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**DEPARTMENT OF HEALTH AND DEPARTMENT OF EDUCATION**

# **A LIFE DESERVED: “CARING” FOR CHILDREN & YOUNG PEOPLE IN NORTHERN IRELAND**



## **A LIFE DESERVED: A STRATEGY ON 'CARING' FOR CHILDREN & YOUNG PEOPLE IN NORTHERN IRELAND**

**Audience** Heads of children's services and social workers; health and social care staff and education providers; statutory bodies; voluntary and community organisations working directly with looked after children and care leavers; government departments. It will also be important to those who have assisted the Departments of Health and Education to produce this document, to children and young people, parents and families of looked after children, foster carers, the judiciary and the legal profession.

**Overview** To improve their outcomes and help them achieve their full potential in line with their peers, this Strategy describes the pledge to support children and young people in care, i.e. those in foster care, residential care, supported accommodation, supported lodgings and placed with parents.

It applies to those who are on the 'edge' of care, that is:

- a. Living in families with intense needs and requiring intensive supports [on the edge of coming into care];
- b. Returning home from a period in care [on the edge of a (short) period in care]; or
- c. Leaving care to make the journey into adult life [on the edge of ageing out of care].

Also to those leaving care, that is young people who have left care and are still in need of some support, including those who have been adopted; those who are living in a family under a Private Law Order and those who are supported in independent living in early adulthood.

For the purposes of this Strategy, these children and young people are all referred to as care-experienced.

**Action Required** This Strategy and the associated implementation plan aim to support actions which impact positively on the lives and outcomes of the children and young people as outlined above.

**Further Information** Enquiries about this document should be directed to:

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This document, the consultation analysis report and associated screenings and assessments can be accessed from the DoH and DE websites at <https://www.health-ni.gov.uk/> or <https://www.education-ni.gov.uk/>

The evidence base used to inform the consultation document is appended to the Child Rights Impact Assessment

Alternative formats will be made available on request.

We also wish to acknowledge the support provided to our officials by the Centre of Effective Studies through the Goal Programme. Resources from the programme can be accessed here: <https://www.effectiveservices.org/resources>.

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## FOREWORD

Like all children, the children in our care have hopes, dreams and aspirations. Unlike most children, however, many will have experienced hardships and trauma in their young lives. This often shapes them and sets the course for their future years and can leave it difficult for them to achieve their full potential. It will always be our aim to keep families together with the right support where this is appropriate. However, where this is not possible either in the short-term or for a longer period of time, we need to ensure as far as possible that when the decision is made to bring a child into care, that we are able to provide him or her with the best care available.

We know the Covid-19 pandemic has impacted on the lives of care-experienced children and young people in a variety of ways. The Strategy will therefore be pivotal in ensuring their needs and voices are integral to Covid-19 recovery plans.

The cross-departmental Children and Young People's Strategy recognises children in care and care-experienced young people as a group who need a particular focus to give them a fighting chance of keeping pace with their peers in key areas of their lives. Like all children, children in care are not a homogenous group. They have both strengths and weaknesses and come from many backgrounds. Some are living with disabilities; others are newly arrived in this country, perhaps separated from family and having to deal with that alongside the challenge of a new culture and a different language.

Coming into care can be a time of confusion and loss. Education and social services do remarkable work to support children in care, their carers and their families. However, we know that more can and should be done to improve our service offer and the support available, particularly at times of greatest need.

In order to deliver real and lasting change for care-experienced children and young people and develop policy responses that meet their needs, it is crucial that we understand what really matters to children and young people across the various stages of their lives; before care, in care and after care. The development of the Strategy has been informed by key stakeholders, particularly children and young people. Political parties, government departments, relevant statutory bodies and agencies, parents, carers, social workers and voluntary and community sector organisations have all had a role to play and we thank them for that.

Most importantly, we want to thank the children and young people who were involved in the production of this Strategy. To all those who were brave and told their story, who wanted others to learn from their experience and who wanted to make things even better for those who will live in care in the future. We are deeply appreciative of their openness and the time

and thought they have given to this process and their contribution to this Strategy. **Quite rightly, their words and voices are reflected throughout this Strategy.**

As Health and Education Ministers, we are committed to working together to deliver both the aims of this Strategy and the commitments it makes to care-experienced children and young people. We are determined to create the conditions to provide a system of care and education that nurtures them, acts in their best interests at all times and secures the best possible outcomes for them to increase their chances of a happy and successful adult life. We particularly welcome the commitment by other government departments and statutory partners to be part of the corporate family who will support us in our endeavours. An implementation plan which details the commitments to action to deliver on the improved wellbeing for care-experienced children and young people will be closely monitored and used to report progress.

Together we must deliver for care-experienced children and young people – to help give them the lives they so much deserve.



**Robin Swann MLA**  
**Minister of Health**



**Peter Weir MLA**  
**Minister of Education**

## SECTION 1

### INTRODUCTION

- 1.1 Every child has a right to stability, to feel loved and safe and to be treated with dignity and respect.
- 1.2 Ideally this happens within a child's family<sup>1</sup>, supported by the wider family, school and community. The child is nurtured, grows and flourishes, is healthy, develops positive friendships, learns about life, has fun, achieves different kinds of qualifications, develops life skills and expertise, forms close relationships and contributes positively to the community in which they live and wider society.
- 1.3 These are the hopes and aspirations that most parents have for their children and they provide love and support on a daily basis to ensure the child achieves their full potential, their rights<sup>2</sup> are respected, and they remain safe and become a self-sufficient and well-adjusted and successful adult.
- 1.4 All children and young people have a range of rights under the United Nations Convention on the Rights of the Child (UNCRC)<sup>3</sup>. This is an international human rights treaty which has been signed by the UK Government. In addition, children and young people with a disability also have rights under the United Nations Convention on the Rights of Persons with Disabilities (UNCRPD)<sup>4</sup>. It aims to ensure that people with disabilities and people without disabilities are treated equally.
- 1.5 Article 4 of the UNCRC requires government to make sure the convention on children's rights is known about and upheld. The NI Human Rights Commission (NIHRC)<sup>5</sup> and UNCRC reports<sup>6</sup> have highlighted the importance of compliance with rights, particularly on detention and restriction of liberty; the need to maintain family relationships where possible and particularly when identifying a placement for siblings; the need to be able to offer the young person an appropriate placement which minimises placement moves (unless it benefits the child) and hence the opportunity to develop strong relationships and friendships with carers with a view to achieving an effective permanence plan.

#### WIDER STRATEGIC CONTEXT

- 1.6 This Strategy is being brought forward in the context of growing numbers of looked after children in Northern Ireland and in the context of a commitment from government to improve the wellbeing of all children and young people under a wider strategy<sup>7</sup>. It is also being brought forward in the context of the Children's Services Co-operation Act (Northern Ireland) 2015<sup>8</sup>, which requires government departments and children's authorities to co-operate with each other to improve the wellbeing of all children and young people in Northern Ireland. New Decade, New Approach reaffirms the Executive's

commitment to the development of an outcomes-focused Programme for Government which commits the Executive to improving outcomes for the citizens of Northern Ireland across strategic outcomes. In particular it is anticipated that one of these outcomes will be based around giving our children and young people the best start in life and improving support for looked after children.

### OUR STRATEGIC AIM

- 1.7 Our overall goal in government is to enable children to be cared for by parents and family and to remain safely with their parents and family<sup>9</sup>. This may require us to provide additional supports to the child or family. However that is not always possible and when it is not, it is the responsibility of government to provide those children with alternative care<sup>10</sup>. In Northern Ireland, alternative care is provided with foster carers, in children's homes, in supported accommodation, in supported lodgings and, on occasions, depending on the needs and circumstances of individual children, it can mean being placed with parents or in secure care.
- 1.8 Our aim by way of this Strategy is **to improve the wellbeing of looked after children and young people and children and young people on the edge of being looked after**. In other words, we want the same outcomes for looked after children as we want for any other child – to give them the best chance of the life they deserve. For the purposes of this Strategy, where we use the term 'care-experienced', it is intended

to include children and young people in care, on the edge of care or who have left care [see Overview on page 2].

