	**POC 5 Community CAHMS**	**POC 6 Residential & Short Breaks**	**Total**
Belfast	£61,207,617	Recorded elsewhere	£4,167,140	£65,374,757
Northern	£55,698,661	£4,377,128	£3,084,944	£63,160,733
South Eastern	£57,388,331	£341,366	£2,668,785	£60,398,482
Southern	£45,436,433	£6,538,892	£3,969,174	£55,944,499
Western	£57,003,791	£3,507,906	£2,612,236	£63,123,933
Trust Spend Sub Total	**£276,734,834**	**£14,765,292**	**£16,502,279**	**£308,002,405**
			Vols	£7,900,268
			Sure Start	£12,967,212
			Bright Start	£994,699
			Early Years Development Fund (EYDF)	£1,032,609
			ECRs	£3,017,000
			Other Providers / programme	£878,743
			POC 3 Non-Trust Spend Sub Total	**£26,790,531**
			Total	**£334,792,936**

Ten-Year Spend by Trust

SPPG's Financial Performance Team was able, in a relatively short timeframe, to provide a ten-year financial cost estimate of the Trust spend under their remit for delivery of Children's Social Services. However, we do not have a ten-year view of the non-Trust spend to other providers of services under contract. The financial datasets, which have been sourced from Trust Financial Return (TFR) data; consist mainly of the Community[35] and Personal Social Services (PSS) spend under Family and Childcare Programme of Care (POC 3); but also includes elements from the Mental Health POC (POC 5) and Learning Disability POC (POC 6) where spend on Children is separately identified.

SPPG notes a limitation to their datasets insofar as *"there may be other expenditure relating to children that is not separately identifiable and/or reported as children-specific".* Specifically it is noted that Children are not separately identified or reported in Physical and Sensory Disability POC (POC 7) and therefore spend relating to RISE teams and Complex Cases is not included in the cost estimate. As such the financial cost estimate likely underestimates the cost of Children's Social Services within Trust settings. Notwithstanding same, SPPG has indicated their view being that *"in terms of the expenditure detailed …, this is a high level indicative reference total but will not necessarily be fully reflective of all costs relating to Children services."*

The ten-year datasets presented are actual annual total expenditure i.e. inclusive of direct, indirect, overheads, income and capital charges costs, some of which may be apportioned costs. Within the reporting period SPPG were not able to disaggregate expenditure between initial and in-year allocations of funding. The following limitations were also noted:

- The ten-year datasets include estimates for FY20/21 and FY21/22 that are based on the FY19/20 TFR costs submitted by Trusts; uplifted by 2.5% and 3.1% respectively (as agreed by the Health Minister). [The SOC Team notes that this is an outworking of COVID-19 that likely has limitations with respect to strategic planning and performance monitoring/ management]
- The ten-year datasets span a reporting period during which there were changes to reporting categories; which somewhat adversely impacts meaningful trend analysis. Further detail on same is provided as appropriate.
- Whilst the spend by Trusts likely includes spend with third party organisations e.g. independent provision spend (residential homes and fostering, for example) and CVS spend, SPPG does not seek or collate this information.

For the purposes of establishing the Status Quo this information is considered insufficient to estimate total cost of service but does provide indicative Trust spend and a ten-year trend analysis of same, with spend by Trust (available for FY19/20 only) providing some indication of area-based allocations (although SPPG has advised that *"recording of PoC is not always consistently applied in Trusts and across the region and there is always an element of apportionment and mapping of planned spend to allow reporting at Programme of Care level").* *[The SOC Team notes that this would likely have limitations on the ability of the SPPG to undertake VFM assessments across services].*

HSC Trust Expenditure by FY (£m)	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Community Care[36]	6.8	8.1	8.7	9.5	11.5	11.3	9.3	9.3	9.6	9.9

[35] *SPPG also queried the validity of reporting all community spend under POC 3 and queried if Surestart was out of scope.*
[36] *To include Nursing, AHPs, Audiology, Grants e.g. adaptations to homes, Incontinence Products and Community Medical /Dental*

HSC Trust Expenditure by FY (£m)	12/13	13/14	14/15	15/16	16/17	17/18	18/19	19/20	20/21	21/22
Personal Social Services[37]	200.9	204.5	207.7	214.6	229.4	244.2	259.7	276.7	283.7	292.4
POC 3 Family and Childcare	**207.6**	**212.7**	**216.5**	**224.0**	**240.9**	**255.6**	**269.0**	**286.1**	**293.2**	**302.3**
POC 5 (Community CAMHS)	-	-	-	6.9	11.4	11.9	12.9	14.8	15.1	15.6
POC 6 (Residential & Short Breaks)	10.4	10.4	10.9	12.2	12.8	13.5	14.6	16.5	16.9	17.4
Total	**218.1**	**223.1**	**227.3**	**243.1**	**265.1**	**280.9**	**296.5**	**317.4**	**325.2**	**335.4**

