



Western Health
and Social Care Trust

Equality Screening Report

1 July 2015 – 30 September 2015

This document can be made available
in alternative formats on request

Introduction

The Western Health and Social Care Trust (WHSCT) must consider by law, Section 75 of the Northern Ireland Act 1998, how we promote equality and remove discrimination for people who use our services and for members of staff. Our obligations are set out in our Equality Scheme. The 9 groups that are specified in the Equality Scheme are:

Black and Minority Ethnic People	Different Marital Status e.g. Single, Married, Divorced, Civil Partnership, Widowed	Disabled People
Carers	Different Political Opinions	Men and Women
Different Ages - Young People/Older People	Different Religious Beliefs	People who are Lesbian, Gay or Bisexual

We also have to consider how we can promote good relations between people with different religious beliefs, political opinions or racial group (including people from the Travelling Community).

Within the Equality Scheme, the Trust gives a commitment to apply equality screening processes to all new and revised policies/proposals and, where necessary, to subject new policies/proposals to a full equality impact assessment. This process helps us to:

- assess the impact/consequences of our decisions on the people within the 9 equality groups;
- consider how we might better meet their needs (promote equality of opportunity);
- reduce any negative impacts/consequences (mitigating actions).

The Trust is required to have evidence that the following questions have been considered in relation to all policy development, strategic planning and general decision making:

- What is the likely impact on equality of opportunity for those affected by this policy/proposal, for each of the Section 75 categories? (minor/major/none)
- Are there opportunities to better promote equality of opportunity for people within the Section 75 categories?
- To what extent is the policy/proposal likely to impact on good relations, between people of a different religious belief, political opinion or racial group? (minor/major/none)

- Are there opportunities to better promote good relations between people of a different religious belief, political opinion or racial group?

(From 'Section 75 of the NI Act: A Guide for Public Authorities': ECNI).

The Trust's Equality Screening process provides this evidence.

If it is decided that a policy/proposal is likely to have major issues relating to equality, it is then necessary to consider carrying out a more detailed exercise called a full Equality Impact Assessment (EQIA).

Equality screening for all the policies/initiatives detailed has highlighted the need to ensure that information relating to them/the service is made available, throughout, to support those service users/families/carers who do not have English as a first language, including the use of foreign language interpreters and written translations etc., in line with Trust guidelines. In addition, service users, their families, carers or staff who require additional communication support including e.g. provision of information in Braille, sign language interpreters, large font or audio, will be provided with this.

Should you wish to obtain a copy of any of the policies and/or screening forms referred to in this document, or require them in an alternative format, please contact:

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Western Health and Social Care Trust: Screening Outcomes for the Period 1 July 2015 – 30 September 2015

Acute Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Hospital Care Reform Transforming Your Care (TYC) Project: A18: Consultant Pharmacist Case Management of elderly patients within intermediate care (Waterside Hospital, Wards 2, 4 and 5).</p> <p>This project aims to design, implement and evaluate an innovative consultant pharmacist led care pathway for patients admitted to intermediate care and back into the community. The consultant pharmacist assumes pharmaceutical responsibility for the patient on admission to Waterside Hospital, throughout their stay and for up to 30 days post discharge. This will be achieved by the consultant pharmacist:</p> <ul style="list-style-type: none"> • providing 5 clinical sessions per week (18.75hrs); • on their admission to Waterside Hospital, reconciling the patient's medicines from the acute care providers and reviewing the appropriateness of each drug, and the whole regimen; • patient-specific Pharmaceutical Care Plans implemented for each patient; • collaborating with the patient's acute care consultant, specialist consultant/nurse, GP and community pharmacist to maximise medication optimization; • high risk patients are identified through weekly 	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>This project applies to patients admitted to Waterside Hospital, wards 2, 4 and 5. These wards receive patients from Trauma and Orthopaedics, Care of the Elderly, Stroke and general medical wards for a period of on-going rehabilitation (approximate 6 weeks). The aim of this project is to:</p> <ul style="list-style-type: none"> • design, implement and evaluate an innovative consultant pharmacist led care pathway for patients admitted to Waterside Hospital and back into the community; • develop new pathways of multidisciplinary case management/care from the acute sector across to the intermediate care sector; • demonstrate an improvement in appropriate and cost-effective prescribing; • demonstrate improvements in: baseline length of stay; 30 and 90 day non-elective re-admission rates; duration of stay following re-admission; and where applicable, time to unplanned hospital readmission; • introduce robust medication adherence assessment tools, and implement appropriate interventions; • develop guidelines for appropriate prescribing in high risk areas of intermediate care; • explore the potential contribution which could be 	<p>17/9/15</p>