### TIMEFRAME

- 1.9 The Strategy's aims are longer term with an Implementation Plan outlining the timeframe for commitments for the next four years, starting in 2020. This Strategy replaces the earlier looked after children strategy, *Care Matters in Northern Ireland - A Bridge to a Better Future* – endorsed by the Executive in 2009. It is intended to build on its earlier actions; existing good practices and emerging research and evidence as well as being aspirational in intent.

### MONITORING AND REPORTING

- 1.10 An implementation plan which details the commitments to action to deliver on the wellbeing outcomes will be monitored and used to report progress.
- 1.11 We will ensure that children and young people are engaged in the delivery of this Strategy, ensuring that the structures established to deliver it allow them to participate in its delivery, monitoring and review.
- 1.12 We will also seek to ensure that the wide range of mechanisms which are already in existence are utilised to their full potential to promote the maximum impact in sharing learning and good practice and improving communication among and between all interests.



## SECTION 2

### WHAT WE MEAN BY 'LOOKED AFTER CHILDREN'

- 2.1 The term 'looked after child' is the legal term applied to children provided with alternative care. The time spent being looked after varies for each child depending on their particular circumstances. With the right supports in place, some looked after children are able to return to their parents quickly, and with continued support are able to remain at home to prevent re-entry into care. For others, being in care may become a long-term arrangement. It is also possible for children to leave care by way of adoption or to live with a family member or former foster carer outside of state care arrangements.

### WHAT WE MEAN BY 'EDGE OF CARE'

- 2.2 By 'edge of care' we mean one of a number of things:

- Living in families with intense needs and requiring intensive supports [*on the edge of coming into care*];
- Returning home from a period in care [*on the edge of a [short] period in care*];
- Leaving care to make the journey into adult life [*on the edge of ageing out of care*].

It also applies to children and young people who have left care and are still in need of some

support; including those who have been adopted; those who are living in a family under a Private Law Order; and those who are supported in independent living in early adulthood.

### THE ROLE OF THE CORPORATE PARENT

- 2.3 When a child or young person becomes 'looked after' by a HSC Trust, the HSC Trust becomes the 'Corporate Parent' of that child or young person (albeit that in the case of voluntary agreements this is undertaken with the appropriate approval of the parents). As Corporate Parent, a HSC Trust is responsible for safeguarding the child and promoting his or her wellbeing and welfare. This means that the Trust as a corporate entity must have the same goals for the child or young person as a parent and act for the child or young person as a parent would be reasonably expected to act. The HSC Trust assumes moral as well as legal responsibility for enabling looked after children and young people in its care to experience happy and fulfilling lives.

### WHAT WE MEAN BY 'WELLBEING'

- 2.4 Within this Strategy, wellbeing has the meaning ascribed to it by the wider Children and Young People's Strategy, which, in turn, is based on the definition of wellbeing within the Children's Services Co-operation Act (Northern Ireland) 2015. It is defined in terms of 8 outcomes, which are described in the graphic below.



## SECTION 3

### WHY A STRATEGY FOR CARE-EXPERIENCED CHILDREN AND YOUNG PEOPLE?

#### THE CASE FOR CHANGE

- 3.1 At 31 March 2020, there were 3,383 looked after children in Northern Ireland<sup>11</sup>; at that time the total population of children was 440,705<sup>12</sup>. Furthermore, 22,414 children were known to Social Services and 2,298 were on the Child Protection Register. Since 2010, there has been a 30% increase in the number of looked after children in Northern Ireland (a 3% increase from the previous year); with 42% of those looked after being over 12 years of age. The majority of looked after children were in a home-based care environment, with 79% of children being fostered (40% kinship and 39% non-kinship including independent providers) and a further 10% being placed with parents. A smaller proportion of looked after children were in residential care (6%). Of the 5% in other placements, 65 children were placed for adoption. As at 25/01/21, the weekly collection of information as a result of COVID shows that there are 3,519 children in care. In 2019/20, 2,635 looked after children were in education; 80 in pre-school; 1,168 in primary education; 1,092 in post-primary school and a further 295 in Special Schools<sup>13</sup>. The key facts relating to care-experienced children and young people are outlined in the following pages.
- 3.2 With the number of children in care steadily increasing year on year there is escalating demand evident

across all five HSC Trusts. Pressures in a range of areas are leading to challenges such as:

- capacity to respond effectively to meet the increasing need for appropriate placements that will effectively meet the increasingly complex needs of children who require a care placement;
- availability of staff to meet the needs of children with a disability and complex health care needs;
- capacity of the CAMHS service to meet assessed need; and
- the need to focus on prevention and early intervention services to prevent family difficulties escalating to crisis point.

- 3.3 We know that 43% of looked after children come from the most deprived areas<sup>14</sup>. Research has shown it is more likely that children in those areas will experience health and social inequalities, such as lower life expectancy; higher suicide rates; higher rates of mental ill health, with more mood and anxiety disorders and more instances of self-harm; higher rates of alcohol-related deaths; higher drug-related deaths; lower educational attainment and greater likelihood of becoming involved in the criminal justice system; reduced income; lower socio-economic status; and increased homelessness and unemployment.
- 3.4 Many looked after children and young people may have experienced one or more adversities or trauma. The extent to which childhood adversity and early trauma trigger a child's entry into

care is reflected in QUB research, *At Home in Care*<sup>15</sup>. There is usually a long-term involvement with agencies; problematic parenting, including parents who misuse drugs or alcohol or have mental health problems and sometimes a trans-generational involvement with social services which has included traumatic experiences across family generations. The young people may have drug/alcohol problems themselves, or have been excluded from mainstream education. We also know there is a high incidence of co-existing learning disabilities, autism and poor mental health among looked after children and there are particular concerns for those with borderline disabilities who are not yet diagnosed.

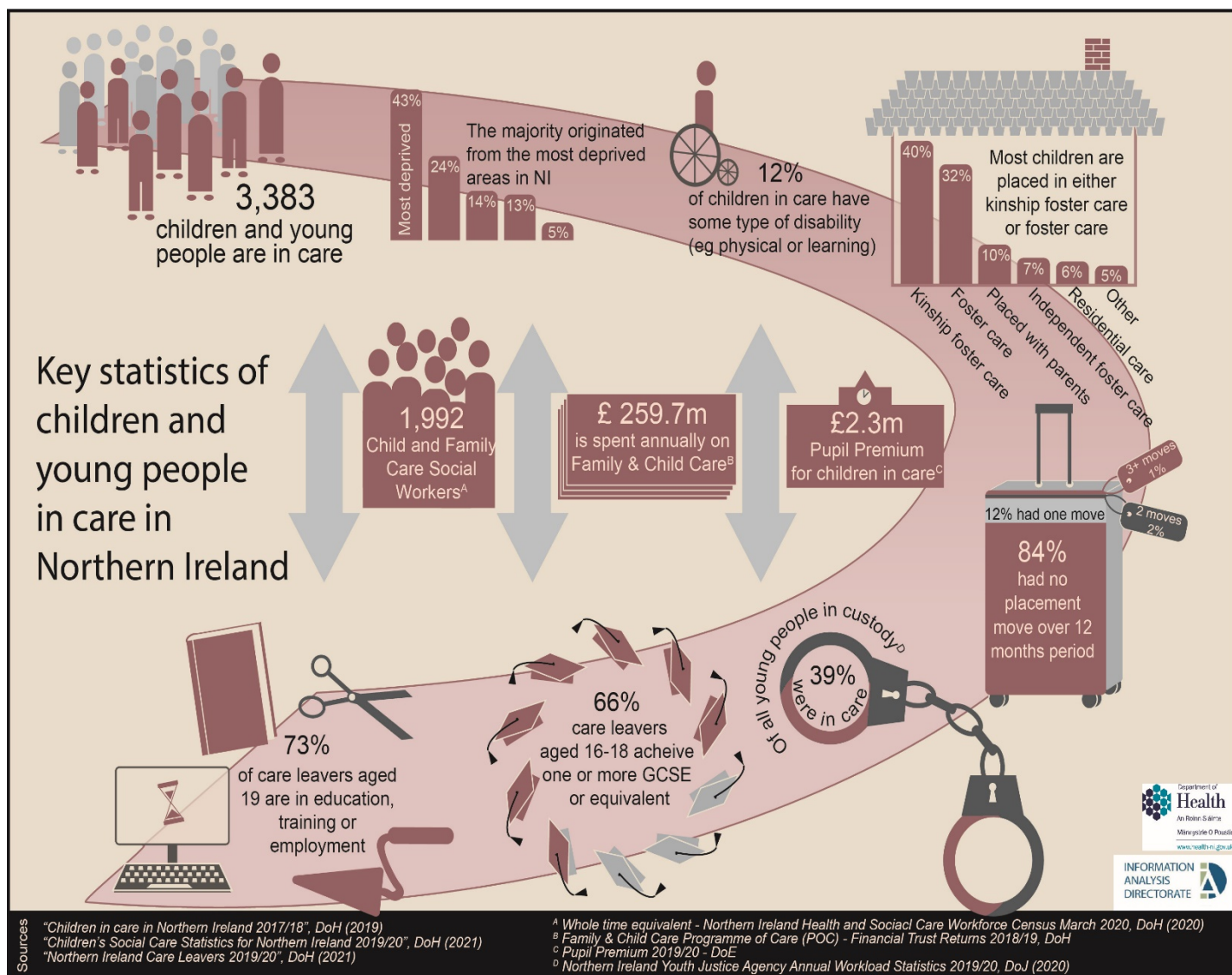
3.5 In Northern Ireland, we are fortunate that over three-quarters of children and young people in care are able to live with foster carers. Foster carers (both kinship and non-kinship) are a dedicated and committed group of people who open their homes to these young people at a particularly vulnerable time in their lives to give them a stable home environment in the short, medium or longer terms in the hope that it will give them the best opportunities and chance for success. As most of these children will have experienced some form of trauma or have attachment difficulties and some will have disabilities, foster carers also have to be resilient and empathetic to the young person's needs and we need to acknowledge the challenges they face in providing a supportive role to young people's families and other carers by removing some of

