



Western Health
and Social Care Trust

Equality Screening Report

1 October 2019 – 31 December 2019

This document can be made available
in alternative formats on request

Introduction

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

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

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

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

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

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

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

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

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

The Trust's Equality Screening process provides this evidence.

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

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

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

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Western Health & Social Care Trust
Tyrone & Fermanagh Hospital
Omagh
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Western Health and Social Care Trust: Screening Outcomes for the Period 1 October 2019 – 31 December 2019

Acute Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Clinical Pharmacist Integration into the Outpatient Parenteral Antimicrobial Therapy (OPAT) Service</p> <p>A multidisciplinary regional advisory group was established in June 2016 to develop and implement an Outpatient Parenteral Antimicrobial Therapy (OPAT) service. This work has been co-ordinated and led by the HSCB and PHA who have worked closely with the group. It was set up to help address communication and accountability issues working together to agree for e.g. operational arrangements, clinical governance and stewardship arrangements for the safe delivery of Intravenous antimicrobial therapy in the community. The service is being developed in phases. This phase, phase one, is developing a process for the continuation of antibiotic regimens commenced in secondary care post discharge from hospital.</p> <p>Clinical Pharmacist Integration into the OPAT service is a six-month project from October 2019 to March 2020. The impact of the project will be measured by the increase in the number of patients under the care of the OPAT service, measurement of occupied bed days saved or Antibiotic days saved. Pharmaceutical interventions will be recorded, Eadon scored and independently scored by a pharmacist and doctor not related to the project to include % of patients who require dose alterations, % patients who require Intravenous to Oral switch, % patients who require therapeutic drug monitoring and other monitoring</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>It is anticipated that this policy will have a positive impact on service users and staff. Patients accepted onto the service will be provided with clinical antimicrobial pharmacist input. The pharmacist will play an important role in assessing the pharmacokinetic/pharmacodynamic applicability of oral agents, potential drug–drug and drug–host interactions, antibiotic compliance, potential adverse events and monitoring needs, and how these are best addressed in an out-of-hospital setting. The pharmacist will counsel when antimicrobials are initiated, switched to another intravenous agent and stepped down to oral therapy.</p> <p>The pharmacist will support doctors discharging a patient to the service and nurses and microbiologists in the weekly multidisciplinary virtual review of all patients on the service. Until recently there was no regional approach to managing patients discharged with intravenous antimicrobials; however this is a first step in managing these patients uniformly across the region. The OPAT programme is both in line with national best practice guidance, and the current strategic direction for HSC in Northern Ireland.</p> <p>It is anticipated that this programme will lead to an increase in :</p>	<p>10/12/19</p>

<p>depending on the specific drug. There will be a weekly multi-disciplinary team virtual review of patients on the service. This programme is available to patients being discharged from Altnagelvin Hospital on Intravenous antimicrobials.</p>		<ul style="list-style-type: none"> • The number of patients under the care of the OPAT service, • Occupied bed days saved/Antibiotic days saved. • Patients with Intravenous to Oral switch, • Therapeutic drug monitoring and other monitoring depending on the specific drug. 	
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Finance Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Mobile Telephone and Device Policy The Department of Health states that use of mobile phones within NHS sites should be allowed as long as their use does not affect:</p> <ul style="list-style-type: none"> • The safety of service users (Patients/Clients) • Service users privacy and dignity • The operation of medical equipment <p>The Trust recognises that staff, visitors and service users should be able to use mobile telephones and devices, where it is appropriate to do so and subject to medical and privacy considerations. Mobile telephones and devices represent a significant communication, business and information tool and thereby staff, visitors and service users need to be aware of their personal responsibilities with regards to their use and the potential consequences resulting from misuse. These devices often provide additional functionality i.e. Information & Communication Technology (ICT) including the capability to access the</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>This policy is for the benefit of staff, visitors and service users of the Western Health and Social Care Trust. It has been developed to ensure proper use of mobile telephones and devices by making Trust staff, service users and visitors aware of the statutory legal obligation and the organisation's definition on acceptable and unacceptable use, and where the use of mobile phones and devices are restricted or limited.</p> <p>The policy will also set out procedures and acceptable practices which staff and line managers must adhere to.</p> <p>Information will be made available to staff via WHSCT Trust Intranet, Staff NOW Magazine and on Trust Website for Service users, patients/clients and visitors. Awareness posters will be displayed across the Trust to highlight the need to follow correct procedures in relation to</p>	<p>11/11/19</p>