	<p>multidisciplinary meetings for medication adherence assessment and reasonable adjustments and interventions are introduced and supported by nursing staff;</p> <ul style="list-style-type: none"> • prescribing appropriate therapies in response to patient symptoms and lab results throughout their stay; • contacting the GP and/or community pharmacist on discharge with direct case management continuing via post-discharge (30 days) telephone calls; • working with the multidisciplinary team to introduce and run falls prevention clinics. 		<p>made by the consultant pharmacist in delivering specialist clinics.</p> <p>A multidisciplinary Trust Medicines Adherence Support Group and a Pharmacy Medicines Adherence Working Group has been set up to ensure that patients with a disability or impairment which impacts on their ability to take their medicines receive appropriate assessment and are offered a reasonable adjustment.</p>	
2	<p>Admission Policy Trauma and Orthopaedic Unit , Altnagelvin Hospital</p> <p>This screening tool is for a policy aimed at minimising the transmission of health care acquired infection in patients being cared for in the elective orthopaedic unit at Altnagelvin Hospital.</p> <p>This policy is aimed at giving guidance to staff working within Altnagelvin Hospital to assist in minimising the risk of transmission of infection to patients, who are having elective orthopaedic surgery and, in particular, joint replacements.</p> <p>This policy should be used in conjunction with other Western Trust patient flow/throughput guidance and infection prevention and control guidance. The policy will be implemented by staff within the Trauma and Orthopaedic Unit, in addition to staff from the Patient Throughput Team.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>The aim of this policy is to protect patients who are having elective orthopaedic surgery in particular implant surgery from acquiring health care acquired infection. The policy is aimed at giving guidance to staff working within Altnagelvin Hospital to assist in minimising the risk of transmission of infection to patients, who are having elective orthopaedic surgery and in particular joint replacements. This is to be achieved by detailing guidance in relation to the patient throughput of the elective orthopaedic ward.</p> <p>This policy has been communicated throughout the Trust through the various governance and management meetings and has been approved at those forums.</p>	<p>18/9/15</p>