the barriers which make some issues difficult for foster carers to negotiate.

3.6 For some young people, residential care is going to be in their best interest and their preferred living environment. Whilst there is a small proportion of young people in residential care, they sometimes present with very challenging behavioural difficulties. In addition, evidence from QUB, NIHRC & UNCRC on secure care has highlighted the importance of investment in the development of preventative services in the community and the need to provide greater stability within residential care. The enhancement of staff support within residential care and provision of follow-up outreach services are seen as pivotal in managing challenging behaviour to minimise the need to refer young people to secure care.

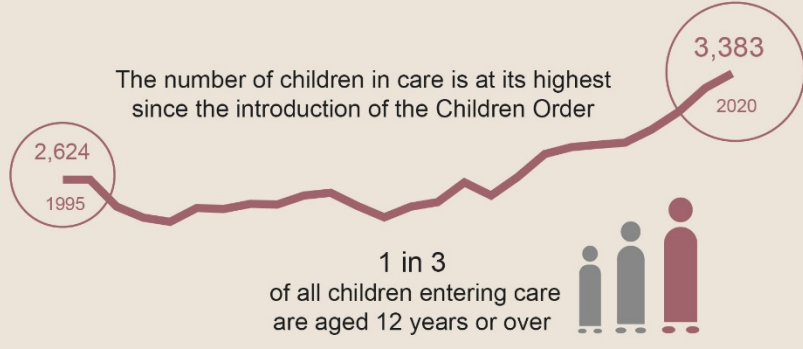
3.7 Although great strides have been made in providing appropriate care and support for looked after children and young people, the evidence continues to show that while some can go on to enjoy success, as a group, educational and other outcomes tend to fall significantly below those of the general population.

## WHAT THE NUMBERS TELL US

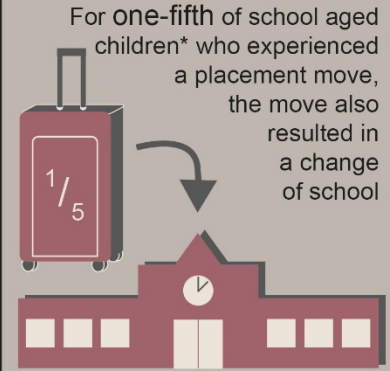
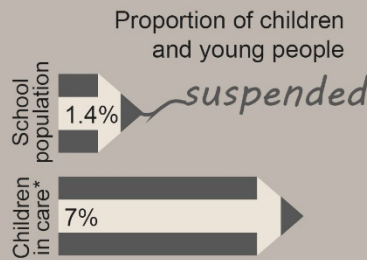
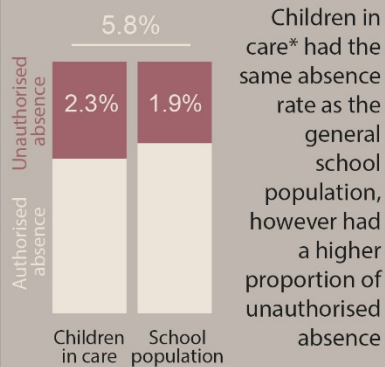




# Children and young people in care in Northern Ireland



1 in 3 of all children entering care are aged 12 years or over



New bespoke approaches to social work have been developed to better meet the need of children in care and the staff caring for them.

**Staff Training**

- Signs of Safety: Funding: £4.9m over 2 years
- Adverse Childhood Experiences (ACEs): Funding: £1.3m over 2 years

Delivered to: Health and Social Care, Justice, Education Sector

There are 2,219 registered foster carers / households

Children\* in kinship foster care had the most stable placements with 93% having no placement change the last 12 months

30% of those over 6 years of age and who are in long term care has access to their family history through Life Story work

7 out of 10 care leavers continue to receive educational, accommodation, mental health or financial support from HSC Trusts when aged 19



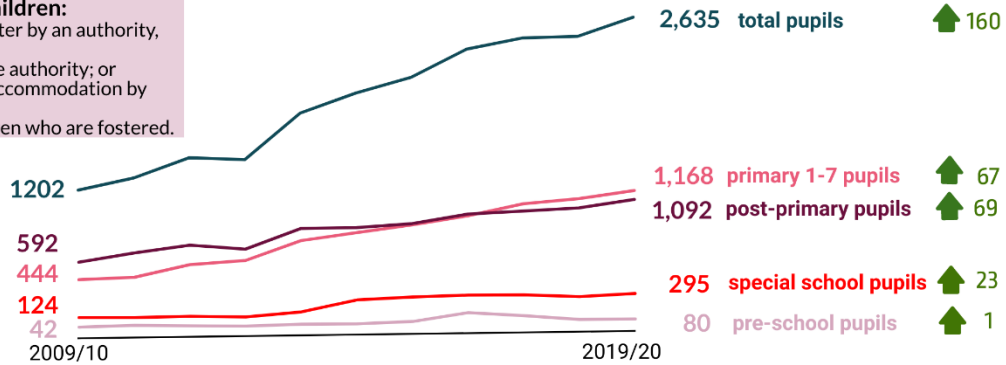
Sources: "Children in care in Northern Ireland 2017/18", DoH (2019)  
 "Children's Social Care Statistics for Northern Ireland 2019/20", DoH (2021)  
 "Northern Ireland Care Leavers Statistics 2018/19 & 2019/20", DoH (2019 & 2021)  
 Delegated Statutory Functions Returns 2019/20, HSCB  
 \* children in care for 12 months or longer

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**Looked After Children:**  
Any child looked after by an authority, either:  
(a) in the care of the authority; or  
(b) provided with accommodation by the authority.  
This includes children who are fostered.