<p>internet and use camera and video recording functions and music players. This policy has been developed to ensure:</p> <ul style="list-style-type: none"> • Proper use of mobile telephones and devices by making Trust staff, visitors and service users aware of the statutory legal obligation and the organisation's definition on acceptable and unacceptable use of such equipment within Trust premises. • Staff, service users and visitors are aware of the areas where the use of mobile phones and devices are restricted or limited. <p>This policy applies to all those working in the WHSCT, in whatever capacity, covers all Trust and <i>personally</i> owned mobile telephones and devices as part of their duties. The Trust has a separate policy for service users, visitors and staff in Mental Health Wards which should be read in conjunction with this policy.</p> <p>There are stringent medical legal and professional standards to be met and in order to do so it is anticipated that all medical photography should be undertaken by trained medical photographers. The Trust however accepts that there are specific occasions where trained operators, who are not medical photographers, may be required to document a clinical episode, on Trust owned equipment. The use of personal recording devices, cameras smart phones or any other recording device is prohibited.</p>		<p>photographic/recording activity with any mobile.</p> <p>This policy should be read in conjunction with a member of staff receiving a mobile telephone or mobile device, specifically the Code of Conduct outlines what is expected of staff.</p> <p>For Service users and visitors, the Mobile Telephone and Devices policy will be accessible on the Trust Internet site, where it can be referred to.telephone or device.</p>	
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Primary Care & Older People's Services Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Nursing And Midwifery Rostering Policy</p> <p>This document presents a rostering policy for the nursing and midwifery workforce of the Western Trust. The policy aims to promote good practice in the preparation of rosters and guide Line Managers and their staff on the principles of effective rostering.</p> <p>The overarching principles underpinning rostering is to ensure the effective management of the Trust's staffing resource to:</p> <ul style="list-style-type: none"> • Ensure safe and appropriate staffing levels for all wards and departments using flexible, fair and consistent rosters. • Minimise clinical and non clinical risk by ensuring that the appropriate number and skill mix of staff is available to meet the service demand and workload within the agreed funded staff establishment. • Support the effective management of staffing establishments, thereby generating efficiencies in the nursing and midwifery workforce across all services. • Improve the monitoring of absence across the organisation, enabling comparisons, and identifying trends. • Improve the quality of management information on the deployment of nursing and midwifery staff and the employment of temporary staff including bank and agency staff. • Staff who work part-time or fixed roster patterns must 	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>The policy aims to promote good practice in the preparation of rosters and guide Line Managers and their staff on the principles of effective rostering. The policy is applicable to nursing and midwifery staff where rosters are used to manage duty hours to support the delivery of Trust services.</p> <p>The electronic rostering system assists Ward Sisters, Charge Nurses and Team Leaders in the timely preparation of rosters and enables them to effectively manage the staffing resource available to them. The system also has the capacity to produce valuable management information which is not possible from a manual system. Regardless of the method used, this policy presents a number of good practice principles to be adhered to in the preparation of effective rosters.</p> <p>The policy will be communicated to Managers and Staff through the various directorate meetings and electronically through Trust Communication.</p>	<p>30/10/19</p>

not be disadvantaged through the application of this policy.			
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Women and Children's Services Directorate			
Title of Policy and Description	Outcome of Equality Screening	Reason for Outcome	Date Compl'd
<p>Ensure equity of access for breast feeding mothers to expert advice and support throughout the Western Health & Social Care Trust</p> <p>The Department of Health & Social Services Public Safety (DHSSPS) Breast Feeding strategy "A Great Start", 2013 – 2023 sets out the strategic direction to protect, promote, support and normalise breastfeeding in Northern Ireland for the next 10 years. Central to its implementation is that Health and Social Care organisations continue to provide and support Trust-based Community Infant Feeding Lead posts to provide the leadership to deliver on the aims of the strategy.</p> <p>The UK has one of the lowest rates of breast feeding initiation rates worldwide (81%) and within UK countries Northern Ireland (NI) has the lowest (64%). The Western Trust has the lowest rates of all 5 Trusts. Up until recently the resource of a Community Infant Feeding Lead (CIFL) was limited to the Omagh and Fermanagh area of the Trust because the Trust's catchment area extends over 4,842Kms and services a population of approximately 300,000. Funding has recently being granted from the PHA to appoint .3wte (1½ days per week) of a CIFL in Derry/Londonderry. Whilst this is welcomed it is insufficient given the low rates of breast feeding and the enormity of</p>	<p>Amber: Minor equality issues/impact: actions identified</p>	<p>It is anticipated that dedicated support from a Community Infant Feeding Lead will prevent disease, save resources and reduce health inequalities. Evidence to this effect is clearly detailed in a report which shows that investment in breast feeding resources will provide a rapid financial return on investment in a few years and possibly as little as 1 year . (UNICEF 2012).</p> <p>Providing the necessary leadership, expertise and support to staff and breast feeding mothers living in Derry City, Limavady and Strabane will promote equality of opportunity to the total population in this area and by so doing reduce inequalities in health related to social deprivation, young mothers and obesity. Systematic reviews demonstrated the following outcomes for the UK:</p> <ul style="list-style-type: none"> • Over £17 million could be gained annually by avoiding 4 acute conditions in infants and breast cancer in mothers by a moderate increase in breastfeeding for 4 months • If half of those mothers who currently do not breastfeed were to breastfeed for up to 18 months in their lifetime, for each annual cohort 	<p>14/10/19</p>

