

British Association of Social Workers Northern Ireland briefing for the Committee for Health

05/05/2020

1. Introduction

- 1.1. The British Association of Social Workers Northern Ireland (BASW NI) is part of BASW, the largest professional body for social workers in the UK. BASW has 21,000 members employed in frontline, management, academic and research positions in all care settings.
- 1.2. As of 29 April 2020, there are 6,395 registered social workers in NI. This comprises staff working in Health and Social Care (HSC), in education and training, the criminal and youth justice sectors and the voluntary sector, as well as a growing number of independent practitioners.
- 1.3. Approximately two thirds of registered social workers work in HSC.

2. The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020

- 2.1. BASW NI welcomes the opportunity to comment on the regulations. The Association has had some opportunity to review the guidance and to discuss it directly with the Department of Health (the Department). BASW NI understands that the papers presented to Committee on 23 April have been updated and the following comments refer to the version of the Department's guidance shared with BASW NI on 3 May 2020.
- 2.2. BASW NI is broadly supportive of the proposals and recognises the need for greater flexibility for statutory children's services during the pandemic. We have discussed the differing contexts with colleagues across the UK and RoI to learn from their experiences and are pleased to see that the broad-brush approach taken in England has not been adopted in NI. The apparent diluting of children's safeguarding in England has come under criticism from many children's charities and BASW England.
- 2.3. At a time when many children will be at greater risk due to the absence of schools, sports clubs, day care facilities, church and other social supports, and wider family networks, the need for support and vigilance is vital. BASW NI supports the work of the Health and Social Care Trusts in continuing to safeguard the most vulnerable members of our society.
- 2.4. BASW NI notes that the Department's revised version of the regulations have drawn back some timescales and we welcome the clear statement included in the guidance document that if capacity allows, "normal" standards should be maintained. We support the aim of the Department, *"to provide HSC Trusts, voluntary adoption agencies and independent providers of children's homes with the flexibility to operate in the circumstances of the COVID-19 pandemic and, at the same time, continue to safeguard and promote the welfare of children in their care"*, at a time of reduced capacity.

- 2.5. We support the proposals that contact with children, families and carers should remain at pre-Covid 19 levels and that all decisions to reduce or increase will be based on a robust interagency (if relevant) risk assessment. Professional judgement is vital and will, as always, be the cornerstone of good practice. BASW NI has been calling for profession specific guidance since before the lockdown was announced. We therefore welcome the accountability and support these regulations give to practising social workers.
- 2.6. BASW NI also notes that since 23 April, the Department has consulted with the Health and Social Care Board, the HSC Trusts, VOYPIC, Children's Law Centre, and the Children's Commissioner, and has made subsequent revisions based on these discussions.
- 2.7. Turning to some specific sections in the Regulations, we are pleased to note that texting a young person as the sole means of contact has been addressed and the Department considers texting as a supplemental means of contact only. In certain circumstances texting is entirely appropriate but BASW NI would not support it as a sole means of communication. We also note that not every child/family has access to a computer/tablet and stable Wi-Fi and we support the proposal that in such cases HSC Trusts must supply such equipment to support remote contact. If it cannot, then home visits must be carried out in accordance with the care plan. In such cases social workers must have access to PPE.
- 2.8. The proposed changes to fast track new foster carers is a way to expand capacity at a time of increased need. We note that the Fast Track Barred List Check will be supplemented by a Full Enhanced Disclosure Check and is reliant upon Access NI continuing to process applications within normal time scales. If that situation were to change due to capacity issues within Access NI, urgent action would be required to review this measure. We understand that many of the people this will cover will already have Access NI checks completed, for example, schoolteachers and childminders.
- 2.9. As we understand, many Looked After Children (LAC) reviews have been stood down in the past 7 weeks and members note that clear operational guidance will be required to reassure staff that the LAC Reviews that were stood down due to Covid-19 are not put into a backlog. It is BASW NI's view that it would be very difficult, if not impossible, to clear such a backlog going forward in the next three to six months.
- 2.10. We note that the Department has strengthened the section on supports to care leavers, and we have been assured that no care leaver will be disadvantaged or face the loss of services as a result of changes to regulations. Time frames for review of pathway plans can increase from six to nine months but this is a guide not a target. As throughout, all decisions to vary the frequency of contact or reviews will be based on robust risk assessments.
- 2.11. The regulations have been revised in relation to secure accommodation applications given the Courts continue to hear applications and so normal time frames for same have been maintained.
- 2.12. BASW NI notes there is a six-month limit for the regulations and the Association supports a tight time-scale for these significant changes. However, given we know the time frame for the surge in demand for social work services will differ