### Enrolments

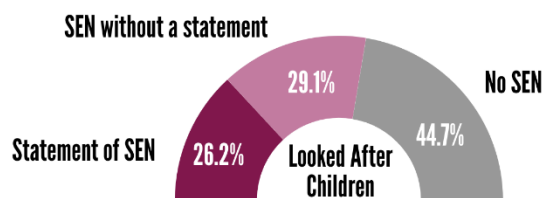
Change on last year



### Schools with Looked After Children



### Special educational needs

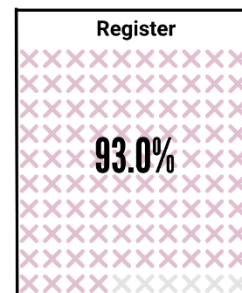


See link below for further information regarding changes to SEN categories and descriptions which were reviewed in 2017/18 and implemented in January 2019.  
<https://www.education-ni.gov.uk/articles/recording-children-special-educational-needs>

### Attendance

2017/18 figures

#### Looked After Children

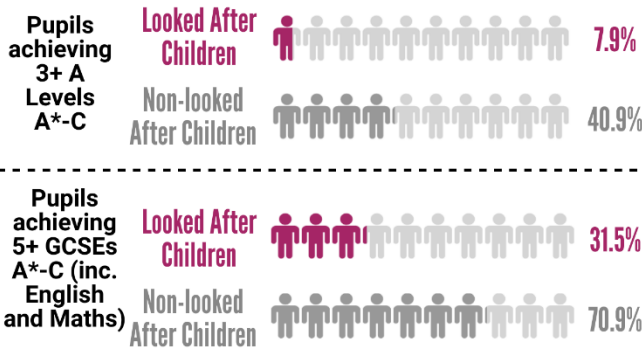


### Free school meal entitlement



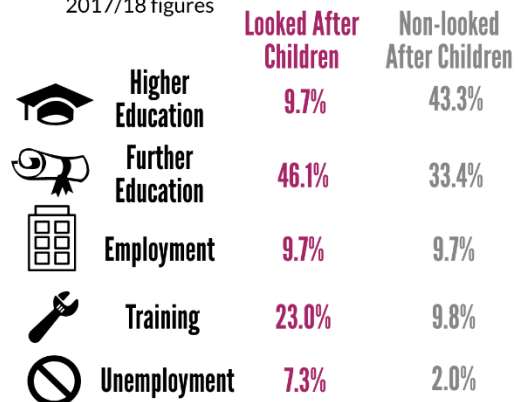
### Performance of 'looked after' children

2017/18 figures



### School leavers' destinations

2017/18 figures



Source: NI school census; School leavers'

Queries? Contact: [statistics@education-ni.gov.uk](mailto:statistics@education-ni.gov.uk)

## **SECTION 4**

### **A STRATEGIC RESPONSE – FUNDAMENTAL BUILDING BLOCKS**

- 4.1 In addition to taking actions, which are intended to make improvements in outcomes terms and to bridge the gap between care-experienced children and young people and their non-care-experienced peers, there are a number of fundamental building blocks which need to be put in place. They are:

#### **EARLY SUPPORT**

- 4.2 Supporting families at an early stage and maintaining positive relationships to keep families together where possible; providing targeted intensive and timely support for children, young people and their families where the likelihood of entry or re-entry into care is high; and ensuring that decisions about taking children into care are made without unnecessary delay and always in their best interests.

#### **A BETTER IN-CARE OFFER**

- 4.3 Securing earlier permanence and stability for children and young people in care helping them to heal from past hardships and promoting resilience; enabling them to build positive and supportive relationships including with family; extending placement options; strengthening support for care givers; providing more effective timely regional specialist services; reconfiguring the skill-mix in residential care; providing effective, cohesive

interventions to deal with particular individual challenges including substance misuse, poor mental health and emotional wellbeing.

#### **IMPROVED AND EXTENDED AFTERCARE SUPPORT**

- 4.4 Supporting care leavers and children and young people returning home from care and their families; extending support for care leavers and children and young people after care, to help them to live in appropriate accommodation and make a successful transition into independent living as adults with good emotional and mental health.

#### **A CORPORATE FAMILY APPROACH - CORPORATE FAMILY**

- 4.5 Delivering an effective, holistic approach to each child. This requires a contribution from other government departments: The Executive Office, Education, Justice, Economy, Communities, Infrastructure, DAERA, and Finance; their arm's length bodies; local government; and partner agencies in the voluntary, community and independent sectors in so far as is consistent with the proper exercise of their children's functions<sup>16</sup>. Together, we will act as the Corporate Family for children and young people in care in support of the Corporate Parent.

#### **A CO-DESIGN/CO-PRODUCTION APPROACH**

- 4.6 It is important that care-experienced children and young people are at the centre of everything we do for them and offer them. They should be



supported to engage with any member of the Corporate Family, along with their parents and carers, to help inform how we develop and implement strategy and policy relevant to them and how we design, implement, resource and evaluate services for them. They should be given opportunities to offer their views, express their opinions, relate their experiences and exchange their ideas. Co-design/co-production mechanisms will be part of the infrastructure established to implement this Strategy and it will have feedback loops so that children and young people and their carers, are informed of and understand the extent to which their contributions have influenced decision-making.

#### **A ROBUST LEGISLATIVE FRAMEWORK**

4.7 The principal body of law governing the care and protection of children living in Northern Ireland is the Children (NI) Order 1995<sup>17</sup> (the 1995 Order) and Regulations made under that Order. The 1995 Order was amended by the Children (Leaving Care) Act (NI) 2002<sup>18</sup> to strengthen arrangements as they relate to children and young people leaving care. It is acknowledged that the 1995 Order is now over 20 years old. It is intended to bring forward new legislation within the lifetime of this Strategy to strengthen current legal provision as it relates to care-experienced children and young people.

#### **A SKILLED AND SUPPORTED WORKFORCE**

4.8 The number of looked after children has consistently increased in recent years. At the same time, the nature and scale of the challenges facing those who care for looked after children has also changed. This includes foster carers, social workers, teachers and other education staff, advocates, mentors and health care professionals such as Health Visitors, School Nurses, General Practitioners and CAMHS practitioners. We need to ensure that those who work with looked after children have the skills and resources they need to deal with the nature and scale of the challenges and are afforded adequate time to build supportive relationships with these children and young people and their carers. This points to the need for: effective systems; processes; training; learning and development strategies; and opportunities and workforce planning that promote, and facilitate effective relationship building. The aim to strengthen the capacity of the workforce; improve social work services; and build leadership and trust in the profession will be taken forward as part of the Improving and Safeguarding Social Wellbeing: A Strategy for Social Work.<sup>19</sup>

## SECTION 5 A COMMITMENT TO ACTION

### IMPROVING THE WELLBEING OF CARE-EXPERIENCED CHILDREN & YOUNG PEOPLE

5.1 This Strategy commits us to improving the wellbeing of care-experienced children and young people within the meaning of the wider Children and Young People's Strategy and the Children's Services Co-operation Act (NI) 2015 in which wellbeing is measured in terms of eight outcomes.

5.2 In a 2013 regional survey of care-experienced children and young people - *Our Life in Care Survey* by VOYPIC<sup>20</sup> – which was conducted over a 3 year period and involved over 300 children and young people, the most important issues raised by them were:

- the opportunity to contribute to their care and pathway planning;

- continuing to see family and friends;
- having positive, stable and supportive relationships with personal advisers and social workers;
- feeling safe and secure where they lived;
- having a supportive educational environment;
- being protected from harm; and
- having access to an advocate to ensure they are being listened to.

5.3 During the consultation period, a lot of these issues continued to be raised by young people, alongside other emerging concerns outlined under the outcomes.

5.4 This Section outlines across the eight wellbeing outcome areas, the key issues associated with each and makes commitments to action.

## CHILDREN AND YOUNG PEOPLE LIVE IN A SOCIETY WHICH RESPECTS THEIR RIGHTS

UNCRC, Article 12: provides that every child and young person should be able to express their views, feelings and wishes in all matters affecting them and have these views respected and given due consideration. Article 42 says that Governments must actively work to make sure children and adults know about the UNCRC.

UNCRC, Article 4: securing the rights of persons with a disability and abolishing practices that constitute discrimination.

“Children should be able to speak up for themselves, but would be good to have someone to be the adult”.....child aged 7-11 years

### THE RIGHTS OF CARE-EXPERIENCED CHILDREN AND YOUNG PEOPLE

5.5 Every child has the right to be safe; well looked after; to have their say and be listened to. By virtue of the fact that they have become looked after, looked after children are more likely than not to have had their rights infringed before they came into care. We need to ensure their rights and those of children and young people leaving care are upheld.

