

**BELFAST OUTCOMES GROUP MEETING**  
**Via MS Teams**  
**Tuesday 12<sup>th</sup> January 2021 at 2.00 p.m.**

<b>Name</b>	<b>Organisation</b>	<b>Present</b>	<b>Apology</b>
Ms. Carol Diffin (Chair)	Belfast HSC Trust	✓	
<b>Statutory Sector</b>			
Mr. Paul O'Neill	Early Years, Belfast HSC Trust	✓	
Dr Michael Murray	Safeguarding, Belfast HSC Trust	✓	
Mr. Gerry Largey	Hub Lead, Belfast HSC Trust	✓	
Mr. Brian O'Kane	NIHE, Belfast Area		✓
Ms. Caroline Karayiannis	Education Authority	✓	
Ms. Barbara Porter	PHA		✓
Ms. Cate Taggart	Belfast City Council	✓	
Ms. Patricia Muldoon	Youth Justice Agency		✓
Ms. Marie Cavanagh	HSCB Belfast Local Commissioning Group	✓	
Ms. Natalie Killough	Parenting Coordinator, BHSCT		✓
Mr. Christian Bradley	PSNI		✓
<b>Community Sector</b>			
Ms. Nicola Verner	West Belfast Community Rep.		✓
Ms. Natasha Brennan	South Belfast Community Rep.	✓	
Ms. Julie Jamison	North Belfast Community Rep.		✓
Ms. Tracey Wilson	East Belfast Community Rep.	✓	
<b>LPG Chairs</b>			
VACANT	East Belfast LPG		✓
Ms. Deirdre Walsh	West Belfast LPG	✓	
Ms. Natasha Brennan	South Belfast LPG	✓	
Ms. Jenny Potter	North Belfast LPG		✓
<b>Voluntary Sector</b>			
Mr. Peter Bryson	Save the Children	✓	
Ms. Caroline Rutherford	Extern	✓	
Mr. Martin Walls	Guide Dogs	✓	
Avery Bowser	AFC	✓	
<b>Partnership Sector</b>			
Mr. Jackie Redpath	Belfast Strategic Partnership	✓	
<b>In Attendance</b>			
Ms. Una Casey	CYPSP Support	✓	
Mr. Martin Sloane	Locality Planning Group Coordinator		✓
Ms. Maxine Gibson	CYPSP		✓
Mr. Declan Davey	Obo Patricia Muldoon YJA		✓
Dr. Sarah Meekin	Head of Psychological Services	✓	
Mr. Kris McKeever	Service Manager for Psychological Services	✓	

<b><u>Action</u></b> <b><u>by:</u></b>	
	<p><b>1. Welcome, Introductions and Apologies</b></p> <p>Ms. Diffin welcomed everyone to the meeting, and apologies are as above.</p> <p>The aim of the extraordinary meeting today is to focus on the report ‘Our Journey through Disability’ which has been shared for the group’s consideration and comments re: proposed Outcomes Group actions going forward.</p>
	<p><b>2. Update on Funding Streams</b></p> <p>Ms. Diffin reminded everyone that additional monies were mentioned at a previous meeting and provided some update. Some funding is available from the GP Multi-Disciplinary Team and the Trust and BCC have been able to identify additional monies also. A number of key areas of focus have been identified and work is ongoing. We will organise a date for a broader meeting with Department for Communities. There was considerable discussion amongst the members re: all of the various available funding streams – via BCC, DfC, Barnardo’s etc. which have been used for a variety of things including seasonal pressures, practical support, food etc. Mr. Largey noted that there has been a substantive spend - £200k. We are lining up investments and hopefully have in place by end of January. Mr. Largey, Ms. Taggart and Mr. Sloane were thanked for all their help with collaborative funding, from which there has been a lot of learning better alignment and better support going forward.</p> <p>Ms. Taggart advised that there will be more money being made available by DfC and via BCC. She agreed with some of the members’ comments re: this being a very confusing process, with different strands of funding and tight timeframes and she does understand the challenges for groups on the ground. She noted that there may be some difficulties when it comes to monitoring rounds and would welcome any suggestions / comments from the group. We will all have a role to make monitoring and compliance around this as easy as possible. Ms. Diffin added that there will be learning from the experience of this process and that funding in NI is on an annual basis which is not helpful for strategic funding plans and we will have to use our influence as best as possible in future discussions.</p> <p><i>Action: Members to send any comments send to Cate Taggart.</i></p> <p>Dr. Meekin made a suggestion re: the potential to develop partnerships with local fuel companies or shopping centres re: allowing payment in advance from our current funding, which can then be delivered to families over time, e.g. pre-pay. Ms. Diffin advised that they will look at that suggestion re: payment in advance. Ms. Taggart warned that it will have to meet the NI Audit Officer requirements.</p>
	<p><b>3. Our Journey Through Disability Report</b></p> <p>This report was circulated to the group for their consideration in advance of today’s meeting.</p>

