

**Briefing Paper on Children's Social Care Changes Over Past
Twenty Years**

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SECTION ONE - SOCIAL WORK DEVELOPMENTS IN NORTHERN IRELAND (NI) POST THE INTRODUCTION OF THE CHILDREN (NI) ORDER 1995

1. Political Context

In considering social work developments over the last 30 years, or so, it is important to understand the political context within which social work is placed.

1998 saw the signing of the “Belfast/Good Friday Agreement” (NIO, 1998), described as one of the most significant constitutional developments since the formation of NI. Since the advent of the “troubles” in 1969, social work developed in a context of violence, trauma and conflict in a backdrop of civil unrest and political uncertainty. To some extent, that political uncertainty remains with us today.

Not unrelated, the political economy of NI is characterized by high levels of unemployment, poverty and a range of unmet health and social needs. Part of the “legacy of the troubles”, is the ongoing threat of Paramilitarism in small areas, sectarianism, high levels of psychological stress, high numbers of children in need and in places a legacy of fear and distrust in statutory intervention.

Overall of these years social work has developed in this uncertain political climate, challenged by legacy issues across the province

2. Organisational/Structural Changes

1972: Health and Personal Social Services 1972: this saw the creation of an “integrated” health and personal social services system.

Four Health and Social Services Boards (HSSBs) were established in 1973 under the direction of the Department of Health and Social Services.

During the 1980s there was move to general management and smaller units of management. (Griffiths Report 1988).

1994: Health and Personal Social Services (NI) Order 1994 saw the development of community and hospital health and social care trusts. This Order empowered Boards to delegate to Trusts certain statutory functions including adoption services.

In 1998, the Department amended the Children (NI) Order 1995 to add to the duties of HSSBs. These amendments required each HSSB to review the services provided in its area, under Part IV of the Children (NI) Order 1995, and prepare and review plans in light of the review of services. This function is currently fulfilled, on a regional basis, by the Children and young Peoples Strategic Partnership (CYPSP).

In 2002, the NI Executive initiated the “Review of Public Administration”. Subsequent reforms resulted in the establishment of one Regional Health and Social Care Board and 6 HSCTs. A regional agency for Public Health and Wellbeing was also established (PHA).

In 2003 the Health and Personal Social Services (Quality, Improvement and Regulation) (NI) Order 2003 saw the establishment of the RQIA and functions previously carried out by HSSBs transferred, such as the registration and inspection of Children’s Homes.

In 2009, Section 1 of the Health and Social Care (Reform) Act (NI) 2009 dissolved the 4 Boards and replaced them with a single Regional Health and Social Care Board.

The Health and Social Care Act (NI) 2022 provided the legislative framework for the closure of the HSCB and the transfer of its functions to the HSCTs and the DOH.

The Regional Health and Social Care Board subsequently merged to become the Strategic Planning and Performance Group.

3. Legislation

1995: The Children (NI) Order 1995 mirrors the Children Act 1989 in England and Wales focusing on paramourncy, parental responsibility, protection and partnership working. The statutory functions delegated to Trusts by boards under the Children (NI) Order 1995 included Article 66 and also provided the legislative basis to underpin the provision of services to children “in need” and their families as defined by Article 17.

November 1996: Establishment of the Northern Ireland Guardian Ad Litem Agency. The Children (NI) Order 1995 provided for the appointment of a guardian ad litem for a child subject to proceedings specified in Article 60 (6).

1998: The Criminal Justice (Children) (NI) Order 1998 and all responsibilities for youth justice were transferred to the Department of Justice in The Northern Ireland Act (Devolution of Policing and Justice Functions) Order 2010.

2001: The Adoption (Intercountry Aspects) Act (NI) 2001 provided for the first time a statutory basis for the regulation of inter country adoption in NI.

2002: The Children (Leaving Care) Act (NI) 2002 - central to this legislation are duties to assess and meet young people’s individual needs, provide personal advisers and develop pathway planning for young people up to the age of 21 or beyond if continuing into education.

Carers and Direct Payments Act (NI) 2002 which introduced direct payments for children with disability and their carers.

2011: The Safeguarding Board Act (NI) 2011 set out the law for the creation of a new regional safeguarding board and the establishment of 5 safeguarding panels (one in each Trust) to replace the Area Child Protection Committees.

2011 also saw the DOH guidance on UNOCINI.

2015: The Children Services Co-operation Act (NI) 2015 required public authorities to contribute to the well-being of children and young people in

regards to physical and mental health, learning and achievement and living conditions. (to put children's services planning on a legal footing)

2017: Statutory guidance on Co-operating to Safeguard Children and Young People in NI updated.

4. ROLES AND RESPONSIBILITIES

4.1 Regional Health and Social Care Board.

When the regional Health and Social Care Board was established in 2009, it had a range of functions, which can be summarized under 3 broad headings:

- Commissioning
- Performance management and service improvement
- Resource management.

For the purpose of this paper, the HSCB was responsible for monitoring and reporting to the Department on the implementation of statutory functions it had delegated to Trusts under Schemes of Delegation as part of its performance and assurance responsibilities. In line with the key principles of all HSC bodies, the relationship with Trusts was based on openness and the sharing of information, adopting an informal supportive approach, seeking to resolve issues minimising the need for formal intervention.

Only unresolved performance issues of HSCTs were escalated to the Department.

4.2 Health and Social Care Trusts

The five Health and Social Care Trusts were responsible for exercising (on behalf of the HSCB) the statutory functions delegated to them under the Health and Personal Social Services (NI) Order 1994. The roles and responsibilities were elaborated on, in the Scheme for Delegation agreed between Trusts, the HSCB and approved by the Department.