3	<p>Medicines Optimisation in Older People</p> <p>Previous work (2012 to 2015) in the Western Health and Social Care Trust (WHSCT) focused on a consultant pharmacist case managing older people in intermediate care (Waterside Hospital) where the pharmacist assumed pharmaceutical responsibility for the patient on admission to intermediate care, throughout their stay and for up to 30 days post discharge.</p> <p>During the same time period, another consultant pharmacist case management project was introduced in the Northern Health and Social Care Trust (NHSCT); this evaluated the impact of a consultant pharmacist conducting medication review clinics with older people residing in care homes. Recommendations about medicines taken by the care home patients were made by the consultant pharmacist to General Practitioners (GPs) in charge of their care.</p> <p>Both projects were funded by the Department of Health, Social Services and Public Safety (DHSSPSNI), with both demonstrating improved appropriateness of medication prescribing, reduced drug costs and reduced healthcare resource usage by patients e.g. decreased unplanned hospital readmission rates.</p> <p>Based on these results, the DHSSPSNI Change Fund has continued to support this work during 2015/16 to roll out, further develop and refine these two new</p>	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>Within the Western Trust, the intermediate care element of this project only applies to patients admitted to Waterside Hospital, wards 4 and 5. These wards receive patients from Trauma and Orthopaedics, Care of the Elderly/Older People Assessment Liaison (OPAL) team, Stroke and general medical wards for a period of on-going rehabilitation (approximate 4 to 6 weeks). This service was initially introduced in 2012 and has become well-established. Additional pharmacy staff will now be added to the service to assist with refining, developing and continuing to test the benefit of this consultant pharmacist led service to older people in intermediate care. The second element of the project aims to establish whether the care homes pharmacy service model originally developed in the NHSCT can be reproduced in the WHSCT. This service is being supplied to private care homes whose patients may access healthcare resources provided by the WHSCT; the ultimate aim is to establish a pharmacy service which will contribute to a reduction in GP callouts, unplanned A&E presentations and hospital admissions/readmissions by older people residing in care homes.</p> <p>Work done by a multidisciplinary Trust Medicines Adherence Support Group and a Pharmacy Medicines Adherence Working Group has ensured that patients with a disability/impairment will receive an appropriate medicines adherence assessment when admitted to intermediate care; based on this,</p>	22/9/15
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	<p>models of pharmaceutical care. The intermediate care work already established in the WHSCT will continue with the consultant pharmacist leading a pharmacy team. The consultant pharmacist led care home medication review clinics originally developed in NHSCT will now also be introduced into WHSCT to establish whether the approach is reproducible and capable of producing similar results in a different trust. Outcomes from both settings will then inform a business case for rollout of these pharmacy services for older people throughout Northern Ireland. The project will also inform a regional strategy for medicines optimisation in older people.</p>		<p>suitable compliance aids can be supplied to the patients and their carers. A range of compliance options e.g. tablet cutters are now available from Altnagelvin pharmacy for these service users.</p>	
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Adult Mental Health and Disability Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Trust Savings Delivery Plan 2015/16: AMHD03 Review the current method of acknowledging service user contribution and development within Day Care/Day Opportunity settings.</p> <p>This proposal aims to explore alternatives to the current system of acknowledging service user contribution and development within Day Care and Day Opportunities. The current system, of a monetary acknowledgement is outdated and is based on former service delivery based on a workshop model and is not conducive to a service which should celebrate achievement in a holistic manner.</p>	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>This proposal will affect 685 service users. The current system is outdated and is based on former service delivery based on a workshop model. The amount concerned is, on average, £3.39 per person per week and removal of this money will not leave any service user in financial difficulty. The Trust will seek to implement a more appropriate form of celebration of achievement through regular celebratory events which will value the achievement and contribution made by service users.</p>	<p>24/9/15</p>

Human Resources Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>WHST Selection & Appointments Policy</p> <p>The aim of this policy is to promote good practice among all staff involved in making selection decisions and who, therefore, carry the responsibility for implementing equality of opportunity. Additionally, the objective of the Selection and Appointments Policy is to ensure a fair recruitment process from start to finish, and that candidates are appointed to post on the basis of merit. The Policy must be used in conjunction with other Trust policies in order to eliminate discrimination on grounds of sex, marital status, perceived religious affiliation, political opinion, race, ethnic origin, disability, age or sexual orientation during the recruitment and selection process.</p> <p>Those applying for posts complete the Trust application form, which includes an Equal Opportunities Monitoring Form. This information is for monitoring purposes only and is not shared with the selection panel.</p> <p>The policy has two sections; the Selection and Appointments Process and the Legal Requirements. This provides employees of the Trust with a step-by-step guide on the recruitment process, and also highlights the legal framework behind the recruitment process.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>The Western Trust is committed to providing equality of opportunity in all its employment practices. The policy outlines the Trust recruitment processes in detail and is supported by a Recruitment and Selection Training Course that staff must undertake prior to being involved in the interview process. Further advice and guidance can also be provided by the Trust Recruitment and Selection Team.</p> <p>The Trust makes necessary special practical arrangements for disabled candidates to attend Occupational Assessments and/or interviews, and the requirement to hold specified educational qualifications may be waived in respect of suitably experienced applicants or where the initial shortlisting criteria has been met. The Trust also provides alternative formats of Application Form on request, e.g. in Braille. This also applies to Occupational Assessments, where the Trust will provide alternative candidate booklets, e.g. larger font, different colour. The Trust has Disability Liaison Officers for additional information.</p>	<p>27/7/15</p>