### BEING RIGHTS-AWARE

5.6 All those who provide a looked after child with care, friendship, support and advice and services should be aware of each child's rights under the UNCRC and the UNCRPD, including in particular:

#### UNCRC

- The right not to suffer discrimination (Article 2)
- The right to have their best interests treated as the primary consideration (Article 3)
- The right to life (Article 6)

- The right to an identity (Article 8)
- The right to an opinion and to be heard (Article 12)<sup>21</sup>
- The right to access to information (Article 13)<sup>22</sup>
- The right to privacy (Article 16)
- The right to be brought up by your parents if possible (Article 18)
- The right to be protected from being hurt or badly treated (Article 19)
- The right to good quality health care (Article 24)
- The right to review of treatment in care (Article 25)
- The right to an education (Article 28)
- Education must develop every child's personality, talents and abilities to the full (Article 29)
- The right to relax, play and take part in cultural and artistic activities (Article 31)
- The right to a life free from exploitation (Articles 34-36)

#### UNCRPD

- The right to as full enjoyment of all human rights and fundamental freedoms on an equal basis as other children.

## THE RIGHT TO IDENTITY

- 5.7 It is important to preserve the identity of looked after children and care-experienced children and young people by maintaining an accurate history of the child's life and enabling them to have access to that information when required.
- 5.8 Tailored to their level of understanding, each looked after child should be made aware of why they are being brought into care for a period of time. This should be an ongoing conversation throughout their lives in care. This should help lessen their anxiety, guilt or shame and enhance their understanding of their family situation.<sup>23</sup>
- 5.9 All professionals supporting the child have a responsibility to assist and contribute to the preservation of their identity, including the collation and storage of their personal effects, involving the young person, on an ongoing basis. This includes records. When it is time to access those records of a past life, a young person should be supported to look through them and to understand their life story. This should happen at a time that is mutually agreed between the young person and the social worker in line with Article 13 of the UNCRC.

- 5.10 Each child in care should have access to life story work to enable them to build their knowledge of their family ties and maintain a link with their wider family circle. Children and young people have told us how important it is to them that the carers and those with whom they have formed trusted relationships, recognise and acknowledge important events in their lives, both celebratory and those of personal poignancy. For those who have been adopted, they should be supported to access and trace relatives where this is appropriate.

## THE RIGHT TO HAVE A VOICE

- 5.11 It is critical that looked after children are treated with respect and their views are listened to. The voice of a looked after child is central to four key processes: care planning; looked after children reviews; the development and implementation of the Personal Education and Learning Plans; and pathway to adult life planning. Where age and maturity permits, the child or young person should be fully engaged in and central to each of these processes and every step should be taken to ensure that they understand what is being proposed for their short, medium and longer-term care.

**“I don't go to them [Reviews] as they are boring and I don't understand”...young person aged 13-16 years**

- 5.12 Where it is age-appropriate or they feel ready, young people should be encouraged to be involved in their planning and review processes, be aware of what is to be discussed and given

time to prepare for planning/review meetings. This is particularly important when additional support arrangements need to be made for children and young people with a disability, such as those who may have access difficulties, sensory impairment or communication difficulties. It is paramount that all children understand the importance of the review process in their lives; particular consideration of how to achieve this will be needed in cases where English is not their first language. The review should be scheduled outside school hours where this can be accommodated and where this is the child or young person's preference and on occasion they should be offered the opportunity to co-chair their own reviews. The review should focus, not just on things that have been difficult, but also on things that have gone well and are positive in the child's life, in particular facilitating the link with the child's cultural and ethnic background.

“Reviews have been good for me – they have been sweet. I've a good relationship with my social worker”...young person aged 16+

5.13 Reviews should be conducted in a supportive and comfortable environment for the young person where they know in advance who they are going to meet, why those people need to be present, and who will have access to their personal information and why this is necessary. Following the review, the young person should be given the opportunity to reflect on the discussion and add any

views or ask any questions they feel they could not express during the review.

5.14 In the first instance, the social worker is the young person's advocate but independent advocacy should be made available if required. The young person should be given the opportunity and fully supported to raise issues or concerns at any stage; they should also be able to request that their carer or other adult/advocate represent or support them at a review meeting, if that is their preference. Ensuring children and young people are involved in the care planning process is already a commitment within *Making Life Better*<sup>24</sup>.

5.15 It is recognised that it is a fundamental role of social workers to ensure that the views of looked after children are heard, and that foster carers are active advocates for the children they look after. However, where it is required, the child should be provided with access to independent advocacy and these services should be routinely promoted to children and young people. The role of an advocate is to ensure that the views of children and young people, whether positive or negative, are represented. It is recognised that advocacy needs to be offered to looked after children with different needs, including younger children (under 12s) and in particular those with a disability. Advocacy arrangements sit alongside a range of other measures designed to ensure that looked after children have a voice. These include: independent visitors; a looked after children's

champion within the Education Authority; formal complaints and representations processes; and inspection processes.

“I always wanted a say in my care plan. I have a 5 year plan and I did it with my youth worker”...young person aged 16+

“Review process is very negative – too much time spent completing paperwork”...Social Worker

consistent approach, and assistance provided depends on where they live. HSC Trusts need to be in a position to provide up-to-date information about the services available to young people when they leave care including those who have been adopted, those who are living in a family under a Residence Order and those ageing out of care to independent living.

5.16 Young people have told us they are confused about their rights to services as they get older and leave care. They feel there is no

#### **Commitment to Action**

##### **We will:**

- Review the looked after children review process with the assistance of care-experienced children and young people
- Collect the views of children and young people in care, those who have left care and those responsible for their care via a biennial survey to inform service improvement and achieve better outcomes for children, young people and carers
- Strengthen advocacy arrangements for all looked after, former looked after and adopted children and young people, who wish to make representations or complaints, by placing these arrangements on a statutory basis
- Introduce a statutory requirement for HSC Trusts to publish details of what services they can offer in their area to young people when they have left care
- Place Corporate Parenting principles on a statutory basis

## CHILDREN AND YOUNG PEOPLE LIVE IN A SOCIETY IN WHICH EQUALITY OF OPPORTUNITY AND GOOD RELATIONS ARE PROMOTED

UNCRC, Article 2: says that every child and young person should be treated equally without discrimination, irrespective of their ethnicity, gender, language, religion, political opinion, family background, abilities or other status.

UNCRPD, Article 10: that persons with a disability enjoy their inherent right to life on an equal basis; Article 6 to ensure the equal rights of women and girls with a disability; and Article 7 to protect children with a disability.

“We welcome the prominence given to equality and good relations within the draft Strategy” ....consultee

5.17 The overall aim of this Strategy is to create equality of opportunity for care-experienced children and young people and to close the outcomes gap between them and their non-care-experienced peers. It is also intended to develop an understanding of what it means to be a looked after child and, in so doing, promote good relations between looked after children and other members of their local community.

“I should have same opportunities as everyone else”...young care-experienced person

5.18 International research has shown that where Adverse Childhood Experiences (ACEs) have occurred during childhood or adolescence, these can have a significant impact on young people’s physical and mental health throughout their lives. ACEs can include things such as physical and emotional abuse, neglect, exposure to domestic violence, exposure to drugs or alcohol, etc. In addition, children

who arrive in this country as unaccompanied asylum seekers, separated or trafficked have experienced great hardship and trauma, some fleeing from war torn countries and personal loss of family.

5.19 Through the Early Intervention Transformation Programme (the EITP), work was undertaken to strengthen the culture of inter-professional working practice, with a particular focus on ACEs, by supporting a range of professionals across areas such as health, education, justice, police, higher education, housing and social care to train together to help them recognise ACEs, to understand their significance in terms of longer-term poor outcomes and to develop techniques to be able to respond effectively to ACEs if they are present. Also specialised training has been delivered for some professionals with trauma-informed advisers nominated to instil this culture and practice at



an organisation level.

5.20 It is equally important that training in trauma-informed and therapeutic care is made available to carers (both foster carers and staff in residential care) in order to better understand and deliver the care and treatment needs of children and young people in care.

5.21 The educational needs of looked after children were also considered as part of the EITP. Tailored multi-agency support was provided at Key Stage 2 level with the ultimate goal of improving educational outcomes, multi-agency co-operation and providing a platform to challenge current support. We know that these children can have many complex needs, including cognitive difficulties linked to developmental trauma and as a direct result of the project, health and education staff are working together to better support both the children and their schools.