the task to implement the targets in the Breast Feeding Strategy. Working 1½ days per week would limit their role to maintaining the UNICEF baby friendly standards.

Successfully implementing this policy would significantly reduce the health inequalities experienced by those living in Derry, Limavady and Strabane population group as evidenced in the Health Inequalities annual report 2019 where the difference between breastfeeding rates among new mothers show a higher degree of inequality in Derry compared to the rest of Northern Ireland. The PHA Health Intelligence 2018 briefing provides clear evidence of Derry City and Strabane having the lowest rates of breast feeding rates compared to other Council areas. L`Derry and Strabane have some of the highest ranked areas of deprivation in Northern Ireland.

there would be an incremental benefit of more than £31 million, over the lifetime of each annual cohort of first-time mothers.

- If just 1% of those who currently “never Breastfed” were to initiate breastfeeding, it could be associated with a small increase in average IQ that in turn could result in over £278 million gains in economic productivity over the lifetime of each annual birth cohort.
- Increasing breastfeeding rates to a level compatible with reducing the rates of early years obesity by as little as 5% would result in reducing annual health-care expenditures by more than £1.6 million.

It would be anticipated that a dedicated fulltime Community Infant Feeding Lead would work with Human Resource colleagues to enable the Western Trust to act as exemplar employer in terms of supporting and encouraging employees to breastfeed, beginning in the antenatal period. A communication plan could be devised to deliver messages relating to breast feeding and contribute to the Trust being “A Great Place to Work”. This would also fit in with the Trust aims “A great place to start life and “Great Place to Live Well.”

<p>WHSCCT Admission, Treatment and Discharge of Children or Young Persons Under 18 to Adult Wards at Tyrone & Fermanagh Hospital, Grangewood Hospital and Lakeview Hospital Protocol</p> <p>Children and young people requiring inpatient hospital care for their mental illness/learning disability should be treated in specialist child and adolescent mental health units. It is acknowledged however that there are insufficient numbers of specialist beds for young people and this can result in an Under 18 Admission to an Adult Psychiatric ward. Where admission of an Under 18 year old to an Adult Psychiatric Ward is required, Child and Adolescent and Adult Mental Health Services must collaborate in the care of this vulnerable group of patients.</p> <p>This policy sets the procedures that need to be followed when an U18 Admission has occurred including notification to HSCB. The aims and objectives of the protocol are to:</p> <ul style="list-style-type: none"> • Prevent the inappropriate admissions of young people to adult psychiatric wards. • Ensure that young people aged Under 18 years who require admission to an adult psychiatric ward have appropriate access to this service. • Make sure that there is a consistent approach to dealing with requests for admission of young people to adult psychiatric wards. • Provide clear guidance to staff involved in the management of admissions of young people to adult psychiatric wards. <p>The number of young people being admitted to Adult</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>This protocol aims to ensure that there is a consistent approach to dealing with requests for admission of young people to adult psychiatric wards and aims to provide clear guidance to staff involved in the management of admissions of young people to adult psychiatric wards. The decision to admit a young person to an adult ward is only taken as a last resort with no other options and is not based on any equality factors.</p> <p>This protocol will be shared with all appropriate staff through email and any changes will be communicated to staff by managers</p>	<p>21/11/19</p>
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<p>Psychiatric Wards has dropped considerably since 2014 within the Western Trust. These admissions occurred due to no bed being available in the Beechcroft Regional Facility.</p>			
<p>Relocation of Short Break Facilities and Refurbishment of Cottages to provide a Medium to Long Term Childrens Home</p> <p>The Cottages Disability Short Break facility is directly managed by the Western Trust and is situated on the Dungiven Road in Derry. Short breaks have been traditionally provided within the Cottages, it is a four-bed home providing short breaks for children with varying degrees of disability and/or autism, ranging in age from 5 years to 18 years. Currently, 32 children avail of the service either once a month or every 6-8 weeks depending on assessed need.</p> <p>The aim of The Children’s Cottage is to operate a home from home experience, providing a relaxed, warm, friendly, safe environment for planned short term breaks for children with a disability, in partnership with their parents, carers, and all relevant professionals that are involved in their care.</p> <p>When the cottages opened in March 1996 it had potential to provide a service to eight children at a time. However, due to the changing needs of the children and Regulation and Quality Improvement Authority (RQIA) requirements, the home was reduced to a six bedded unit. With ongoing difficulties in terms of the infrastructure of the facility and further RQIA requirements the home is currently operating with four beds and this has had an adverse impact on the availability of the service. Previously children would have</p>	<p>Amber: Minor equality issues/impact: actions identified</p>	<p>This proposal is primarily concerned with ensuring that the children and young people who are currently, and potentially, availing of the short break facility are staying in appropriate accommodation.</p> <p>Recent RQIA inspection reports and noncompliance with regulations are showing that the service is not meeting the needs of those children and young people and action is needed to address the deficits and increased demands. The families and carers have been fully involved in the process and have visited other facilities to inform options.</p> <p>The Trust is in an opportunistic position whereby the Racecourse Road facility is vacant and located beside Ardnashee school which many of the children attend. The facility will provide the service with a safe and secure outdoor area and internal space to develop a sensory room and appropriate social spaces for the children and families. The facility has the ability to be reconfigured to allow for two disabled bedrooms and already has a disabled bathroom that will be large enough to accommodate the relevant supports and for when children require assistance of two staff.</p> <p>Given the nature of the service the staff and team are fully aware of the importance of bringing the children, young people, parents and carers on the</p>	<p>21/10/19</p>