2	<p>WHSCOT Acting-Up Policy</p> <p>Temporary movement to a higher pay band is often referred to in the Trust as Acting-Up. In an acting-up position the employee undertakes the full range of duties and responsibilities of the higher banded post. The policy will provide guidelines to managers where an acting-up opportunity becomes available. The aim of the Acting-Up Policy is to ensure a consistent and effective approach across the Western Trust where there is an urgent need to fill a temporary vacancy for less than 6 months. Temporary vacancies of 6 months or more do not fall under the scope of this policy. These vacancies must be recruited to in the normal way through the Selection & Appointments Policy.</p> <p>This policy applies to all permanent and temporary employees (excluding Doctors and Dentists unless explicitly agreed with the Trust's Local Negotiating Committee – LNC). Senior Executive posts and agency workers are excluded from this arrangement. The policy applies equally to all staff regardless of the number of hours worked.</p> <p>This policy will help to meet service requirements in a timely way and promote equality of opportunity when acting-up situations arise.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>In an acting-up position the employee undertakes the full range of duties and responsibilities of the higher banded post. The Acting-Up policy will actively help to promote equality of opportunity in the recruitment of short-term temporary vacancies up to 6 months which are filled through acting-up within the Western Health and Social Care Trust. Temporary vacancies of 6 months or more do not fall under the scope of this policy.</p> <p>The policy outlines the circumstances under which an acting-up can be facilitated, the rules around this, manager's responsibilities and how to go about filling a vacancy through acting-up. The Acting-Up Policy provides a step-by-step guide on how a recruiting manager should come to the decision of filling a vacancy through acting-up and what steps need to be taken in order to carry out this recruitment process.</p> <p>The policy has been written within the requirements of current terms and conditions of service circulars at date of approval. It is recognised that any changes to national terms and conditions of service will automatically update any provisions in this policy.</p> <p>In applying the policy managers should seek guidance from the Human Resources Department.</p>	27/7/15
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Medical Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Moving and Handling Policy The Trust aims to ensure, “so far as is reasonably practicable”, the health; safety and welfare of all employees. This includes the moving and handling of patients as well as instruction and training on the handling of plant and equipment loads to ensure a safe system of work. All decisions in relation to moving and handling will consider the best interests of the patient, their dignity and the promotion of their independence.</p> <p>The purpose of this Policy is to provide an outline of the requirements of the Manual Handling Operations Regulations (NI) 1992. The objective of the Policy is to reduce the risk of injury to those persons who may be involved in manual handling activities “so far as is reasonable practicable” through the risk assessment process.</p> <p>“Manual handling” in this policy refers to any transporting or supporting of a load including lifting, putting down, pulling, pushing, carrying, moving by hand or bodily force. A load is defined as any object, person or animal that must be moved.</p> <p>The Trust has a duty of care to ensure that:</p> <ul style="list-style-type: none"> • All hazardous moving and handling operations are assessed to avoid risks wherever possible. • When it is not possible and appropriate to avoid 	<p>Amber: Minor equality issues/ impact. A full EQIA is not recommended.</p>	<p>It is anticipated that this policy will lead to an improvement for both staff and service users/clients.</p> <p>The policy outlines the responsibilities of staff, including managers/Heads of Department and Trust Moving & Handling Advisors. It also details the risk management process and associated moving and handling training and can be made available in alternative formats on request.</p> <p>All decisions in relation to moving and handling will consider the best interests of the patient, their dignity and the promotion of their independence.</p> <p>The Trust provides a comprehensive moving and handling training programme based on the ergonomic approach. Training in moving and handling is mandatory for all staff involved in patient/ load handling and is an integral part of the risk management process.</p>	<p>14/9/15</p>