5.22 With a higher proportion of children and young people with a disability in care and leaving care, we have to ensure they receive every opportunity as their peer group in terms of stability, safety, education and employment. We need to recruit and train more

specialist foster carers to help meet this demand and support these young people to achieve their full potential.

“There is a need for a different mechanism of working with children with learning difficulties as these children need a bit more support”....Social Worker

5.23 Social workers advised us that they want to return to the basics they trained for – they want less bureaucracy, reduced caseloads and, most importantly, more time to have face-to-face time with children, young people and their families or carers.

“Children are not happy with the mass of form filling”...Social Worker

5.24 During the consultation, young people also advised us that more awareness needs to be raised among carers to help recognise young people who may be struggling with their sexuality. Whilst there was an acknowledgment that carers supported young people when they identified as LGBTQ, there still needed to be further training given as to how to engage with young people who are at the stage of trying to understand their feelings.

### Commitment to Action

#### We will:

- Undertake a project across health and social care, justice, education, housing and the community and voluntary sector to complete a trauma review across five collaborative pilot areas to demonstrate the application of trauma informed practice



- Roll out a Signs of Safety training programme for all social workers. It will aim to improve the safety of children by working with families to identify strengths and agree solutions aimed at keeping their children safe and improving their and their families' life chances
- Implement a Framework for Integrated Therapeutic Care (FITC) for all looked after children in Northern Ireland. This holistic, relational approach will underpin a shared trauma and attachment informed understanding of young people's health and development needs, ensuring integrated care, educational and therapeutic provision
- The FITC will require regionally consistent training provision for all carers of looked after children. A regional best practice showcase event will be organised annually to disseminate new initiatives and a learning forum will be established in each HSC Trust to embed practice developments and support colleagues
- Expand the number of specialist foster carers to support young people with additional needs
- Continue to raise awareness and review existing training in LGBTQ issues with foster carers and residential care staff informed by young people's experience
- Roll out the approaches used in the EITP looked after children's education project to inform a new service delivery model both within the EA and the multi-agency dimension so central to the success of our work with and for looked after children

## CHILDREN AND YOUNG PEOPLE ARE PHYSICALLY AND MENTALLY HEALTHY

UNCRC, Article 24: says that every child and young person should enjoy the best possible standard of physical health and mental wellbeing and have access to appropriate health care and support when they need it, UNCRC, Article 23 says that a child with a disability should have special care and support, so that they can lead full and independent lives.

UNCPRD, Article 17 protects the physical and mental integrity of persons with disabilities.

“We are very aware that the children we look after have experienced real trauma which may affect them throughout their lives and we are keen to understand how we do our best to understand that and support them in whatever way necessary, but sometimes we are not given an opportunity to contribute fully or have our view heard”...foster carer

“My carer has ‘hug time’ every day and I really like this”...child under 12 years

5.25 A HSC Trust’s corporate parenting role extends across all programmes of care. This means that where a health need is identified, professionals should work together on a collaborative basis to ensure appropriate services are provided. Each HSC Trust, in the exercise of its corporate parenting responsibilities must ensure that every child and young person in its care is provided with appropriate health care, including any specifically recommended and necessary immunisation or medical and dental treatment.

5.26 It is important that full medical history and other relevant information, as required in legislation<sup>25</sup>, is shared with carers before the child or young person is placed with them. When the child or young person receives health care services whilst in care, their carers and parents should be made fully aware of any consequential health/lifestyle

changes and supported to assist the child or young person with these changes.

5.27 There is a need for a more holistic approach to health assessment. The practice of solely undertaking a medical examination<sup>26</sup> is no longer fit for purpose and should be replaced, where appropriate, with an annual holistic health appraisal, which extends to emotional wellbeing, as well as physical health. A Health & Wellbeing Plan should be produced as a result of the health appraisal and should be integrated with the child’s overall care plan. The Health & Wellbeing Plan should set out how any identified health and wellbeing needs identified by the assessment will be addressed including onward referral to relevant specialist services as required. The health plan should be reviewed and updated as required.

“Good idea because I don’t like people thinking they can poke and prod me [in medical]” ...young person aged 13-16 years

better in times of stress, loneliness or ill-health.

5.28 Where a child is considered competent to do so, and having taken appropriate advice into consideration, they should be able to decline an annual health appraisal. Instead, like a competent child living outside care, they should be able to access a doctor, only if it is required or at their request.

5.29 It is important that every looked after child, young person and their carer has someone<sup>27</sup> to talk to about physical and mental health and emotional wellbeing. This includes encouraging and facilitating attendance at and, where necessary accompanying them to appointments and providing advice, information and support on areas such as:

- Healthy eating, nutrition and keeping active and fit;
- Dental and optical health care;
- Mental health;
- Sexual health, including talking about consent, healthy relationships and staying safe;
- Young parenthood;
- Harmful choices and their impact on health such as smoking, taking drugs, drinking alcohol, other substance abuse or self-harming;
- Services available to them as a looked after child; and
- Strengthening ability to self-care to enable them to cope

5.30 It is important to meet the specific health needs of looked after children who are disabled<sup>28</sup> and to support them to make their transition as care leavers and thereafter into adult life<sup>29</sup>. Effective Pathway Planning is critical for disabled children leaving care. However, Pathway Planning should address the physical and mental health needs of all care leavers and should involve adult services. This should commence well in advance of their 18<sup>th</sup> birthday to assure the young person and their carer of a seamless transition. For some young people, Pathway Planning may only require the maintenance or establishment of a trusted friendship or the support of an individual to check how they are feeling and ensuring they continue to engage with services where appropriate.

5.31 There are many children with a disability whose families are provided with short-term support through the provision of short break care for more than 24 hours and who become looked after children by virtue of receiving this care. Some parents who seek support for their disabled child throughout the year take exception to their child having to become looked after by a HSC Trust in order to secure such support.

5.32 There needs to be a wide range of short break options available for parents, foster carers, and residential care staff to meet the

diverse needs of children and young people who have challenging and complex needs. This includes both residential and community based short break provision and shared care arrangements, in order to minimise the risk of disruption to the children or young people's lives and those of their families and carers. The family support pathway, including for foster carers, should be reviewed regularly to ensure that short break provision remains appropriate and in the child's best interest. On all occasions, it should be explained to the child or young person why this is happening and every attempt should be made to ensure the continuity of the relationship with the short break provider.

- 5.33 We know from ongoing studies that looked after children have much higher uptake of psychotropic medication, higher rates of admission to psychiatric hospital and higher rates of self-harm<sup>30</sup>. Due to the trauma suffered by many children before they enter care, it is important that therapeutic support services continue to be available and that collaborative working with mental health services is in place to ensure an appropriate assessment of the child's needs. Young people and carers have advised us of their frustrations at lengthy waiting times for CAMHS. Whilst this service continues to be based on and prioritised according to clinical need, introducing children and young people to programmes to better manage stress and improve resilience may negate the need

for referral to CAMHS, such as yoga or mindfulness. This need also extends to those children who leave care through a Private Law Order such as adoption or a Residence Order to ensure their transition is a seamless one and minimise the risk of future family disruption and re-entry into care.

- 5.34 There is also a need to explore the potential for new services or facilities to accommodate young people who have a dual diagnosis of a serious mental health problem and an addiction<sup>31</sup>. This will include the need to build on current joined up working between therapeutic support services, CAMHS and Drug & Alcohol and Adult Mental Health Services to address dual diagnosis. A review of current provision will help inform improvements to these services. Informed by the comprehensive health & wellbeing holistic appraisal, on entry to care and thereafter, HSC Trusts should continue to develop a range of interface protocols and care pathways to improve access to all children's services including CAMHS at different steps of the service model.

"I waited 8 months to get help and support [with my mental health]"...young person aged 16+

- 5.35 Continuity of health care should continue when children enter our regional facilities such as the secure accommodation centre, Juvenile Justice Centre, and accommodation for unaccompanied asylum seeking, separated or trafficked children. For example, whilst CAMHS

professionals provide outreach services to both secure care and juvenile justice, sometimes these trusted relationships and progress are lost when the child returns to another placement.

