



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Children's Social Care Services:
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the issues that flowed from that was that more children were being received into care, especially through court orders. Since then, the situation has got worse.

The review started in February 2022, and I was appointed as the lead reviewer. I had an advisory panel who assisted me and a secretariat provided by the Department of Health. Other people, some of whom are behind me in the Public Gallery, and organisations were central to the activities carried out during the review. The review was not based on sitting down and having meetings; it was about getting out and meeting as many people as possible across Northern Ireland who had experienced children's social care, including children, young people and families — parents and other family members — who were using children's social care services and people working in children's social care or beside children's social care in health services, schools, the justice system and across voluntary and community organisations, all of which play a really important part in what goes on for children and families in Northern Ireland.

Over 18 months, I got out and about across the region. I found much that was really impressive. You have a lovely country and lovely people. I very much enjoyed my time in Northern Ireland. I was usually in Northern Ireland for about three days a week during that period. The review started during the COVID period, so a lot of stuff was still happening on Zoom and Teams. At that time, easyJet often failed to fly me because it did not have the required crews, so I hung around Bristol Airport for long periods. Those were the days when the review started.

For 18 months, I got out and about and met thousands of children, young people and families, as well as people working in children's social care and beside children's social care. I started off by meeting the chairs and chief executives of the trusts to look at the governance arrangements for children's social care. I met senior people — colleagues — working in the Department of Health and other Departments such as the Department of Education and the Department of Justice. In the autumn of 2022, we held workshops, each of which was attended by between 80 and 100 people. Those workshops were about major themes that were coming up throughout the review.

The reason for all of that was that this is not my review. If you are going to put someone's name to the review, maybe you should call it the "Swann review", because it was commissioned by Mr Swann when he was Minister. Robin Swann spoke at the launch conference of the report of the review a year ago, which was held down the hill in the Stormont Hotel, where he gave strong endorsement of the recommendations, which I will come to in a moment. It is not my review in that it is the Swann review as much as it is the Jones review but also because what is in the report, of which you all have a copy, is not my view. There is nothing in the report that is not my view, but it has been shaped by the people whom I met across Northern Ireland over 18 months: people with knowledge, experience and wisdom about children's social care services. The recommendations are pretty solid, because they are informed by the people who know what is going on and what needs to happen.

As you will know, one of the key recommendations of the review is based on the significant concern that children's social care in Northern Ireland is not getting the attention that it needs because it is lost amidst the really big agendas. You had that outside Parliament Buildings today with the junior doctors' demonstration, and there are big agendas in what is going on with health in your five health and social care trusts and what is happening in hospitals, pharmacies, primary care, ambulance services, A&E waits and elective surgery delays. In that context, I know from the chairs and chief executives of the trusts that it is difficult for them to give the dedicated time and attention that needs to be given to children's social care in Northern Ireland. One of my conclusions in the recommendations that I came forward with, informed by others, is that this is not about individuals. It is not about the competence of people in Northern Ireland. Almost without exception, the people I have met are really dedicated and know what needs to be done, but they are hindered from doing what they need to do, especially the directors of children's services. The directors of children's services are good people, but they are distracted and disempowered in their roles. They cannot give the leadership and attention that they need to give to children's social care in Northern Ireland. They spend a lot of time on corporate agendas around health in the trusts.

There is a real issue for you to tackle in Northern Ireland about who has the authority and the accountability to make things happen. Who can pull the levers to make stuff move forward when it needs to? To some extent, that is about the relationships between those who provide the services operationally on the ground and the Department of Health. There is a lot of activity but not enough action.

The major recommendation in the review report is that you need to reset the platform. You really need a transformational change. You really need to deal with the systemic and endemic issue. It is systemic

in the sense that it is across Northern Ireland. It is not just in one area or one trust but right across the region. It is systemic — embedded in your system. That is a major difficulty, in that children's social care is lost and is not getting the attention that it requires. It is endemic, because it is not recent. It is not post-COVID or whatever; it has been going on for years. As I said, the review was initially commissioned in November 2021, but all the issues that were there then — difficulties in the workforce, in handling the workflow and in getting the help out to children and families — had been around for quite a while. They remain today.

The big recommendation of the review, therefore, is to change the platform and tackle the systemic issue. The systemic issue is that you need to give dedicated, focused attention to get a grip on what is happening in your children's social care services, with the leaders being empowered to take the decisions that they need to take without the distraction of being gobbled up by the busyness of the health and social care trusts around health service issues. A children's arm's-length body (ALB) in its own right — a region-wide children's social care service — is not, on its own, the answer, but it will provide you with a platform to generate what needs to take place to answer some of the big questions. That includes stabilising your workforce, with a focus, to be honest, on retention even more than on recruitment. You also need to tackle the difficulties in getting the help out to families that they need. We have become somewhat skewed in our work, focusing on child protection and drawing more and more children into the care system, because we are not providing the help that we want to provide to children and families. Nobody wants to be in that position, but that is the position that you have had for some time, and it is escalating.

Since the review started in February 2022 and since it reported a year ago, in June 2023, the situation has got worse. There are now 400 more children in care in Northern Ireland than there were when the review started. That is an increase of 10% to 11% — 400 more children in care. That is not without consequence: it is increasingly difficult to find the placements in foster care and residential care that those children and young people need.

The workforce situation has certainly not improved and, in some ways, has got worse. When I arrived, there were major issues in recruiting and retaining staff in gateway teams, the initial assessment teams. There were major difficulties in recruiting and retaining social workers and others in the family support teams. The workforce in the looked-after children teams was not an issue when I arrived, but now you have significant difficulties in retaining the workforce in your looked-after children teams, despite an increase of 400 in the number of children in care.

You now have 4,000 children in care. In Northern Ireland, you have reached your four-minute mile moment of suddenly having an increase to 4,000 children in care. If you compare Northern Ireland with the situation across the rest of the UK, you see that the rate of increase in children in care is greater here than elsewhere and you have a higher number of children on the child protection register. You also have difficulties in recruiting and retaining the workforce, as elsewhere in the UK, but the situation has been getting worse for you in some areas of service.