availed of seven nights on a monthly basis and this has now reduced to three or four nights every six weeks. Consequently, this has also had a negative impact on the waiting list and the length of time a child is on the waiting list.

Short breaks are geared to concur with the assessed need of the child and are predominately provided to enable parent/carers to avail of a short break from their ongoing caring responsibilities. The children accommodated experience learning, physical and/or autism. Children with complex medical needs including enteral feeding, insulin dependent diabetes and those who present with behaviours that challenge, are also provided with a short break. All children availing of the service are facilitated to attend school daily.

With the implementation of Children's Home Regulation (NI) 1996 and Children's Order (NI) 1995, it has become increasingly clear that the Cottage does not meet the stringent regulations laid down. Consequently, it has become necessary for the WHSCT to assess its capacity to meet current regulations and to examine the potential for increasing the numbers of places to meet service demands.

Given the population trends of the area, there has been an increase in the number of children included on the Master Patient Index which is a database of all children who have been assessed as meeting the threshold for services. Currently there are 50 children eligible to avail of the service. Short breaks from the caring role is a prime need for parents/families. It can be the service which enables

journey of improving the quality of the service and the Trust have been engaging with parents on the relocation on an ongoing basis over the last three years. The relocation will also enable the service to increase bedrooms from four to six which will reduce waiting lists and meet the increased demand.

The facility at Racecourse Road is approximately 5 miles from the Cottages and there are a number of public transport options which cover the area well. The Trust has a dedicated bus to facilitate transport needs and any issues regarding rurality will be considered in accordance with child care planning.

The relocation of the short break facility to Racecourse Road will allow the Trust to refurbish the facility at Dungiven Road into a two bedroom medium to long term Childrens Home for young people who present with complex behavioural needs. This home will provide the Trust with an opportunity to offer a medium to long term home for those children who very often go out of Trust to facilities which is better equipped to meet their needs, this can result in expensive costs and is presenting as an increased demand.

The Trust are assured that this proposal will encourage disabled people to participate in public life and that the proposal promotes positive attitudes towards disabled people.

This proposal has been developed through feedback from our families, carers, children, young

parent/carers to continue providing care at home, thus preventing a long-term admission to residential care, it also provides the child with an opportunity for social integration with their peers.

The Trust has recognised that the existing premises of the Cottage is not fit for purpose. There is no access to a dedicated laundry room, the manual handling equipment and hoists are out of date and the overhead hoist only serves two bedrooms. There is currently only one bathroom for the house, the bedrooms are small and there is a lack of social areas within the home. With the increasing numbers of children with complex needs and behaviours that challenge, the outdoor area is not conducive to meet the children's needs.

The existing facility does not lend itself for renovation or structural improvement. Therefore the Trust is proposing to relocate this service to a vacant facility on Racecourse Road located beside Ardnashee School which provides education and pastoral care for pupils with learning difficulties and associated disabilities. It is also located close to The Playtrail, a unique outdoor play and educational resource which aims to promote independence, celebrate diversity and encourage inclusion. The Racecourse Road facility has the space required to provide an outdoor area and disability bedrooms and bathrooms which will significantly improve living conditions and experience for young people. The move will enable the service to increase from a four bedded unit to a six bedded unit which will reduce waiting lists.