Source: SPPG Financial Performance Team, 12th May 2023

The FY19/20 PSS spend within POC 3 is disaggregated as follows:

FY19/20 PSS Spend (£m)	BHSCT	NHSCT	SEHSCT	SHSCT	WHSCT	Total
Fieldwork[38]	12.235	15.553	13.290	12.923	15.330	69.331
Payments to Foster Carers	12.794	7.852	11.081	7.202	10.105	49.034
Residential Homes	14.251	8.412	9.070	5.959	10.197	47.890
Family Placements - Foster Placements	3.027	4.369	3.092	2.458	3.703	16.650
Surestart	1.811	2.846	2.960	4.935	0.997	13.550
Gateway	2.316	2.688	1.689	2.693	2.959	12.345
Payments to Non-HPSS bodies	4.231	1.370	2.486	1.941	0.000	10.027
Article 18	0.367	0.877	2.172	2.782	1.052	7.250
Family Day Centres	1.677	1.219	0.292	0.365	3.410	6.962
Article 27	1.916	2.724	1.231	0.232	0.081	6.185
Early Years	1.376	1.328	0.834	1.285	1.215	6.039
Family Placements - Adoption Orders	1.123	0.706	1.000	0.640	1.915	5.384
Lakewood Centre	-	-	5.382	-	-	5.382
Articles 35/36	1.104	1.069	0.692	0.355	0.905	4.125
Adoption Allowances	0.931	1.231	-	0.848	0.830	3.840
Miscellaneous Goods and Services	0.000	0.639	0.169	0.097	2.776	3.681
Supported and Other Accommodation	-	0.556	0.925	0.429	0.780	2.691
Court Children's	0.701	0.254	0.401	0.285	0.575	2.216
Other payments under legislation	1.264	0.002	-	-	0.079	1.346
Schedule 1	-	1.274	-	-	-	1.274
Daycare for children	-	0.672	-	-	-	0.672
Assessment Centres	-	-	0.622	-	-	0.622
Article 30	0.024	-	-	0.005	0.080	0.109
Article 15	0.059	-	-	-	0.009	0.068
Domiciliary Care	-	0.006	-	-	-	0.006
Short Breaks (Respite)	-	-	0.0005	-	-	0.0005
Total	**61.208**	**55.647**	**57.388**	**45.436**	**57.000**	**276.680**

The five-year spend to FY19/20 for the top three cost categories is provided below:

FY19/20 PSS Spend (£m)	15/16	16/17		17/18		18/19		19/20	
Family Intervention / Support/ Fieldwork	43.6	56.0	+28%	59.8	+7%	64.8	+8%	69.3	+7%
Payments to Foster Carers	38.7	40.7	+5%	44.0	+8%	45.4	+3%	49.0	+8%
Residential Homes	31.2	35.4	+13%	39.2	+11%	44.6	+14%	47.9	+7%

[37] *To include Day-care, Domiciliary Care, Assessment Centres, Family Day Centres, Residential Homes, Payments under Legislation, Social Work, Lakewood, Grants e.g. Surestart and Payments to Foster Carers*
[38] *Replaces Family Intervention and Family Support*

Trust Datasets

All Health and Social Care Trusts were asked to provide their financial information to inform the status quo reporting. Not all were able to provide this information within the reporting timeframe. The BHSCT financial data provided reports spend across three agreed categories[39] – namely those of Child Health, Family Support and Intervention and Corporate Parenting - and is summarised as follows:

BHSCT Financial Costs FY22/23 Actual to January 2023 and Projected to March 2023	£'000
Community Child Health	13,514
Child Health Development - Local Support	3,319
Child Health Development - BSO Support	234
Child Health Development - Admin/Mgt/Training	2,184
Child Health Development & Emotional Wellbeing	**19,252**
Children With Disability	10,735
Sure Start Projects	1,614
Early Years	2,737
Gateway	2,231
Safeguarding/Family Support	8,738
Family Support & Intervention - Local Support	3,319
Family Support & Intervention - BSO Support	234
Family Support & Intervention- Admin/Mgt/Training	3,670
Family Support and Intervention	**33,278**
Fostering	23,086
Looked After Children	10,141
Regional Emergency Social Work Service	4,063
Residential Care	13,302
Corporate Parenting- Local Support	3,329
Corporate Parenting - BSO Support	235
Corporate Parenting- Admin/Mgt/Training	3,674
Corporate Parenting	**57,830**
Total	**110,360**

Underpinning assumptions to the above are as follows:

- Administration Costs – costs as per Corporate Plan, split equally across the three reporting areas.
- Management Costs – costs as per Corporate Plan allocated 20/40/40 between Child Health/Corporate Parenting/Family Support respectively.
- Training Costs – costs (PSS Training Budget) as per Corporate Plan allocated equally between Corporate Parenting and Family Support only.
- Local Support – this cost represents 10% of total Service Costs. BHSCT allocated 10 to Children's Social Services on the basis that this is what they charge SPPG in order to cover all overheads with any new investments/services – allocated equally across the three reporting areas.
- BSO Support – the FY22/23 cost to Belfast Trust for BSO Support was £13.5 million – 5.2% of which has been apportioned to CCS on a pro-rated basis of CCS budget to overall Trust Budget – allocated equally across the three reporting areas.