I have a great anxiety that is generating some anger for me. The situation is fixable. You can get your hands around it. People in Northern Ireland tell me that you are not that big. You are big enough to sort this, but you are not too large to be overwhelmed by it. You really can fix and sort the situation, but there need to be political decisions. It has been really difficult for the review to get political engagement, because, for all the life of the review — from February 2022 until June 2023 — there was no Assembly for me to engage with. One of my fears is that there are people who have not been on the journey with the review and do not see the priority that it needs to be given. They are not briefed about the big issues and are having to learn them from scratch, but you do not have time for them to do that. There is an urgency with the situation. There are colleagues sitting behind me from the voluntary and community sector, and there are young people here today. For the voluntary and community sector, the situation has got worse with reductions in funding. For young people, using voluntary and community or statutory services has got more difficult as well.

That is my pitch to you. You are not where you need to be, but the situation is sortable. You can get a grip on it, but you have to take some decisions.

The Chairperson (Ms Kimmins): Thank you, Professor Jones. That was excellent and encapsulated where we are and where we need to go. As a whole health and social care system, we are talking about the need for transformation, but we also need to make sure that that focus includes children's services. As you said, we are long past the time for that to happen, and we now need to see implementation. A huge amount of work has gone into the process, and everyone who has been a part

of it has said clearly that we need to see change and has given us the tools to do that, so we need to make sure that that is prioritised.

Certainly, for the Committee, it is a priority. We have been engaging extensively with the Department to ensure that we can monitor and track progress. We are due to get another briefing in a couple of weeks. We recognise the huge importance of this. We have only one chance. Something that really struck me in one of the briefings that we have had was that some of the young people involved said that it was too late for them but we have to make sure that we make the changes for those coming behind them. Among the figures that you outlined, you said that there were now 4,000 children in care. I have no doubt that that could have been avoided had we got the right support in place at the right time. That is critical. The Committee — I and my colleagues — recognise that and want to see progress as quickly as possible. That needs to happen because the issues are getting continually worse.

You touched on how, when you were carrying out the work of the review, the vacancy rates in children's social work teams was an issue. The situation with that has become even more critical, and you will be aware of the strikes and the things that have been happening. That is more about safe staffing issues than anything else. We have been engaging with union representatives, and, as a Committee, we will meet some of them next week on that.

I would like to get a wee bit of feedback from you. You said clearly that the situation is fixable. We want to make sure that that message is heard. What would a fix for the vacancy rates and for tackling those issues look like? We want to ensure that we improve working conditions and the staffing levels that we see. Essentially, the number of children going into care is increasing because they are not being seen at the earliest point. We talk about early intervention and family support, and that has to be the starting point. For a lot of children, it is long past that stage by the time they are seen by anybody. I would like to get some feedback on that.

Professor Jones: Sometimes, I cannot work out who is empowered to make things happen in Northern Ireland. If I were empowered to make things happen in Northern Ireland, I would concentrate on retention. We spend a lot of time on recruitment. We will rightly celebrate the fact that quite a large number — 200-plus — of social workers are about to qualify from your universities in Northern Ireland. They are great people, and I have met many of them. I have been to your universities and seen the staff who educate and train them, and I have met newly qualified social workers out in the field. They are good people. You are not short of good people. However, a year, 18 months or two years in, they are exhausted, they do not think that it is a safe job to do and they are getting out. The first thing that you ought to do is concentrate on retention, not on recruitment. That is what I would do. Each year, you are happy that you are recruiting another 120 or whatever social workers into children and family services, but you are not giving the necessary attention to retention, so you have an inexperienced workforce. An increasingly inexperienced workforce that is churning and changing quickly is not good for a relationship-based profession like social work, where you need to get to know children and families and their history, build up trust with them etc. It is not good for children and families. Retention is a big theme in the review report and its recommendations.

What that means in practical terms is that you do not want to put limits on career progression for social workers who stick with the job and are seen as competent. Do not have a numbers restriction at each grade. People are being held back from reaching the top of their grade, because you have a numbers embargo on who is allowed to reach the top of the grade. First, open that up to all the people who are competent and whom you want to stay in the job. Secondly, recognise that you have particular attrition at years 2 and 3, post-qualifying. Reward people for staying, give them a retention payment at that time and allow them to keep that as they progress in their career. Thirdly, look at grading for your front-line managers. At the moment, they are graded at the same level as your highest graded practitioners, but they take on additional responsibilities. They ought to be graded a little higher than the practitioners whom they manage. We do not have that in Northern Ireland. There are issues around retention that ought to be tackled now. They do not cost loads of dosh; they just require the will and clarity on who can take the decision to do it, which you do not have. That is my big issue around workforce.

I have one other angle on workforce, and that is the skills mix. Sometimes, you have social workers doing work that you do not have to have qualified social workers doing. There has been some progress, because I have been pushing hard on it over two years, on the skills mix of family support workers, contact workers and social work assistants in teams. In the past, that has been skewed. All the tasks have been largely reserved for qualified social workers, but you have qualified social workers being asked to do work for which you do not need their skill set. In residential children's homes, for

example, why not have more youth workers; people with teaching experience; retired police officers who have a commitment to young people; and people from the voluntary and community sector with experience of working with young people? Open up that employment opportunity to them. You have done that a little bit, but you ought to do it much more. Retention and the skills mix are two workforce issues that you ought to be able to tackle.

The Chairperson (Ms Kimmins): Thank you. Those are all important points and tie in with a lot of what we have talked about across the board. Retention has to be the key. Something that has come across strongly to me — I come from a social work background — is that, although newly qualified social workers in their assessed year in employment (AYE) should have a protected caseload, often that is just not possible. Therefore, by the time they finish their AYE, they say, "I need out of here", which is really sad, because there is so much potential there that can be further developed, given what they can bring particularly to children and family services.

Professor Jones: I will make one more comment, if I may, on workforce. Sometimes you create too many opportunities for people not to work in the core services that need to be staffed. There are exciting developments around the side that, to be honest, are less pressurised and take less responsibility. Those posts have been created, so if you are in a pressurised job and feel a bit worn down, why would you not apply for them? Things like the multidisciplinary teams in primary care provide good development, especially for adults and older people with long-term conditions, but that is not where you want to put your child and family social workers. If they are going to have a link, you want them to have that, primarily, with the schools and early years services, not primary care. That gives people who are experienced to work separately from children's social care services an opportunity to work in other services. That generates more work, because, although those people identify the need, they are not allowed to meet it, given that they do not carry the responsibility for children in need, child protection and looked-after children. They therefore become a referral source into your statutory services, which have been depleted. Just be careful of the opportunities that you create for people to move out of the core job of children's social care services into some of the exciting things around them that are not quite so stressful.