Under the Health and Social Care Act (NI) 2022 with the closure of the Regional HSCB, Trusts became directly responsible in respect of their delivery of social care and children's functions to the Department.

The scheme of delegated functions includes functions under the:

- Adoption Order; 1987
- Children (NI) Order 1995;
- Carers and Direct Payments (NI) Act 2002;
- Children's Services Co-operation (NI) Act 2015;
- Mental Capacity Act (NI) 2016; and
- Section 21 of the Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015 (the appointment of an independent guardian).

Schemes known as "Schemes for Delegated Statutory Functions" were developed by Trusts, approved by the HSCB and submitted to the Department for approval.

The Health and Social Care Act (NI) 2022 dissolved the HSCB and placed the responsibility for the discharge of functions directly onto the Trusts with a direct line of accountability to the Department.

4.3 Strategic Planning and Performance Group (SPPG)

With the 2022 Act the HSCB Children's and Social Care Directorate became a directorate within the Department and continues to perform commissioning, resource management, performance management and service and quality improvement functions.

The Director of Social Care and Children is responsible for the professional oversight, governance, performance management and accountability, and strategic oversight of the Trusts in relation to the exercise of social care and children's functions.

Within the system of delegation, there was a requirement for an unbroken line of professional oversight from HSCTs to the HSCB and ultimately to the Department. Following the dissolution of the Board, Trusts became directly accountable to the Department for ensuring that the schemes are implemented in accordance with the law and to all relevant professional standards.

Circular (OSS) 03/2022 sets out the responsibilities of the Chief Social Worker, the Director of Social Care and Children's Services, the Executive Directors of Health and Social Care Trusts, for children in need, children in need of protection and looked after children.

For the purpose of this paper, I will focus on the role of the Trusts Executive Director of Social Work who are the officers with prescribed responsibility for organizational oversight of the discharge of social care and children's functions. Executive Directors of Social Work have a lead responsibility to provide a high quality of professional social work advice to ensure their Trust Board can fulfill their functions with respect to children and young people effectively and efficiently.

5. Policy and Practice Issues

The introduction of the Children (NI) Order 1995 brought with it a range of regulations for specific groups of children and young people, which began to influence thinking on the structure of teams. However, in 2002, the SSI conducted a province wide inspection into child protection services and the report published in 2006 "Our children and young people: our shared responsibility" which greatly influenced practice. Whilst this inspection found some examples of good practice, it also found evidence of "serious failings". It identified a number of systemic failures with clear evidence of repeated failures to undertake timely assessments and to provide child protection intervention. This report initiated a reform of child protection services including:

- the introduction of robust governance and performance management arrangements;
- the development of a single assessment framework (UNOCINI);

- agreed regional thresholds for access to children’s services (gateway);
- the strengthening of community child protection teams;
- the establishment of specialist teams and the creation of principal practitioner posts for child protection services; and
- the establishment of an independently chaired Safeguarding Board for NI and so began a programme of reform of children’s services led by a regional implementation Team chaired by the HSCB.

There were a total of 77 recommendations attached to this report.

In 2011 UNOCINI (Understanding the Needs of Children in NI) guidance was launched on the back of this report. The foreword to this guidance references the 10 year Strategy, “Children & young people: our pledge: a ten year strategy for children and young people in NI” and the SSI inspection report. It stated that improving the assessment process is a critical component of enhancing professional practice, multi-disciplinary and inter agency working.

In 2018 as part of the overall Transformation schemes in NI, £2.2m was allocated to support the implementation and roll out of the Signs of Safety model across all five Trusts.

Signs of Safety was one of a number of transformation projects funded with children’s services; increased funding was given for further development of family support hubs and early intervention projects, and further funding for children leaving care however, this was three year funding with no additional funding being made available to secure these projects.

SECTION TWO - PROFESSIONAL DEVELOPMENT OF SOCIAL WORK

6. Introduction

Delivery of social work training in NI, in the 1990s was through 3 diploma in social work partnerships:

- an employment based route;
- a college based route centred around Queens University Belfast offering a post graduate option;

- a college based route centred around the Ulster University offering three options – non graduate, under graduate and post–graduate.

7. Timeline of Professional Developments

1995-1996 review of the PSS Training Strategy.

In 1997 there was a 5 yearly review of CCETSW, this review provided a strong basis for the development of the new model for social work training, a subsequent consultation paper “Reforming Professional Social Work Training “ proposed raising the academic level to graduate entry and also proposed an assessed year in employment.

October 2001: Establishment of NISCC as the regulator of social work and social work training. As part of the new arrangements with NISCC, CCETSW ceased to exist and the responsibility for developing, promoting and regulating education and training at all levels became the responsibility of NISCC.

2004: Introduction of the degree in Social Work. Prior to this, there were 4 different routes into social work, all with different standards and timescales.

2005: Introduction of compulsory registration.

2006: Northern Ireland was the first region in the UK to introduce the “assessed year in employment“ and alongside this developed a CPD framework to support learning development and registration of social workers.

2007: introduced the role of Principal Practitioner. This is a band 8A consultant type post, senior practitioners at Band 7 have been in place since 1994. The consultant post was to allow for career progression within social work but not within a managerial line. Each Trust had 3 principal practitioner posts, one for court, one for family support and one for looked after children. This was a role to develop specialist skills but also to offer consultancy to less experienced staff on complex cases.

2012: Launch of the first social work research strategy “Improving and Safeguarding Social Wellbeing“. This 10-year strategy set out a framework for social work practice to support the delivery of the vision for social work, with a focus on prevention, early intervention, protection and safeguarding.