	<p>moving and handling, a thorough risk assessment must be carried out to reduce the associated risks.</p> <ul style="list-style-type: none">• Assessment of moving and handling operations will take into account factors which include; the task, the individual, the characteristics of the load, the environment, the equipment and any other relevant factors.• Training is provided to employees and managers on safer moving and handling and risk assessment.• Sufficient provision of appropriately designed handling equipment is available when needed.• All handling equipment is regularly serviced and maintained for safe use in accordance with Lifting Operations and Lifting Equipment Regulations (NI) 1999 (LOLER) and Provision and Use of Work Equipment Regulations (NI) 1999 (PUWER).			
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Primary Care and Older People's Services Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Transforming Your Care (TYC): PCOP8: Introduction of a Community Respiratory Nursing Team</p> <p>This proposal aims to develop and expand the range of services and treatments delivered within primary care settings as described below.</p> <p>Respiratory conditions impose substantial demands on patients, their carers, and health care resources. Much of this burden derives from unscheduled hospital admissions for respiratory exacerbations. Improvements in the diagnosis and management of these conditions could therefore offer the twin benefits of decreasing the burden of morbidity and mortality associated with the disease, and lowering health care costs by reducing the number of unscheduled hospital admissions.</p> <p>This builds on Primary Care Partnership work on improving working relationships between GPs and community nursing and offers opportunities to maximize available resources to support care closer to home and effective management of living with a respiratory condition. This will be a key role for Integrated Care Partnerships and involve General Practitioners Federations working closely with Trust localities.</p> <p>It is envisaged that, within the Western Trust, Early Supported Discharge (ESD), Case Management,</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>It is anticipated that this proposal will lead to an improvement as it will create a more efficient service with quicker access to consultant advice. It is envisaged that this service will address the acute needs of patients with a respiratory condition focusing on optimising self-management skills, preventing hospital admissions and supporting early discharge from hospital. This process is in line with Transforming Your Care (TYC) DHSSPS (2012) and the Respiratory Framework (2015). It is anticipated that this proposal will lead to an improvement for service users as patients do not have to be present at the consultation but their GP will implement the care changes.</p> <p>There will be an improvement in working practices and more efficient use of resources including GP and Consultant time. This is visually captured within the 2014 Western Trust Respiratory Pathway. There will be better working relationships between primary and secondary care and GP's will be updated on treatment pathways. Work has commenced on these pathways (Sleep Apnoea, Pulmonary Rehabilitation, Chronic Cough). Pressure will be relieved on the acute hospital to allow the ill patients to attend and be assessed in a timely manner.</p> <p>A consultation paper proposing the development of three Community Respiratory Nursing Teams was</p>	<p>10/9/15</p>