The relocation will allow the Trust to refurbish the Cottages

people and those involved in care planning processes.

<p>premises on Dungiven Road into a two bedded medium to long term Childrens Home that will meet the needs of children living with complex behavioural needs. Given the significant demands on our current Looked After system and increased demand of children with complex needs the Trust has had little recourse but to proceed with expensive Out of Trust placements for these children. Having a facility within the Trust will provide an opportunity for children and young people to remain within their community of origin and reduce the need for long travel times for children to have family time.</p> <p>The Trust accepts that in order to facilitate the change, the short break respite service will need to suspend temporarily for a short period of time in order to relocate. Service users have been informed and alternative arrangements put in place. The facility will be renamed, Rosebud Cottage.</p>			
<p>Professional Lead to Interface with Specialist Services This proposal is one in a series of important initiatives being funded under the £100m Health and Social Care transformation fund. This project will assist in the Programme for Government to improve support for looked after children. The funding has been made available on a Regional basis with ongoing monitoring of outcomes to ascertain progress and the financial ability of making this initiative mainstream.</p> <p>This service investment is primarily driven by the findings and recommendations of the recent Review of Regional Facilities (2018). This was informed by a number of relevant strategic initiatives which recognised that poverty, homelessness, paramilitary intimidation, mental health problems (including those related to alcohol, drugs and</p>	<p>Green: No Impact: A full EQIA is not recommended.</p>	<p>This proposal is primarily concerned with ensuring that the children/young people who are currently looked after, particularly those residing within the Trusts residential facilities, have access to the right services at the right time. This proposal has been developed through the Review of Regional Facilities for Children and Young People (2018). To improve on the current pattern of service delivery, and more importantly the outcomes achieved for some of the most vulnerable and challenging young people in society.</p> <p>The Review process and the agencies involved in the Review itself were particularly mindful of the children and young people at the centre of the review, the importance of hearing and listening to</p>	<p>21/10/19</p>

substance abuse) and involvement with youth justice are experiences that make children and young people particularly vulnerable.

The Review of the Youth Justice System (2011) noted that 'looked after' children and those with mental health and substance misuse problems were over-represented in the criminal justice system, including in custody. The Children's Residential Care Review (2014) highlighted that the needs of children in care, and in particular within the residential childcare system, were seen to be increasingly complex and expressed in high levels of behavioural challenge and risk. The emerging theme from the Review of Regional Facilities (2018) is the emotional health and well-being needs of young people, particularly those who do not have a diagnosed mental illness however present with serious emotional difficulties and challenges.

This proposal, seeks to appoint a Band 8a dedicated professional to interface with Childrens and Adolescent Mental Health Service (CAMHS), Adult Mental Health Services (AMHS) and Looked After Childrens Therapeutic Service (LACTS). The aim is to identify and capture information on pathways to assist interface working and ensuring access to the right services at the right time for looked after children and young people. This will provide for in-depth examination across a cohort of looked after children and young people to consider such issues as accessibility, timeliness, interventions, uptake; identify factors that contribute to effective interface working and supportive seamless pathways; explore any barriers, constraints, challenges or unmet need; and identify impact on children/young people and their carer's and outcomes.

their views and experiences and respecting and upholding their rights under the European Convention on Human Rights (ECHR) as incorporated into domestic law by the Human Rights Act and the UNCRC. To ensure that the young people's voices were heard focus groups were established with young people, staff and Voices of Young People in Care (VOYPIC).

The Professional Lead aims to identify and capture information on pathways to assist interface working to ensure access to the right services at the right time for looked after children and young people. This initiative will have a positive impact towards strengthening relationships between mental health services. There will be no initial changes within this element of transformation

The Trust will ensure effective management of the project through monitoring toolkits which have been developed to measure progress and outcomes which will be reported to a steering group on a monthly basis. All changes will be communicated to children and young people, parents and carers, staff and communities through ongoing workshops.

<p>At 31 March 2019 there were 647 Looked After Children in the Western Trust. The term 'Looked After' refers to those children who are in the care of the Health & Social Services. Children come into the care system either by:</p> <p>(1) agreement with their parents (Article 21, Children (NI) Order 1995) – this group is technically referred to as 'accommodated'</p> <p>(2) or whenever the best interests of the child require that the Court makes a Care (or Interim Care) Order, giving the Trust shared parental responsibility and authority to arrange for a child's placement (Article 50).</p>			
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