The Chairperson (Ms Kimmins): Absolutely. Ideally, we would like all areas of social work to be seen as attractive, and that has to happen with children's services in particular.

Moving on to the ALB proposal, I would like some more information on your thinking about that. We have seen examples of that elsewhere, and I want to get a sense from you of best practice in areas with a similar model to compare it to what looks good and to identify where there is not good practice that we should be learning from.

Professor Jones: The recommendation has not come from experience elsewhere but from thinking really hard about what is best for Northern Ireland and taking advice from people in Northern Ireland about what they think would make most sense. I know from the consultation that ran from September until the end of November last year that there was considerable support for the ALB proposal from those who were closest to what is happening for children and families in Northern Ireland. Some of those who were maybe a bit more distant from it did not feel that change was necessary, but change is absolutely necessary.

The reason why the proposal makes sense for Northern Ireland is twofold. First, it is about consistency. At the moment, children's social care services are delivered by five health and social care trusts. Those trusts do not — they cannot — give children's social care the attention that they need to. They all do it slightly differently, so there will be a different arrangement in one trust compared with another. That came through very clearly from young people: when they spoke to each other, they said, "Oh. That's in your area; we don't have that in my area". So you could get greater consistency, but, if there is one thing that you can get from this, it is greater grip.

If you had one children's social care organisation for Northern Ireland with one board and one chief executive, locally we would still have five directors of children's services, but they would be working within one organisation, with one culture and one policy setting for how we do things in Northern Ireland. With those people, day by day and, sometimes, night by night, thinking about what is happening in children's social care services, you will have more grip. That is another reason for having the ALB that is really important. However, you will have to change and adjust the relationship between that ALB — anybody who provides services on the ground — and the Department of Health. At the moment, there is confusion about governance; there is confusion about authority; there is confusion

about accountability; and there is confusion about who is allowed to take decisions and make things happen.

My view, having been a director of social services for 14 years, is that if I am doing a job, you have to let me take the decisions to get things sorted. I should not have to go to you for permission. You need to be able to do that in Northern Ireland.

The Chairperson (Ms Kimmins): OK. That leads into my next question, which is about accountability and the mechanisms that you foresee. That is the key bit that we want to see. You mentioned decision-making powers. Someone has to take those decisions if we really want change. What do the accountability mechanisms look like to ensure that this is watertight?

Professor Jones: You need politicians who set the framework for the legislation. You have that in the Children (Northern Ireland) Order 1995. That is a good Order, so you do not need to change the fundamental legislation. The Order is not alive and well — it is not being implemented — but it is a good Order. You set the legislative framework and provide the resources for it as well. You will probably come on to the issue of resources this afternoon, and I will be happy to respond to that. You want the policy to be defined by colleagues in the Department of Health. Then, you want the operational delivery to be led by people on the ground who can do it without having to go back to get permission from other people for what they can and cannot do.

You want to clarify the role of the Department of Health. It is setting policy, and it is keeping an eye on what is happening. To be honest, if the ALB, with its chair, board and chief executive, is not delivering what needs to be delivered and, when it reports back to you, as politicians, you think, "This is really serious", you need to remove and replace those people. However, you should not have them operating with their hands behind their back, having to go to others for permission to do what they need to do operationally across Northern Ireland.

The Chairperson (Ms Kimmins): I will move on to the funding and resource element of this. You mentioned the people working on the ground: you will not be surprised to hear that I am passionate about that. The role of the community and voluntary sector here, particularly in children's services, is huge. In my constituency, I speak to some of the excellent organisations that work on the ground and do all the things that the statutory sector simply cannot do. As I have said before, that is not a criticism; it is a reality. They are so agile, and they adapt to the needs of the community because they know them so well. They know the needs of the families who live in their areas. No two places across the North are the same. We all have different socio-economic factors and things like that that determine our life pathways. Do you think that it is better to have partnership working a wee bit more formalised so that they are given their equal place in delivering the services? I am talking about the funding piece as well. As you will know, particularly for the community and voluntary sector, funding is a huge issue, so, in trying to operate and provide services year-on-year, trying to access funding can be challenging.

Professor Jones: I do not know that you want to formalise it. You do not want to make it —.

The Chairperson (Ms Kimmins): Treat them as an equal partner.

Professor Jones: What I would want to do is change the culture and change and understand what we should be doing together. It should be much more about partnership. At the moment, you have a statutory purchasing and contracting relationship with the voluntary and community sector, and parts of the voluntary and community sector often are in competition with each other, having to bid for money that the Department of Health makes available. What you want is a partnership arrangement, seeing each other as allies in this together and sitting down and having the conversations and shaping agendas together, not saying, "This is going to happen. You can bid for some money to do it." It is often short-term funding, so it is wasted. You spend hours, days and weeks setting services up, and then you start closing them down again fairly soon. There is the uncertainty of one-year budgeting. You need to have agreements that last for three — ideally, five — years so that you can get some return on your investment, rather than the churn and change that we see at the moment.

You want that dedicated leadership that has the time, within a children's ALB, to be out there in communities with their partners in the voluntary sector, education, health, policing, housing etc. As strategic leaders, the chief executive and the five directors of children's services across Northern Ireland should not be gobbled up with stuff about the health agenda but should be there for children

and families in their communities. If you do that, you change the culture and the understanding of what the role is, and we need to do that.

The Chairperson (Ms Kimmins): Absolutely. This is my last question, because I am conscious that other members will have a lot of questions. Do you anticipate any risks with setting up an ALB? You mentioned the role of the Department in keeping an eye on things. Can you provide a bit more information on how you see that relationship? Is it an oversight role?

Professor Jones: The danger with an ALB is you set up a new organisation and you do not change anything, and everybody thinks that we are going to go on as we were before. The whole point of having an ALB is to do it differently and to provide the platform to allow it to be done differently. It is to allow the people who are leading within that ALB to get on and do the job, working in partnership with others and staying close to their front line, rather than being distracted by lots of other agendas and busyness that is around at the minute.

The role of the Department is to inform you, as politicians, and the Minister about how well it is going. It is to keep an eye on it but not what you have at the moment, which is monthly reporting and monthly meetings, but annual reviews etc. It is to be close enough to what is happening to spot where things are not going well but not taking up the time that the Department takes up at the moment of leaders in children's social care across the five trusts in having monthly reports, monthly meetings etc. The danger with an ALB is that nothing changes, but the ALB gives you the platform to make the change that you need to make.