<p>Pulmonary Rehabilitation and Tuberculosis (TB) will all amalgamate into one composite Community Respiratory Team (CRT).</p> <p>This Community Respiratory Team will provide care to patients with a respiratory diagnosis of Chronic Obstructive Pulmonary Disease (COPD), Asthma, Bronchiectasis and Pulmonary Fibrosis. It is envisaged that this service will address the acute needs of the patients with a respiratory condition focusing on optimising self-management skills, preventing hospital admissions and supporting early discharge from hospital. This process is in line with Transforming Your Care (TYC) DHSSPS (2012) and the Respiratory Framework (2015). It is anticipated that this proposal will lead to an improvement for service users as patients do not have to be present at the consultation but their GP will implement the care changes. Individual GP educational sessions will be delivered to all GPs Trust wide.</p> <p>This proposal aims to achieve the integration of community delivered nursing care into one dedicated community respiratory team. This integrated service aims to reduce unnecessary patient admissions to hospital by providing:-</p> <ul style="list-style-type: none"> • Direct access to a dedicated team of community nurses. • Providing support for the patient to stay in their own home. <p>The proposal is that there will now be 3 locality based</p>		<p>presented to the Trade Union Consultation Forum on 4 March 2015 and issued for consultation to staff from 6 March – 20 March 2015.</p> <p>A revised job description has been drafted and sent to Human Resources. There will be a change in working pattern and base for staff. Some staff members may have caring responsibilities that may be impacted by this, HR will be involved in the change process and relevant policies will be adhered to and the Trust has a range of HR policies including Flexible Working that staff can liaise with Managers and HR on these issues. Staff input has been included in developing the proposal.</p>	
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<p>offices in Maple Villa, Gransha, the Old Nurses Home, Tyrone County Hospital and the Admin Office South West Acute Hospital. The working hours of the team will be adjusted to cover a seven day service 9 – 5 pm. Previously the only team that worked a seven day service was the ESD team in the Northern Sector with 10am-2pm (Saturday and Sunday).</p>			
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Women and Children's Services Directorate				
	Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compld
1	<p>Contingency Measure WC1: Redesign of Family & Child Care Services to Looked After Children This is an overarching review and as decisions are made all options/proposals will be subject to individual screening to assess their impact.</p> <p><u>Current Service Model</u> The Trust's Family & Child Care Corporate Parenting programme works on the following basis. There are 6 Looked After Children's teams, 3 Fostering Teams, 1 Family Group Conferencing Team, 1 Adoption Team, 3 16+ Teams, 5 Family Centres, 3 Early Years Teams. These teams are located in the communities which they serve and are designed to meet the needs of the children within those localities. It should be noted that these teams are based in locations such as Limavady and Enniskillen therefore reaching from the northern point of the Trust's geography to the very south west.</p>	<p>Green – No Impact: A full EQIA is not recommended</p>	<p>This is an overarching review and as decisions are made all options/proposals will be subject to individual screening to assess their impact. This proposal is primarily concerned with ensuring that the Directorate have the right staff in the right place doing the right job at the right time. It has become evident over time that young people who come into care have more complex needs and that the numbers coming into care are increasing as parents are feeling overwhelmed by the needs of young people. 75% of young people in care are in fostering situations. We must ensure that as a Trust we are doing all we can to support those existing fosterparents and that we develop specialist fostering for those more complex children.</p> <p>The Directorate would wish to ensure that its skilled social workers are in the right teams providing services to those most vulnerable young people and that we can maintain these young people within their communities of origin rather than their having</p>	<p>23/9/15</p>