“I go to CAMHS and they come in here [Woodlands]. You need regular check ups”...young person aged 16+

5.36 The mental ill health experienced by some of our young people is significant. An ongoing study shows that almost one in twenty of all individuals who died by suicide under 45 years were previously a looked after child<sup>32</sup>. In response to the challenges being faced with increased waiting times, there has been much progress in implementing a Regional CAMHS model. Further priorities (which will also benefit looked after children) include:

- Early Intervention based on stronger partnership and collaborative working across and between sectors including the development of teams to support children and young people with psychosis;
  - Examining the prevalence of children and young people’s mental health through a Northern Ireland wide study;
  - Implementation of the recently published Mental Health Action Plan<sup>33</sup>, which includes specific actions for children and young people, such as establishment of a Managed Care Network for CAMHS. The Action Plan also includes a commitment to develop a 10 year Mental Health Strategy for NI. Although work on the Strategy is in the very early stages, the Strategy will be cross-sectoral in nature, will be patient centred and trauma informed, and will adopt a lifespan approach, putting the needs of the community at the fore.
- Implementation of the Interdepartmental Action Plan<sup>34</sup> in response to the agreed recommendations of the NICCY “Still Waiting: A Rights based Review of Mental Health Services and Support for Children and Young People in Northern Ireland<sup>35</sup>”. This was also included as an action in the Mental Health Action Plan. It includes proposals for a full roll-out of the CAMHS Care Pathway across NI, implementation of the Managed Care Network for CAMHS, improved transition planning from child services to post 18 and better partnership working between education and mental health service providers;
  - Further work on transitions to adult services in recognition of older care leavers seeking Education, Training and Employment and the continuing support they require from Mental Health Services;
  - The development of a workforce plan to address skills gaps and ensure interventions are in line with NICE guidance;
  - A counselling service provided within post primary and special schools;
  - Work with Education to assist schools in supporting the wellbeing needs of their children and young people.

- 5.37 With some young people increasingly having more than one diagnosis, such as an intellectual disability and mental health issues, it is crucial that there is better service integration. The aim should be to minimise re-referrals to different health care professionals and/or establishments and to avoid disruption to the trusted relationships which have been built with the child or young person, their family or carers. There is a need to be more flexible if young people do not attend appointments and to help and support them to continue with treatment and to engage with healthcare professionals in a variety of ways, including use of e-platforms for appointments and continuing communication where appropriate.
- “There should be therapeutic care and one to ones and drop-ins”...mental health practitioner
- 5.38 Young people have also told us about the sense of isolation they feel when leaving care and how this can lead to poor mental health. In some cases, the use of drugs or alcohol exacerbates this condition which can lead to a deterioration in their health. As part of their pathway planning, it is important that arrangements are made at an early stage to ensure appropriate transition to adult services where this is required.

### Commitment to Action

#### We Will:

- Introduce an holistic health appraisal for looked after children
- Education, Health, Communities and Justice Departments and Agencies are jointly developing an Emotional Health and Wellbeing in Education Framework complemented by the HSC Children & Young People’s Emotional Health and Wellbeing Services Framework which will provide support for children and young people, and those working with them, through a holistic, multi-disciplinary approach, with an emphasis on universal promotion and prevention, but providing additional support for those needing further help.
- Introduce Interface Officers across CAMHS and disability services on a pilot basis to facilitate better integration of services to enhance the service experience of young people who need to move between these services
- Continue to deliver a Regional CAMHS model and establish a Managed Care Network for Children and Young People with Acute and High Intensity Care Needs

- Introduce legislation, which enables disabled children who require short break care away from their families to receive such a service without the requirement to be looked after by a HSC Trust
- Explore the options for early intervention and support within the school environment to promote the wellbeing of looked after children



## CHILDREN AND YOUNG PEOPLE LIVE IN SAFETY AND STABILITY

UNCRC, Article 19: says that every child and young person must be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has care of the child. Article 20 says that where a child cannot live with their family, we must provide protection, assistance and alternative care.

UNCPRD, Article 12 is access to justice on an equal basis; Article 14 ensures persons with a disability enjoy rights to liberty and security and are not deprived of their liberty unlawfully; Article 16 guarantees freedom from exploitation, violence and abuse.

“It’s good to be able to stay somewhere long-term”...young person aged 16+

“We see our role as being to provide children and young people with stability, security, attachment and a positive experience of family life”...foster carers

5.39 Our aim by way of this Strategy is to secure a permanent stable home for looked after children as quickly as possible and in a way which best matches their individual needs and is in their best interests. The need for timely decision making needs to be balanced with robust and analytical assessment and planning to ensure the child’s welfare remains central to any decisions. This includes minimising disruption to important elements of their life such as family time or receiving education. It also involves making plans early with a young person for the time when they will leave care so that they have security in the knowledge of where they will be moving to and the supports they will have in place to keep them safe and well.

5.40 In 2018, VOYPIC undertook a piece of work<sup>36</sup> with young people to establish what they consider a ‘safe place’, it became clear that they value consistent relationships above all. This is in keeping with a Care Inquiry<sup>37</sup> in 2013 which

found that ***the relationships with people who care for and about children are the golden thread in children’s lives, and that the quality of a child’s relationships is the lens through which we should view what we do and plan to do.*** Young people have also told us, that ‘good accommodation’ is one of the single top priorities in helping them feel secure and safe.

5.41 Likewise, social workers have told us that they want protected time to meet and get to know the children and their families and, if they enter care, to be able to form a continuing and trusting relationship with that child during their time in and after care.

5.42 Placement moves are a particular issue. Young people want to be able to build and maintain friendships and social networks which are not disrupted by placement moves far outside their community area. Where they have established supportive relationships with social workers, foster carers or other trusted



individuals, they want to be able to continue with these beyond age 18.

“I had 14 social workers by age 19”...young person aged 16+

“Some children’s homes are long-term and some short-term, I think that long-term is better, to be able to build relationships”...young person aged 16+

5.43 In 2008, a local study<sup>38</sup> found that almost three-quarters of children in care aged between 5 and 15 had some kind of emotional or behavioural problem. A child’s level of emotional and behavioural difficulties at entry to care are predicted to have an increased risk of placement disruption. A separate study<sup>39</sup> found that children who had more severe emotional and behavioural problems when they entered care, and had experienced more types of abuse were more likely to go on to experience instability and placement breakdowns.

“You need help straight away when you go into care”...young person aged 16+

5.44 There is an increasing demand on placements and evidence that we need to expand the range of placement options if we are going to be able to adequately meet the diverse and complex needs of looked after children and young people, including those who are disabled. The absence of an appropriate placement can impede care and pathway planning, which, in turn, can lead to insecurity and non-structure in the young person’s life. It can also adversely impact on dynamics within children’s homes, foster

homes and supported accommodation.

5.45 In addition to adequate numbers of the right type of placement options, we need the right people, with the right skills engaged in the care of children wherever they are placed. We also need to properly support care-givers, in all settings to enable them, on our behalf, to keep children and young people safe and offer them stability.

5.46 While we support greater skill-mix within our children’s homes, it is essential that the appropriate proportion of staff in children’s homes are social work-qualified to meet key statutory functions. The Historical Institutional Abuse Inquiry<sup>40</sup> is a reminder of that.

5.47 Work has already been undertaken, which has identified alternative placement options for looked after children and work is ongoing to establish a Regional Joint Care and Justice Campus.

5.48 Unfortunately a disproportionate number of looked after children, particularly those in residential care, come into contact with the criminal justice system. This can have a detrimental effect on young people, both in the short-term to their emotional health and wellbeing and in the longer-term in perhaps limiting their opportunities for employment, travel or routine family life. It can also lead to an increased risk of them entering adult prison later in life.

5.49 Young people have told us that they feel that incidents are escalated for minor

misdemeanours and that police are called for situations that they feel in normal circumstances would be handled by parents.