Ms Flynn: Thank you so much, Ray. What struck me when you made your opening remarks — I could see it as you were speaking — is that sense of anger. Obviously, that comes from a good place because you have spent the time speaking to the thousands of families and kids, brilliant social workers and all the rest, all the good people. That is where the anger comes from. It comes from a place of passion, and you care about the people you met. You were also clear in saying that, number one, the situation is still getting worse and is heading in the wrong direction but it is fixable.

Professor Jones: Yes.

Ms Flynn: And there is an urgency to how we now go about fixing it. As the Chair said, this Health Committee has made the issue a priority, and that has cross-party agreement in our Committee. It is now about how we try to put some of it into action through us as a Committee lobbying the Minister of Health. The Minister of Health may need to bring something to the Executive or whatever needs to happen, but it is about how can we start to put some of it into motion.

You spoke about one of the key priorities around retaining staff, and I understand that. We have to retain staff. We had a briefing the other week, and we heard that new students come in, they are put under insane pressure, and then they leave. That is a bit of a waste. Does the ALB structure need to be set up first, so that you start off, as you said, with a clean slate and a new system, and they take on making retention a priority? What comes first?

Professor Jones: Over a year ago now, I suggested getting on with it. I woke up in the middle of the night last night thinking about meeting you. I suddenly thought, "Hey, there is a lot of long grass in Northern Ireland and a lot of sand". So much gets kicked into the long grass, and so much gets sifted into the sand. One of the fears of my colleagues behind me and young people in Northern Ireland is that this will be another review that will take a lot of time. If you add it all together, including the consultation etc, it cost over £1 million, but will anything happen?

We have already lost a year, and we have a new Minister who has not been on this journey. It is difficult for the Minister to get his head around it, I think. A year ago, I proposed this: bite the bullet. Take a decision. Get it started. Appoint a shadow board and a chief executive designate. Allow them to start setting up the ALB, and expect to be in a position where it is in place within two years. If that had been started a year ago, we would be 12 months into this now. Allow the chief executive, with the current directors of children's services in the trusts, to start shaping what will happen and taking some of those decisions around, for example, retention and to get on with it. You would be doing two things at the same time: creating a new organisation but also hitting the issues that need to be hit now by the people who are going to be leading that organisation in the future.

We have lost a year already. It has got worse in the past year, and I see nothing in the future that suggests that it is going to move at pace. Another thing about Northern Ireland is that you have lots of

walls. To be honest, I have got to the stage where I am banging my head against a wall. All I am getting is a headache, and nothing is happening.

Ms Flynn: I think we understand that. One of the other priorities that we identified at our planning session a number of weeks ago —. We, as a Committee, also feel frustrated. It goes wider than children's services. You can look at reviews, reports and inquiries, but we all felt that —. How can we see the change and track the change? Who is following the progress of the change, and has there been any change? It is good that you highlighted all those points to us today. Hopefully, we can help with the process with the Health Minister. You said that the next steps could and should be appointing a shadow board and a CEO and letting that body work —.

Professor Jones: They create the new organisation, start shaping the agenda and work with the directors of children's services, who will be incorporated into the new organisation so that, together, they make it happen and, where they can, they start doing things now that they know they are going to live with in the future.

Ms Flynn: I have two questions on that. First, you mentioned that there is not a huge cost to fixing this huge problem. Even if you were to go through the process of appointing a board and a CEO and getting some of the work under way, would there be a cost to set that up? If we are lobbying the Minister, we will have to be as specific as we can. The number-one thing is the cost in practical terms.

The second thing was that I am conscious that we have a new Health Minister in place, but did you have any commitment or good soundings from Robin Swann that the Department would follow through on the ALB?

Professor Jones: Robin was engaged throughout the review until last October, when he had to stand down and did not have that role any more. He came to the launch conference and made a really clear statement about how he thought that what was proposed in the review, including the ALB, was necessary and needed to be moved forward at pace. There had to be a public consultation. The Department of Health impressively ran the consultation very well from September until the beginning of December, but it is now June. One of the things that, I suggest, the Committee might want to do in terms of decisions or actions that you can take is to ask for the outcome of the consultation. It is available, and the analysis has been done. It has not been published; it is sitting there. We are now seven months on from the end of the consultation. The first thing you could ask for is for the consultation report to be published so that you can see it.

Secondly, on the cost, I have no idea how much money is spent on children's social care in Northern Ireland. You do not know either, and no one could tell me during the review. I was a director of social services for 14 years. If I did not know how much money I had to spend, having the authority and power to move money around, sometimes to go at risk and spend a bit more than I had because I could claim it back over 18 months with the savings I would make is what you do when you are managing the money. We are not managing the money. We are spending the money; we are not managing it.

How much will it cost? Yes, there is some cost, but there will be savings remarkably quickly because you are wasting money in Northern Ireland at the moment. If you ask me for some examples, I am happy to give them. You have opportunities to save money. You need some more money for children's social care because, while there is increasing poverty in Northern Ireland, demand will increase as well. Tackle the poverty issue. Get rid of the two-child benefit cap as a priority. That will stop some of the families from getting into the difficulties they are in now. You can save money through the process and use it better than it is used at the moment. This is not a high-cost demand for spend. My view in the report is that we are talking about hundreds of thousands of pounds, not millions of thousands of pounds, and it is short-term. It is transitional money to put in place the new organisation, and it is money you can afford to spend and ought to spend.

Ms Flynn: Thank you, Ray.

Miss McAllister: Thank you, Ray, for coming here today. I am new to the Health Committee, but I sit on the Policing Board's performance committee, and we have a lot of regular contact with the police who have been in contact with social services. The reasons are always negative, but it is not the fault of any of the young people involved. It is because the police feel relied on too much. Whilst it is somewhat new to me, it is not entirely new, and it is an issue that I am very much across the details of, because I want to see change.