<p>In addition to the fieldwork teams the Trust has 8 residential children’s homes which are configured as follows:-</p> <ul style="list-style-type: none"> • Beechlea – Enniskillen – 8 places • Woodlands – Omagh – 8 places • Upper Galliagh Road – City of Derry – 8 places • Racecourse Road – City of Derry – 8 places • 84 Chapel Road – City of Derry – 4 places • The Cottage – City of Derry – 6 places • Scroggy Road – Limavady – 8 places <p>The service is managed through a structure which has a Head of Service for Residential Care & 16+ Services and a Head of Service for Fostering, Adoption, Family Support & Early Years. Both these individuals report to the Assistant Director for Corporate Parenting who in turn reports to the Director of Women & Children’s.</p> <p>By locating young people in placements outside the Western Trust area the Trust is removing them from their communities of origin. However given the significant demands on our current foster-care system the Trust has had little recourse but to proceed with out of Trust placements for these children. These placements are regularly reviewed and where it is possible to repatriate these children to their communities of origin in line with their care plans this is expedited appropriately. The Trust currently have 3 children who are placed in facilities outside of Northern Ireland – one is in Southern Ireland; the</p>		<p>to be placed outside the Trust area away from the supports that should be available to them locally. This proposal will bring young people closer to their family and community supports.</p> <p>The proposal will also examine how the Trust delivers its corporate parenting responsibilities to ensure that we are delivering on our delegated statutory function and ensuring the safety and security of those young people who require to be looked after. This proposal will benefit those young people currently looked after by the Western Trust who, due to the complexity of their needs, have had to be placed outside of the Trust area either in mainland UK or within the Republic of Ireland.</p> <p>As plans are made/proposals outlined, there will likely be a need to undertake individual equality screenings to determine their impact. Information will be shared with families, carers and staff through the appropriate Trust processes. Information will also be shared with individual clients, families and key stakeholders via the care planning processes and statutory visits.</p>	
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<p>other two in England.</p> <p>The Trust is currently finalising an audit of the most recent 100 children who have entered the Looked After Children service to ascertain what steps should have been taken (a) prior to the children becoming looked after and (b) to prevent placement breakdown when they did become looked after. Preliminary results from this audit show that for all but 1 of the children becoming looked after the evidence was there to demonstrate that becoming looked after was the most appropriate care plan for the young person. It is worth noting that recently 22 out of the 40 children in residential care arose from fostering breakdowns.</p> <p>A process has commenced which will involve the reconfiguration of the family and child care system to promote and enhance positive parenting and to develop wrap around services for young people on the verge of placement breakdown. This will involve all of the Trust's childcare services as well as family support service providers. The aim will be to develop an effective team around the child model to prevent future disruption and dislocation.</p> <p><u>Proposed Model:</u></p> <p>The proposed model of provision for Corporate Parenting is to have multi- skilled social care staff teams in place who can meet the needs of the Trust's looked after children within the Trust area. This will mean reconfiguring how our teams are currently providing services and ensure that teams are</p>			
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<p>constructed in a way that ensures there is the capacity and skills to maintain the Trust's looked after population within their own communities.</p> <p>Objectives:</p> <ol style="list-style-type: none"> 1. To repatriate those children, to appropriate locations, who are currently in out of Trust placements; close to or within their communities of origin. 2. To promote team parenting as exemplified by the 'Team around the child' model to provide timely support and intervention to these specialist fostercarers. 3. To develop a Specialist Fostercare provision to meet the demands of traditionally hard to place children and to ensure that they avail of skilled fostercarers who have the resilience to re-parent and address attachment trauma deficit issues. <p>How will this be achieved?</p> <ol style="list-style-type: none"> 4. The Trust will establish a Corporate Parent Forum, chaired by an Assistant Director, to begin to identify those placements that are either (a) on the edge of residential care (b) may require Out of Trust intervention. 5. Enhance current service provision to ensure 24/7 direct support is available to foster-carers as required. 6. Provide Reflective Forums for carers and key professionals to meet on a regular basis to discuss care plan progress. These Reflective Forums are designed for professional staff and carers to reflect upon the application of MAP (Model of Attachment 			
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	<p>and Practice) within their recent work with the young people; how they have coped with difficult situations and to develop “holding” techniques – it is a therapeutic forum which is very different to the care planning process. It is designed to build resilience within professionals and carers rather than them responding to ‘crisis’ situations in a ‘crisis’ way. Our experience has shown that these forums have been very beneficial to date.</p> <p>7. The Trust will reconfigure its current residential care provision as part of the ongoing Northern Ireland Residential Care Review to best place itself to meet the needs of those children both returning to the Trust as well as those currently within the system. <i>We may change the purpose of some of our facilities – when this becomes known we will review the screening and submit updated or new screenings as necessary.</i></p> <p>8. The Trust will realign family centre provision in line with the NI Regional Review of Family Centres to ensure that there is consistent optimal co-working and targeting of need to assist, maintain and establish relationships that protect and nurture these children. The Trust will ensure that it remains within the scope of any regional review and that it does not deviate outside that prescribed by regional thinking. There will be close liaison with Family Support Hubs and the community and voluntary sector to ensure that there is no duplication of services and that all support contracts are maximized to achieve optimal outcomes for families.</p>			
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