to the acute surge, when the curve flattens for hospital admissions and deaths, the focus will need to shift to the community response. It is therefore essential the Department prepares new proposals which set out the specific social work response and recovery for six and twelve months hence. BASW NI would welcome the opportunity to work collaboratively on these plans.

- 2.13. Finally, the draft regulations shared with BASW NI make twenty separate references to existing legislation being amended in line with “guidance issued by the Department”. Following approval of the Statutory Rule and the associated guidance it is essential the Committee for Health is apprised of any subsequent amendments to the guidance during the six months the modifications are in place.

3. Service Delivery During the Pandemic

- 3.1. On 11 March BASW NI wrote to the Chief Social Work Officer, the Health and Social Care Board Director of Social Care and Children, and the Executive Directors of Social Work, highlighting the need for tailored guidance for social workers to minimise the risk posed by COVID-19 to social workers & service users. The Association explained the existing Public Health Agency guidance fell far short in terms of recognising the unique functions undertaken by social workers, most notably responsibilities regarding the care of looked after children in residential facilities.
- 3.2. Guidance has since been produced by the Department for Health (the Department) on issues including residential children’s homes, homeless providers, foster carers and domiciliary care.
- 3.3. During the period of lockdown, the vast majority of engagement with service users has been conducted via telephone and video call services. However, home visits continue in a relatively small number of high-risk cases, primarily for child safeguarding and mental health assessments.
- 3.4. No practice guidance has been provided in relation to social work home visits during the pandemic.

4. Personal Protective Equipment (PPE)

- 4.1. At the beginning of the outbreak there was widespread concern amongst social workers at a lack of availability of PPE for those continuing to undertake home-visits.
- 4.2. On 8 April BASW NI wrote to the Minister for Health, outlining the need for adequate provision of PPE, and, in light of shortcomings in the Public Health England guidance on the use of PPE, called for provision of guidance on the use of PPE in social work specific scenarios. The letter also highlighted the importance of ensuring social workers are included in priority testing for COVID-19.
- 4.3. By mid-April there appeared to be a fragmented approach to use of PPE. In the absence of regional guidance, each HSC Trust was taking its own approach,

leading to variation. BASW NI was informed by members of cases in which PPE was not available or where insufficient amounts of PPE were preventing changes of equipment between visits.

- 4.4. The explanation provided to the Committee for Health by the Public Health Agency on 16 April 2020 concerning guidance on use of PPE by social workers—that its use should be determined on a case by case basis informed by a risk assessment, with an emphasis on erring on the side of caution and using PPE where there may be concern of asymptomatic infection—was helpful in clarifying the HSC position. Significant unease had resulted from the Chief Social Worker’s statement to the Committee on 9 April that for much of social work activity it is not a requirement that staff use PPE.
- 4.5. The vast majority of social work home visits have been temporarily halted and in the relatively small number of high risk cases where visits continue, it is BASW NI’s view that a risk assessment of the scenario and the reality that maintaining social distancing will be beyond the control of the social worker, would mandate the use of PPE in most if not all instances.
- 4.6. Recent reports from members indicate PPE is now available, as required, for social workers undertaking home visits.