I represent North Belfast, where one in 20 children from the Water Works ward are in care, and that is a stark figure. It means one child in every classroom in a school. At the end of the day, that is a child and a person who has a future ahead of them. It is so important, and I am thankful that you ensured that those children had a say in what it should look like. The Chair is right that it might have been too late for them, but it is for the others who come after them. Whilst the Minister is new, he should know that the review is important, and he has made a commitment that social care is a priority for him, and this comes under that. We will hold the Department to that. Unfortunately, the Department has been to the Committee twice to answer questions about the recommendations. It has not been great, to be perfectly honest, and there has been a lot of talk about work streams being set up to review the review, rather than actually getting to work to implement it. A lot of our questions remain for the Department rather than you, because we are not going to disagree on a lot of things. Some of my questions just expand on some of the issues. I am glad you have spoken about the relationships between the arm's-length body and the Department, because that was one of them.

I want to speak about children's homes and smaller children's homes. I have met loads of organisations, such as Include Youth, which talk a little bit about smaller children's homes. We met the British Association of Social Workers Northern Ireland (BASW NI), which highlighted the cost of running a children's home versus foster care, and there are immediate savings when things are done differently. There is also the cost of running the smaller children's homes versus everything associated with the bigger ones. I just wanted to see whether you could expand a little bit on why you believe that those smaller children's homes are beneficial.

Professor Jones: Foster care is a really valuable service. To be honest, it is the core service for children in care in terms of numbers. You have a higher rate of kinship foster care in Northern Ireland as well, which, generally, is very positive, but I fear that, with increasing numbers of children coming into care, you may be, if you like, forced into kinship care placements because you have no alternative — there is nowhere else for the child to go — when it might actually not be in the child's best interests. You have really good kinship care generally in Northern Ireland. You have really good foster care generally in Northern Ireland, although foster carers are still waiting for the strategic review of foster care of 2012 to be implemented from 12 years ago around fee levels and things like that. It seems to me that you are having more difficulty in recruiting foster carers.

Children's homes are a valuable resource. They are not a last option. For some children, a children's home is the right place for them to be. When I was out in a trust area for two days in a row, I spent an evening in a children's home, just being there with the young people, having tea together and absorbing it; sometimes watching the challenges and confrontations that were going on, and sometimes having good conversations. It varied from time to time. Why do I think that you could do with having some smaller children's homes? I suggest that you need to move at this with pace as well. First, you have some children who, maybe because of some neurological disability or whatever, cannot cope with the stimulus of lots of activity around them. What you do at the moment is send them down South or over the water for placements in small children's homes there, sometimes in private children's homes. That is not good for them. They are taken miles away from their families and communities and out of sight of their social workers. Keep it in Northern Ireland. I am talking only about having two, three or four small two- or three-bedded children's homes. I am already beginning to recognise the consequences of not doing it. The private sector is now moving into Northern Ireland and setting those homes up, and you are beginning to buy those placements from the private sector. Once that door is open —. It is a real strength in Northern Ireland that you do not have big private-sector involvement in your children's services, taking loads of money out as profit. That is really good in Northern Ireland. Hold onto it. You will find that door being pushed ajar by the private sector opening the children's homes that are necessary in Northern Ireland because no one is taking the decision, yet again, to do it for yourselves.

Miss McAllister: Thank you for that. I was aware of the private aspect of it. It is important that that is highlighted. It is about cost-effectiveness. That could be an added bonus to the Department when it talks about the cost at all times.

In the report, you focus on respite care a little — well, not a little. One of the recommendations that you have highlighted is that those children who are in respite care should not be seen as looked-after children. As I understand it, it is three months, and then that comes in automatically. Might you expand on that a little? Would that dilute the obligations of statutory services? It is not as though the trusts or the Department are actually meeting them at the minute.

Professor Jones: I will say two things about respite care for children — for any child, really, but especially for children with disability. I met parents of children with disability. I met disabled young people. The service deteriorated greatly during COVID. It was not available for families during COVID, for two reasons: the respite care homes were used for longer-term care for children and young people with disability who could not remain with their families at that time, but also delivering any type of temporary care outside the family home when there were restrictions on contact and infection control etc was more difficult. I do not know what the position is now in June 2024, but, in June 2023, when the review report was published, you had not regained the position with regard to respite care for children in Northern Ireland. You need to reclaim that position. That is the first comment.

The second bit is about the status of children and families who are receiving respite care. On many occasions, I was told by families and parents that they were reluctant to use respite care because it meant that they had to allow their child to be in care. They saw that as threatening and challenging for them. Suddenly, their child was not in their care but was "in care", and the state — the health and social care trusts — took on parental responsibility for those children. Respite care was not something that they eagerly looked towards. They needed the help from respite care, and the children and young people might benefit from that time with a bit of independence away from their families, but the families were very concerned that that was disempowering. They felt that it was a bit stigmatising, and they were frightened and threatened by it. It is not a good idea, and there has been some discussion and debate about whether it is actually a requirement in Northern Ireland that children in respite care are treated as looked-after children. There is a cost to this. If you receive a child into care, there is a whole bureaucracy and proceduralisation that kicks in. That takes up time and costs money, so you can make some savings on this and, at the same time, do a better job for children and families.

Miss McAllister: Thank you. That is helpful. I know that respite is a much wider issue, but it is important that those children also have a voice here today.

I will focus on the interaction between social care services and the police. Do you believe that there is an over-reliance on contacting and involving the police when it comes to young people in care? Are the police called too often? What is your view of it?

Professor Jones: It is a really thorny issue. I do not have a definitive answer on that. I have been involved in this stuff for 50-odd years, and sometimes you actually need the support of another agency to come in, because it is really challenging and really threatening. You sometimes need the powers of the police to contain and control what needs to happen. However, if you had a more secure staff group, there probably would not be as much escalation of children's behaviour. If we get on to the retention issue again, we can strengthen our services. This is one area where you can make big savings. I met the police several times. When I say "the police", I mean senior officers involved in child protection and public protection but also officers on the ground in Northern Ireland. I had pretty good engagement with them, and I was pleased to have that contact.

Thinking about justice and the police, one of the things that you have is Woodlands, which is the secure juvenile justice centre in Northern Ireland. I am sure that you know about Woodlands. It has 48 places and pretty much state-of-the-art facilities. I have been to Woodlands seven or eight times. It is impressive. It is massively underused. It is a 48-bed facility, but, at any one time, you have — I do not know — maybe six, eight, nine or 10 young people in it.

Miss McAllister: It is four at the moment, I think.

Professor Jones: Four at the moment. That is criminal for two reasons. First, you are wasting money when you need the money, and, secondly, you have a resource there that ought to be available for the children who need it. Around the corner, you have Lakewood, the secure children's home, which is under tremendous pressure because of the demand for placements for children and young people who, for different reasons, need to be in security at that point in time, not in the sense of being locked up but being cared for and contained because they are often a risk to themselves as much as to anybody else.