It is noted that the SPPG estimate of £334.8m does not include overhead allocation for support, estate, etc. For example, the Belfast Trust has indicated its estimation of CSCS at £110.4m in FY22/23 (compared to £65.4m in

[39] *Agreed with the Directors of Children's Social Services*

FY19/20), which would suggest that the true cost of services is much greater. A crude application of an adjustment similar to the Belfast 60% uplift to all Trusts indicates an annual budget of £493m for Trusts and a £520m overall spend.

5.1.3 *DE Spend*

SEN Costs by Financial Year (£m)	17/18	18/19	19/20	20/21	21/22	22/23
Special School Expenditure	107	112	122	134	144	163
Voluntary Grammar & Grant Maintained Integrated Schools	18	20	21	23	26	31
Support for Statemented Children (Mainstream Schools)	91	101	113	136	179	216
Pupil Support Services	21	24	24	26	28	31
Transport	17	28	31	35	40	49
Total EA SEN spend	**254**	**285**	**311**	**354**	**417**	**490**

DE Summary Costs (£m)	17/18	18/19	19/20	20/21	21/22	22/23
Education Welfare Service	7.4	7.6	7.9	7.7	7.8	7.9
Child Protection Services	1.1	1.3	1.4	1.5	1.6	1.7
Intercultural Education Services	1.0	1.1	1.1	1.1	1.2	1.1
Total	**9.5**	**10.0**	**10.4**	**10.3**	**10.6**	**10.7**

5.1.4 *DoJ Spend*

Youth Justice Agency Spend

SEN Costs by Financial Year (£m)	17/18	18/19	19/20	20/21	21/22	22/23
Custodial Services	8.518	8.938	9.019	9.087	9.009	8.925
Youth Justice Services	6.920	6.984	6.851	6.776	6.816	6.700
Total Operating Expenditure	**15.438**	**15.922**	**15.870**	**15.863**	**15.825**	**15.725**

6 MANAGEMENT CASE

6.1 Introduction

The purpose of this Management Case is to show that robust arrangements are in place to demonstrate how the preferred option can be successfully delivered and managed, in accordance with best practice, including a robust assurance framework, and that the necessary arrangements are in place for the management of contracts, benefits realisation and risk management. Given that there is no clarity as to the *"future direction of travel"* at this stage, this section is only partially completed.

6.2 Corporate Structure, Management and Governance

As detailed in Section 3.3, Deputy Secretary, Peter Toogood, has been assigned the SRO for the Reform Programme emanating from the CSCS Review. The direction that this Programme Board pursues, an internally focused and extended Reform Programme (beyond the existing eight workstreams) vis-à-vis the development of a new ALB, will be informed by political decision makers and through public consultation.

6.3 Key Informants for Change

Estate - Each Trust provided detailed information with respect to the estate used in the delivery of Children's Social Care. This is appended to this report. A sample Trust is presented in Annex IV to show the breadth and variety of accommodation across a number of locations and buildings.

Budgets – Not all Trusts were able to determine the baseline position with respect to budgets. Further work will be required in this regard.

Legislation – The CSCS Review notes that there are likely two options for the implementation of a revised CSCS structure; either through existing or new primary legislation. Further work will be required in this regard.

6.4 Community Support

The intention is that the Department will undertake a consultation exercise on the findings of the Review. Support from within the sector is detailed in Section 2.

6.5 Project Implementation Plan

The referred Strategic Reform Board will be tasked with the development of a realistic timetable for implementing changes to the business as usual. As detailed in Section 3.2, it will be important that all Do Something Options have adequate building blocks in place to inform and deliver same i.e. a clear roadmap, dedicated leadership/resources and robust communications.

6.6 Benefits Realisation

A detailed Benefits Realisation Plan will be prepared at the OBC stage.

6.7 Assurance and Risk Management Frameworks

A detailed risk register will be prepared at OBC stage.

6.8 Post Project Evaluation and Monitoring Arrangements

A detailed framework for the evaluation and monitoring of a Benefits Realisation Plan will be prepared at the OBC stage.