5. Anticipated impacts on social work

- 5.1. Since the outbreak of the coronavirus pandemic the vast majority of public discourse has centred on the impacts on health services with surge planning largely focused on ensuring adequate clinical capacity for treating COVID-19 patients. While necessary steps have been taken to ensure social work services continue to meet need at this time, it is expected that the impacts for social work will follow in a series of surges over the months, and potentially years, ahead. As the curve flattens in the acute and residential care settings a new curve of legacy impacts will develop which will require a social work response.
- 5.2. Children’s services
- 5.3. Department of Health figures highlighted a 38% decrease in referrals to children’s services in the first three weeks of April 2020 compared to the same period in 2019. This is not reflective of the level of need, rather it is a result of many usual sources of referral simply not being in place to pick up children who need additional support or safeguards. There is emerging evidence to suggest that general referrals to children’s services are increasing again. Increased reporting of domestic abuse incidents and four domestic homicides since the beginning of lockdown highlight a growth in domestic violence associated with lockdown. It is expected rates of child abuse and neglect will also increase during this period, and lead to a spike in referrals post-lockdown once services through which a significant percentage of referrals are made—including school attendance and GP/hospital visits—resume as normal.
- 5.4. Mental Health Services
- 5.5. The mental health impacts resulting from the pandemic, with many individuals living in isolation for a prolonged period, are yet to be quantified. However, as a

post-conflict society we know of the significant psychological impacts associated with social upheaval, and the long-term mental health impacts when individuals don't have access to adequate support.

5.6. Mental health social work services should plan for, and significant investment should be allocated to address, an increase in rates of anxiety and depression associated with the lockdown, as well as a growth in mental health problems among individuals hospitalised or bereaved as a result of coronavirus.

5.7. We welcome the Minister's announcement of the Mental Health Champion and see this as a very proactive step. However, we will need significant investment in statutory and third sector services if we are to avoid a post-pandemic mental health crisis. For many years, mental health services have been the Cinderella services of HSC, often the first to be cut during years of efficiency savings.

5.8. Poverty

5.9. It has been established that economic deprivation has a major impact on mortality rates associated with COVID-19. The Office of National Statistics has reported the age-standardised mortality rate of deaths involving COVID-19 in the most deprived areas of England was 55.1 deaths per 100,000 population compared with 25.3 deaths per 100,000 population in the least deprived areas. Comparable figures are not published for NI.

5.10. Any long-term economic downturn, and associated growth in poverty, can be expected to lead to an increase in demand for social work services, particularly children's services. There is a clear link between a family's socio-economic circumstances and the chances that their children will experience neglect or abuse. Research published by Queen's University Belfast in 2017 highlights children living in the most deprived areas in NI are six times more likely to be placed on the Child Protection Register and four times more likely to become looked after by social services than those in the most affluent areas.

5.11. Furthermore, a growth in poverty will also be likely to worsen the mental health crisis. According to 2018 figures, NI had the highest suicide rate in the UK with 18.6 deaths per 100,000. Again, poverty is a key factor—incidents of suicide are disproportionately represented in the most deprived areas of NI. Of the 307 deaths by suicide in 2018, 64 were in the most deprived areas compared to 14 in the least deprived.

5.12. Workforce capacity

5.13. Protecting staff and service users from Covid-19 is essential, and we note that current capacity, whilst not yet at crisis point within social work, is fluctuating. We have some information indicating sickness levels across the HSC Trusts, and even across services within Trusts, is vastly different. This added to wholly inadequate pre-coronavirus staffing levels, means that the system has little to no flex.

5.14. The anticipated growth in demand will further increase the pressures on services which existed prior to the COVID-19 outbreak. Pressure on children's services is particularly stark—in 2018/19 there were 3,281 children in the care of social services, the highest number since the introduction of the Children (NI) Order 1995 and a 33% increase in the ten years since 2008/09.

- 5.15. Efforts to meet demand will be made by a social work workforce with a worryingly high vacancy rate. Department of Health statistics, published in February 2020, indicate 366 social work posts—9% of all HSC social work posts—were vacant.
- 5.16. Research published by BASW NI in September 2016 found that 330 additional social workers would be needed in the HSC to address the additional unpaid work social workers were undertaking outside of their contracted hours. At that stage, the social work vacancy rate was less than half it is now—Department of Health vacancy statistics for March 2017 indicate 151 social work posts were vacant.