This is not rocket science, and it is not a recent issue. In 2018, you had a review of the regional facilities for children and young people. It looked at Lakewood and Woodlands and made recommendations. I made recommendations a year ago, but I started the conversation with the Minister of Justice and the Minister of Health way back in October 2022. Naomi and Robin were in agreement that we ought to be able to move Lakewood and Woodlands together, but with a new service at Woodlands as a secure children's home, including the juvenile justice element being

available through it as well. Nothing has happened. This goes back to the ALB. I understand from colleagues in Justice that there would be reluctance — I share that reluctance — to bring Lakewood and Woodlands into one service if it were to then be managed by one health and social care trust, which would not necessarily give it the attention and the time it requires and might not even have the necessary expertise.

At different times in my career, I have had responsibility for two secure units for children. They need close watching, close monitoring and a lot of support and assistance. They are doing a really difficult job. You would not want to push that into one health and social care trust to do it because, to be honest, you would probably lose a bit of being on top of what is happening. Within a children and families ALB, you ought to have the expertise and capacity to give that the attention that needs to be given. You can then achieve three things: better use of Woodlands; reduce the demand on Lakewood; free up Lakewood to retain in Northern Ireland young people who, at the moment, you are sending off to other areas of the UK and down to the Republic because you cannot provide the service for them in Northern Ireland. You could actually reposition, re-pattern and reuse Lakewood to stop children being sent outside Northern Ireland, and you would make better use of Woodlands' resource, and it is a very good resource.

Miss McAllister: There are concerns that maybe differ in the stakeholder community around the shared campus, in particular when you use the word "justice". It is important to recognise that there are differences. My party's belief is that the age of criminal responsibility is far too low in Northern Ireland. How do we square the circle of the justice element and the children in secure accommodation? Also, how do we square the circle of something that has been run well by one Department at times, and if another Department takes it over, ie Health, does it just end up like Lakewood in the end?

Professor Jones: Do not have Health take it over. Do not merge Woodlands and Lakewood and then give the responsibility to one of the health and social care trusts, which would not have the time and capacity — and maybe not the expertise — to give it the attention that is required. Justice has done a good job with Woodlands, apart from wasting a load of money. It is underused. Do not start filling it up through the courts sending loads of people into Woodlands. Woodlands is not only underused; sometimes it has been inappropriately used. During the time when I was here doing the review, there was only one person in Woodlands as a consequence of a sentence. All the rest were remanded or Police and Criminal Evidence Act (PACE) admissions by the police — short-term admissions until they got their first court appearance.

Be careful about trying to fill Woodlands up. What we want to do is make the best use of Woodlands. That bit about justice compared with child care — how do you square that circle? You are talking about children and young people. You are often talking about the same children and young people. I met many who had been in Lakewood and in Woodlands. Some of them had also been in Beechcroft. They had run around in a circle. They are similar young people. Not all are the same, but they are similar young people. At the moment, you stigmatise young people by putting them into Woodlands and seeing them as criminals. Have it as a secure children's home, and admit on the basis of need in terms of what they require. Some of that might be security for their own safety or the safety of the public. However, they are children and young people first. Run it as a children and young people's service. Have it less stigmatising, make better use of it, but create the organisational platform — an ALB — that allows that to happen. You are wasting loads of money at the moment.

Miss McAllister: So it will be under the arm's-length body. And that is —.

Professor Jones: That is a prerequisite, because you will not want to put it into the Belfast Trust, the Southern Trust or whatever. I do not think that that would be persuasive for your Justice colleagues, and it would not be persuasive for me.

Miss McAllister: Thank you. I could ask loads of questions now, but I understand that others want to come in.

Mr Donnelly: Thank you very much, Ray, for that presentation. I absolutely get your passion to deliver improvement in this area, and thanks very much for your report and recommendations. I get your frustration today, and I feel your anger that nothing has changed, there has been inaction, and the situation has actually got worse. I absolutely get that. It is an indictment of this place and of politicians in this place that our Government goes up and down and we do not address things. The situation is getting worse, when it was a crisis to start with, so I absolutely get that.

You spoke about the importance of retention. My background is in nursing, and we have a similar problem in nursing. We have nurses leaving before their careers are over, nurses who have years of experience leaving the profession when they had years of their career to go. Losing that experience is hugely detrimental to the service and absolutely cannot be replaced. It is not like for like when you have newly qualified nurses who just have their degree behind them but do not have that experience. It is absolutely not like for like. Losing those people is hugely damaging.

So many people have left. There is a body of professionals who wanted to work in the service but have left for whatever reason. How can we entice those people back? Is there a way back? Can we bring those people back in, and would that help to build up the system?

Professor Jones: If I were out of the service, I would come back in if I thought that it was a safe place to work, where I was valued and respected and where I could do the job that I needed to do. Make it a safe space. Make it somewhere where you feel respected and where you know that the organisation will help you to do your job. That is what our directors of children's services and others want to happen at the moment. That is what they strive to do. However, they do not have the authority or power to make things happen and create that culture and environment.

Make it high status. That does not mean paying lots more money; just make it somewhere where, if I were a children and family social worker, I would feel really valued. It is about, for example, directors of children's services being able to spend time with their front-line staff. That is where front-line team managers are really important. They often create the experience of what it is like to come to work; it is not the director of children's services. You, largely, have the cohort of staff, but they do not get the recognition that they should. As I said, they are paid at the same level as more-experienced practitioners. Front-line managers should be given the recognition that they deserve so that they give local, on-the-job leadership each day. They have two roles. One is creating the microclimate in the workplace. The second role is that they quality assure practice, because they are close to it every day. They are really important. You should value them more than you do at the moment.

Mr Donnelly: Thank you very much. It is not a lost cause; you think that the people who were encouraged to study and work in that environment for years can be enticed back, and that there is the potential —?

Professor Jones: I have experience of achieving that with returner programmes for people who may have left the service because of caring responsibilities — maybe they had a young family or older relatives. They need some help to come back, because they need to be updated. They need a bit of help with rebuilding their confidence. However, if they know that they are going to be valued and respected, they will want to come back.