Ms. Diffin provided some background information. The report came to CYPSP before Christmas. This was a piece of work commissioned by Southern Trust pre-Covid. It was recognised as an excellent piece of work, with a co-designed aspect and including the voices of families, the Community and Voluntary sector and the Statutory sector. We have been asked to review this paper from a Belfast Outcomes Group perspective. Today is an initial conversation in order to give it a focus and the Chair is aware that there are a number of additional pressures since this was asked.

Ms. Diffin shared a copy of the 'Our Journey Through Disability' Presentation with the group which outlined the aims of the presentation, the 19 recommendations, background information, progress so far and videos from parents. Ms. Diffin recommended that members took time to view the videos from parents. With regards the recommendations, this group needs to review these and chose the top 4 or 5 to focus on and scope work around that. She asked for any thoughts or views on relevance to our work, or if anything stands out via their own organisations or via work of FSH / LPG?

A considerable discussion ensued and a number of comments and suggestions were made, both verbally and via the chat function on MS Teams, e.g.:

- Issues re: ASD in a family, increase in waiting lists – how do we support families through that. Hubs are short term Tier 2.

On this point Dr. Meekin acknowledged the growing waiting list and the pressures on other services. She advised they will be introducing a new framework to change direction and focus on how services are provided. Currently the service is very diagnostically driven and she is advocating a shift in focus. They are working to move to an Early Intervention focus across their services. She appreciated that diagnosis is important but they want to support families with having diagnosis as part of the journey rather than main focus. Part of that will be having a single point of entry for referral. They are trying to create a multi-disciplinary approach, which will signpost service users onto the correct service, using a 'no wrong door' approach. A number of services have already merged and we will be adding to that over the next number of months. This is a starting point - providing intervention and support in the interim while families are waiting on a decision re: whether they will be getting or not getting a diagnosis. This is not a diagnostic model. Initially, they will be piloting the early intervention programme of support and will get feedback from families and their experiences. Ms. Diffin noted that this would go some way to address the single point of contact recommendation.

Other comments:

- Need for time and self-care has been exacerbated by the pandemic with the withdrawal of services through schools etc.
- Joined up approach – joined up working between statutory bodies.
- Impact of school closures and other service disruptions has had a disproportionate impact on families impacted by disability issues.
- Single point of contact is good and needs to be co-ordinated with better communication between and across services. Many children have complex and some families have multiple needs.
- Disability journey needs to be a journey and that intervention needs to happen

before diagnosis- during diagnosis and also after diagnosis even if there is none.