Mr Donnelly: Absolutely. You mentioned childcare. That is something that we hear about time and again in this room from nurses and doctors. The doctors outside today raised that as well. There is a lack of affordable childcare for people working in the sector, and that drives people away. That is something that we are very aware of.

I want to pick up on some of the final comments in the report, particularly one that came from your expert review group.

Professor Jones: The young people?

Mr Donnelly: Yes, the young people, who are your experts —

Professor Jones: That was organised for me independently by Voice of Young People in Care (VOYPIC), which is a really impressive organisation. I would like to see you create an opportunity for parents to have a collective voice. It might not be one organisation. You have patches of it in Northern Ireland, where parents are able to come together, but you do not have that across Northern Ireland. VOYPIC is a really good organisation with really impressive workers and absolutely amazing young people. You could do something similar for parents. There will be a workshop soon in, I think, Derry that will look at possible developments in that regard. That is another recommendation in the report.

Mr Donnelly: Clearly, young people's voice has been very important in the report. The final comments include a concern about:

"Whether there is a will to deliver on the Panel's recommendations, citing previous experiences of involvement in consultations that did not bring about change."

I imagine that that is incredibly frustrating for the people who were involved. I assure you, the young people and the organisations that there is a will. Children's services were the highest priority for the Committee when it looked at its strategic priorities. I know that every member of the Committee is absolutely committed to that. It is something that we will try to keep a regular focus on for the duration of the Committee, as much as we can.

Professor Jones: Danny, I am struggling. I really am struggling, because I am finding it really difficult to find out who pulls the levers in Northern Ireland to make things happen. When I have asked other people about it, they have not been able to tell me. In the report, I have this continuum from, on the one hand, freezing things as they are at the moment — nothing changes — to fudge. We play around the edges; we have lots of activity but not much action. We have loads of working groups etc, but the fundamental change that is necessary is not being tackled. Then there is what I call the "fix option", which, to be honest, I can see no alternative to the ALB.

I am concerned about how we actually do it because, before you leave this room, you have another agenda item this afternoon. You also had the doctors who were striking outside to speak to. There will be loads of other issues taxing the Minister and taxing the good people in the Department of Health. How do you actually get something like this to be given the attention that it needs to be given? In the big scheme of things, it is not the biggest issue, but it is a really important issue and one can be sorted. How do you carve out the space for yourselves, as members — not just of the Health Committee but of the Assembly and in your political parties — to make sure that this is something, amidst all the noise and activity going on, to say, "This is doable. We are going to do it. We are going to do it with some urgency and make sure that the Minister knows that there are some issues for him, and we will support him in making those decisions.". There is nothing here that is politically controversial, but it is just going to get lost in the wash again.

Mr Donnelly: In answer to your question about who pulls the levers. It is the Minister, and it is up to us, as a Committee, to raise it as a strategic priority and to continue to support him to make those decisions.

Professor Jones: I do not know how your parties work in Northern Ireland. I honestly do not, but you have an Executive made up of senior leaders from your political groups. To what extent can you get the Executive fired up about this so that the Minister is not stranded on his own but that the Executive is fired up on it as well? The message that now needs to be given by the Executive and the Minister is that, "This is doable, and we are going to do it".

The Chairperson (Ms Kimmins): You are 100% right. What you have said concerns me because we are very aware of the really pressing issues. We have been at the junior doctors' strike today, and all of those issues are hugely important, but we are talking about children and young people here, and the fact that their voices are potentially being drowned out is something that we should all be concerned about, particularly at this stage, when all the work has been done. As I said earlier, you have told us what we need to do. Not just you — everybody on the ground, the children and young people and the families have all told us. We know what has to be done, and it is up to us to make sure that it is done. It is important that we continue to push that as hard as we can because, no matter what way we look at it, if we do not do it, we will be dealing with much bigger problems further down the line.

Professor Jones: Hospitals and schools are big issues. I could not come through with a recommendation about how can sort all your hospitals and schools out in the next two or three years. I can and have come through with a recommendation, informed by colleagues behind me and others, about how you can really create a different platform for children and social care. You can do this.

The Chairperson (Ms Kimmins): It is interlinked with everything that you have mentioned. It is interlinked with housing, health, education and all of those elements of our lives. It is part of all of that. Obviously, the remit is for the Health Minister, but, if we really want to deliver on all of it, we have to bring everybody together, and that is why it has to be an Executive effort. We will certainly be doing all we can.

Sorry, Colin. I know you are waiting to come in online.

Mr McGrath: Thanks very much, Chair. I am Zooming in from home today. I was sitting in the conservatory, and we had a hail storm so I could not hear anything. I have relocated.

Ray, once again, it is lovely to meet you and hear from you. I share that frustration. In whatever amount of times we have met, we are still hearing about the report, the review and the changes, but we are not seeing the action at the other end of that. It is a particular MO of the Department of Health to publish strategies and then not pursue them. We should keep some faith, and it is worth noting that we turned 26 local councils here into 11. We changed 12 Departments down to nine. We have reformed our policing services. The Executive here are capable of big change if they want to do it. It is about getting that will and drive from the Executive parties to make sure that this is taken forward.

It will impact Health, but it will also impact the Departments of Education and Justice and Communities — other Departments are impacted — so we need to escalate it to more of an Executive level and buy-in rather than simply landing it at the door of one Minister and expecting him to do all of the cross-departmental work that is involved. There is an opportunity for us to try to see if this issue can be bumped up to Executive level, against a backdrop of their ability to make change, if they want to do it.

Will you revisit, for a minute or two, the sort of systemic things that we do not have in our society, the lack of which are impacting upon the lives of young people? We are so immersed in our communities and political systems that it is useful to have someone from outside say that we should do x, y and z before thinking about trying to change the structures or young people. I am thinking about our lack of an anti-poverty strategy, for example, and the impact that that has on young people. Are there other things that you have seen in other places that you think we should be trying to get in place first?

Professor Jones: You will know that better than me; I am a learner in Northern Ireland. You will know more about your communities than I do, but there are some things that shock me, one of which is the threat and fear that is still embedded in some of your communities. We have a bit of that across the water in some of our big urban centres, but it is not as prevalent as what I have experienced in Northern Ireland. I give examples in the review report of where I have come across or stumbled across — I did not go out looking for it; it hit me in the face when I was out and about — what is happening in some of your communities. What were called "paramilitaries" but now "organised criminals" are intimidating, coercing and threatening. I am not used to that. Yes, I am used to some frightening and threatening men exploiting young people, for example, and having to get hold of them and making sure, with our colleagues in the police, that they are taken to court and taken out of action, if needed. However, I have not seen it so prevalent as a community issue. That is one of the things. I do not have an answer. I know that there is lots of work going on in the area, but it is different from my experience. It leads to some of the generational workload of children's social care. We have children in care and in secure accommodation because of threats that they have received, not because of themselves. They are there because of the threats that they received, and they are there for their own protection. That is different for me. I am a novice. You will know what you are doing about it. I have seen some impressive activity around it, and the police are on to it. You are doing the best that you can, and, hopefully, good progress is being made. I am sure it is.

You have escalating poverty in Northern Ireland. As I said earlier today in a conversation, if I was able to get on and do some things and spend some money, which, apparently, you do not have, I would get rid of the two-child benefit cap, because it is deliberately creating intense poverty for children in your communities. Get rid of it. That would be my priority. If you had any money, the best thing to do would be to spend it on that.

The bit about the ALB proposal is that, as it is, the system stands alone. If time was being dedicated to thinking about what we have been thinking about for the past hour, with a board and a chief executive thinking about it, and empowered to do what they can around building agendas with the police, schools and colleagues in the health service, you could move things forward. The ALB is not the answer, but it is the platform for having the answer. That would also allow you to be closer to some of your communities, sometimes, because people can give time to that; they can go out. I heard a comment earlier about there being differential community needs in urban and rural areas and different parts of the region etc. That is dead right. If you had colleagues who had the time to be out in the community more than they are at the moment, they could start having conversations with those communities about how to meet those needs.

Mr McGrath: I have a second question. My background is in youth work. During the process of the review of public administration, there was protection to keep youth work within Education because it was felt that that was its home — it was felt that it was an education service rather than a service within the council or community services, for example. How did you find the conversations with youth

work practitioners about moving into an arm's-length body that will then move them away from Education and into something else? I know that people do not like change, but did you feel that there was anything in any depth there or beyond that?

Professor Jones: I met a number of different staff groups that currently work in children's social care. I met education welfare officers and youth workers as well as public-health nurses, health visitors and school nurses — and probably more, now that I think about it, including youth justice colleagues, for example. I had conversations with them about what they thought and what was their advice to me about what should happen. What I heard from the youth workers and the education welfare officers whom I met is that they saw their affinity as being pretty close to what happens in children's social care. Were there a children and families social care ALB, they would not be uncomfortable with that, and some would canvass to be located within such an ALB.

They tell me that they feel marginalised at the moment because, in Education, the focus is heavily on schools. In the case of youth justice workers, the focus is on prisons, etc. The difference that I came up with in terms of what, in my view, would be in that ALB, would be to bring in youth work and youth justice, where primarily you are talking about working with young people. The one difference is that I did not make the same recommendation in relation to public-health nurses, school nurses and health visitors. What they said to me was that — I am feeding back what they said to me because that has informed the recommendation — was that their identity was primarily that of health professionals. That is what they identified with. They did not want to be separated from other health professionals. They felt that that was where they should be located. They felt that they should work with children's social care but should not be placed within it.

So, my recommendation in the report is that the ALB should bring in youth work. Youth work does not simply mean the statutory youth work services: it is about the engagement with those who work in the community with young people through voluntary organisations. They should give the lead responsibility for that to the children and families ALB. The ALB should bring in youth justice, including Woodlands, working primarily with young people.

When it comes to public-health nurses, health visitors and school nurses, however, you would have a major workforce crisis. Those jobs would not be attractive were they to be taken out of the NHS and put into a children and families ALB. That does not mean that they would not work together — you should actually give more attention to their working together — however, you should not locate their employment within an ALB. That was the advice that I was given, and I take that advice.

Mr McGrath: Thanks very much, Ray. As always, it is a pleasure to hear your passion on this issue. I hope that we can encourage something to happen with it.

The Chairperson (Ms Kimmins): Ray, this has been a really useful discussion and it is so important to hear directly from you. We know that a huge amount of work has been done but, as everyone has said, we need to see action now, and we want to push that forward. We welcome any engagement that we can have with you, even if that is done remotely. Hopefully, we will see some action.

As I said earlier, we are due to get a briefing from the Department three weeks from today. We are expecting the consultation response at that meeting, and we will be keen to see that.

Professor Jones: Do you think that the consultation responses and the analysis of those responses will be available in two or three weeks' time?

The Chairperson (Ms Kimmins): We hope so.

Miss McAllister: We have asked.

The Chairperson (Ms Kimmins): That is what we have asked for.

Professor Jones: That will be really important.

The Chairperson (Ms Kimmins): That will be key to moving this forward. We said at our last briefing that we wanted to see that. We were told that it was fairly imminent, so I hope that that is the case. We are conscious that that will be our last Committee meeting before the summer recess. We will keep a watchful eye on that and will continue to make sure that the Department can move that at pace.

Thank you so much for your time. We really appreciate it.

Professor Jones: May I make three further comments?

The Chairperson (Ms Kimmins): Absolutely: go ahead.

Professor Jones: They will be punchy and short comments. First, there are really good people in the Department of Health and across the health and social care trusts and in the voluntary and community organisations. This is not about individuals. There are really impressive people in Northern Ireland, including in the Department of Health, whom you have had before you. However, the structure and the system are not right. You are misusing and disempowering people and you are not getting the benefit from the really good people whom you have in Northern Ireland.

Secondly, if I may say so, there is a lot of activity going on, not just in health services and things like that but in children's social care, and there are loads of working groups, etc. There is a load of activity but not much action. My view is that, at the moment, you want to drive the action rather than the activity. That is not a criticism of individuals; it is the way that you are set up.

My third comment is a challenge to you, as individual MLAs. When you leave this meeting, what can you do with your political groups and Executive Ministers to make sure that this is not just an issue that comes before the Health Committee today, and then you go on to something else and come back again in two or three weeks' time? What is something that you, personally, can do to drive this forward?

A recommendation of the review report that we did not discuss was that of appointing a children's Minister. My recommendation for a children's Minister is for somebody who would be worrying about this, politically, every day. At the moment, there is no one who is worrying about this, politically, every day. Maybe that is something you can do. Thanks.

The Chairperson (Ms Kimmins): Thank you. We appreciate that. All the best.

Professor Jones: Thanks for your time.