- Co-production is key – we definitely need to hear from parents, children and young people who are going through this journey with both EA and Trust in Belfast to help inform our conversations moving forward and advocate the most co-ordinated approach for these families.
- Care experienced children often get forgotten about in disability discussions yet children with disabilities are over represented in this population. Issues of 'diagnosis passport' also cross cut for care experienced children.
- Need join up with Education, better communication, co-production is key.
- Would endorse the recommendations. Co-Production theme. Effect of Covid on SEN. Need to join up with LEP work. CINI completing response to DE, Consultation. Issues chime with issues in this report. This is our business.
- Disability – need to construct a whole picture with child, family, education and statutory.
- Hub work and LP work, broader family support concept.
- There is expensive intervention work required, distinct from general family support which skews towards diagnostic, need spectrum of understanding for those children waiting on a 'label'. The Holistic model is what we have to work to, systemic planning issues. Single Point of contact, unclear re: how this will work. But 'no wrong doors' is good. *Action: Mr. Walls and Dr. Meekin to discuss.* Children need services built round the needs of a child, which is developmental – practitioners needs to be trained. Opportunity to get something on ground here – voice of child / voice the parent. Difficult for CWD structure to link in with the FSH and community organisations as these are low incident children but families are heavily affected. *Action:- Ms. Diffin and Mr. Walls to discuss the need for interventions to be Child Centred and Developmentally focussed.*
- Foundation is co-production. One of the issues people face is lack of involvement of disability. Do feel is essential there is a significant input into gathering view and through involvement with people who are living this experience.

Mr. Largey noted that all of the comments seem to overlap re: a person-centred approach. This should be able to be captured by FSH / Outcomes work, e.g. family assistance. Mr. Largey would be happy to engage with Mr. Walls re: rare instance families. Early Intervention means different things to everyone – short-term and continued, more complex families and he would welcome further discussion. The 19 recommendations are very broad, but he would agree to pick 4 to 5 most acute and most relevant for us to discuss. Dr. Meekin agreed re: Early Intervention having different meanings and does not necessarily mean less cost, or early in an age perspective. She noted that early intervention work should be where we throw everything because that's where we can make biggest difference. Need to discuss at a commissioning level.

Conversation followed re: next steps, trying not to duplicate work already completed in Southern area. What can we do and how do we test that? Suggestions re: circulating the recommendations for comment, pick top 4 or 5, provide ideas re: way forward, gathering views of children, young people and families in Belfast, via variety of forums, straw poll, survey monkey, email out. Ms. Casey offered to do a survey monkey for wide circulation – listing the 19 recommendations, tick box if parent, service provider, professional etc. Comments field. Can include everyone in one survey.

*Action: Ms. Casey to design a Survey Monkey, provide an introduction re: the background of the paper, include a comment field, also can add re: something specific to Belfast. Ms. Casey will also complete a word document version for those who are unable to access the survey. Members are encouraged to ensure the survey is widely distributed across Outcomes Group member agencies, FSH/LPG and other forums.*

Ms. Diffin advised that the next Regional Partnership is themed on Children with Disability, one of our key priorities which is very timely. Some of the comments raised here today will be really important to bring back to that group.

Mr. Redpath advised that he sits on an educational panel re: underachievement. They are reporting back by the end of May and this work is very welcome. He would be keen to take back to that panel. Ms. Diffin agreed that would be great way to join everything up.

Ms. Diffin thanked everyone for this very helpful conversation, we now have a clear idea re: next stage and can discuss at our next meeting.

#### **4. Any Other Business**

- Framework re: moving forward – new procurement process. Given Covid, it is unlikely to be in place for some time. We will need to review this at our next meeting and whether we need to make adjustments to current priorities, based on additional pressures or whether broad enough to cover key areas.

#### **5. Dates of Future Meetings**

<b>Date:</b>	<b>Time:</b>	<b>Venue:</b>
Friday 12 <sup>th</sup> February 2021	9.30 a.m.	MS Teams
Thursday 15 <sup>th</sup> April 2021	9.30 a.m.	MS Teams
Thursday 10 <sup>th</sup> June 2021	9.30 a.m.	MS Teams
Tuesday 31 <sup>st</sup> August 2021	2.30 p.m.	MS Teams
Tuesday 26 <sup>th</sup> October 2021	2.30 p.m.	MS Teams
Thursday 9 <sup>th</sup> December 2021	9.30 a.m.	MS Teams