- 5.50 In some HSC Trust areas, the local community police get to know the young people in residential care by participating in leisure and sporting activities. This has helped to form a trusting and respectful relationship and has helped to diffuse situations which might otherwise lead to arrest. Collaborative working between the PSNI and HSC Trusts is beginning to impact positively on the numbers of looked after children and young people who go missing. We need to build on that to ensure everyone acts in a proportionate way to deescalate a situation.
- 5.51 Young people should not have to spend time in custody solely due to difficulties in providing a bail address. This can occur because they cannot return to their placement address or they are under 18 and presenting as homeless. The responsibility is on HSC Trusts, with the support of the PSNI, the courts and the Northern Ireland Housing Executive, if necessary, to ensure that every child whom a court releases on bail has a safe place to which to return.
- 5.52 A consistent approach needs to be adopted across all HSC Trusts as Corporate Parents to ensure that we have a system which offers earlier permanence and stability and which has meaningful and supportive relationships between children, young people and their carers and professionals

at the centre of everything it does and everything it offers. Such a system will be or will have:

- i. an effective system of supporting families sufficiently early to enable them to stay together safely and capable of creating loving, caring and nurturing environments for their children. This is particularly important when parents are care-experienced themselves;
- ii. an effective mechanism of assessing children's needs informed by multi-agency input and knowledge;
- iii. the capability to accurately present and report children's needs, particularly to court, in a sensitive and balanced way;
- iv. a family court system capable of efficient, child-centred decision-making which effectively minimises unnecessary delay and achieves permanence for them at the earliest point;
- v. effective care planning and review including frequency of statutory visits, which has sufficient focus on the safety and stability of looked after children, meaningfully engages looked after children and their carers in the process of planning and review, prevents drift and is supported by all relevant agencies;
- vi. access to trusted and experienced individuals who can act as an independent advocate, mentor or adviser;

- vii. a means of tracking and reporting placement moves to ensure that children are moved only when it is required, where it does not disrupt their education and it can be demonstrated to be in their best interests. Parents and children and young people should be engaged in discussions about a placement move in advance of it happening and should be helped to understand why the move is happening;
 

Where contact/family time with parents is deemed to be in the child's best interests, contact arrangements/family time should be facilitated, skilfully managed and conducted in a way which maximises the positivity of the experience for the child including taking place in a suitable environment. Likewise, maintaining contact/family time with siblings is an important consideration for the child's identity;
- viii. a stable and supportive educational environment best suited to the needs of the child which will reinforce the wellbeing gains achieved in a stable home and avoids disruption to education, particularly where a placement move is considered necessary. This is also a priority when considering permanency planning;
- ix. effective in its response to children and young people known to be exposed to higher levels of risk, including: children with a disability in care; children who go missing from care; children from the travelling community; LGBTQ young people; children at risk of Child Sexual Exploitation; unaccompanied asylum seeking children, separated or trafficked children; those subject to paramilitary violence and those who engage in substance misuse;
- x. a proper balance between a parent's right to contact/family time and the child's need or desire for contact/family time.
- xi. a comprehensive, flexible and affordable range of placement options capable of meeting the diverse placement needs of individual children, including unaccompanied asylum seeking children, separated or trafficked children, children with a disability, those who cannot live in group settings and groups of siblings, and which offer children permanent and stable homes. This should include an effective recruitment strategy for foster carers and adopters. The range of carers should include a sufficient number of dually approved and concurrent carers;
- xii. responsive to the financial, practical and emotional needs of those who provide care including foster carers, their birth parents and residential carers;
- xiii. permissions for the delegation of authority to foster carers and a robust and sufficiently clear and well understood system of delegated authority;

- xiv. supportive of children and their families when decisions are made to return them home from care. This will involve working jointly with the parents to deliver support to help prevent children coming back into care and where they do, to continue to support the family while endeavouring to return the child home (where possible) and beyond the child's return;
  - xv. responsive to the financial, practical and emotional needs of families who agree to care for looked after children by pursuing private law options, including Residence Orders;
  - xvi. responsive to the financial, practical and emotional needs of families who adopt children from care;
  - xvii. social work services organised in a way to assist social workers to establish, maintain and protect relationships with looked after children;
  - xviii. specialist care arrangements, accessible and available to looked after children who require such care and minimise the need for a placement outside of Northern Ireland. These would also be capable of working with non-specialist care arrangements on an outreach basis;
  - xix. effective engagement across agencies to identify young people at risk of offending behaviour and entry to the juvenile justice system; and
  - xx. mindful and responsive to the stability and safety needs of young people leaving care and making the journey into independent adult life and enable them to make an orderly and positive exit from care. This includes (but is not limited to) the provision of supported living arrangements.
- “They have a flat inside the home to help you learn about how to look after yourself before you go to supported accommodation. You need most help after you turn 16. I’m going to supported living soon and they will let me be in the flat for a while”...young person aged 16+

### Commitment to Action

#### We will:

- Introduce legislation to:
  - place the use of concurrent and dually approved care placements on a statutory basis
  - strengthen and extend permanence options through the introduction of a Special Guardianship Order and automatic extension of a Residence Order in respect of looked after children to age 18
  - strengthen care planning

- strengthen the powers of a HSC Trust to refuse to allow contact between a child and his parents or relatives, if it is consistent with safeguarding and promoting the child's welfare
  - strengthen panel assessment and decision making arrangements for foster carers, including the establishment of a review mechanism of such approval decisions
  - extend support for children leaving care
  - enable independent agencies to approve foster carers and subject those agencies to regulation by the RQIA
  - place a duty on HSC Trusts to undertake an assessment of need for adoption support services
- Bring forward a new Family & Parenting Support Strategy
  - Enhance Family Support Hubs services across other areas of Northern Ireland
  - Establish a Regional Joint Care and Justice Campus for young people with high end needs encompassing the Regional Secure Care Centre and the Juvenile Justice Centre. This will be supported by wider reform in children's residential care, foster care, community juvenile justice and enhanced family support
  - Establish a new regional purpose-built residential facility for unaccompanied asylum seeking children
  - Enhance residential provision for looked after children with complex additional needs and disabilities
  - Develop a regional social work assessment, reception and advisory service for separated, trafficked and unaccompanied asylum seeking children
  - Introduce a Peripatetic Support Team into each HSC Trust to provide support to young people in residential care
  - Expand placement options for looked after children, supported by a capital investment scheme which is intended to enable children to stay longer (with their carers), closer (to their last placement having aged out of care) and together (with their sibling group) and which would facilitate the extending of foster care property or purchase of property to allow young people to remain close to their peer groups
  - Expand post permanence support services to young people who have left care under a Private Law Order, for example an Adoption Order
  - Undertake a social work workforce review to identify the numbers and profile of the workforce needed in the future to deliver safe, effective,

high quality social work services in all sectors and settings, including residential child care

- Adopt a new approach to regional recruitment and retention of foster carers
- Extend the Signs of Safety model of practice to Looked After Children Teams in all HSC Trusts
- Continue to work with the RQIA to ensure the safety and quality of all our services are of an acceptable standard and in compliance with the law
- Continue to work with partner agencies to protect children at risk of child sexual exploitation, support children who have experienced child sexual exploitation, and disrupt and prevent child sexual exploitation including through implementation of the recommendations from the SBNI-commissioned Evaluation and Criminal Justice Inspection NI reports
- Work collaboratively between Health and Justice Department and agencies to create a more welfare-orientated approach to looked after children and young people who interface with the youth justice system and build on the measures put in place to avoid unnecessary criminalisation by:
  - tackling substance misuse and the causes of substance misuse;
  - providing appropriate bail accommodation so that young people are not unnecessarily held in custody; and
  - reviewing PACE and diversionary options

## CHILDREN AND YOUNG PEOPLE LEARN AND ACHIEVE

UNCRC, Articles 28 and 29: says that every child and young person should have access to an education which will develop their personality, talents and abilities to their fullest potential.

UNCRPD, Article 24 is equal access to education, vocational training, adult education and lifelong learning with the appropriate support measures, including materials, techniques and forms of communication.

"We welcome the 'At School' measures within the strategy to provide tailored support to looked after children so that they receive a positive and engaging learning experience" and "The document aiming to narrow the attainment gap is very much supported. We support the document's ideas of building strong relationships between the educational setting, the support at home or care setting and the child" ...consultees

"We should be included as equal professionals in meetings which influence children's education" ...foster carers

### WHAT CAN WE DO?

#### AT SCHOOL

5.53 We should set the bar high, foster aspirations in looked after children and be aspirational for them. Of course this relates not only to educational attainment but also to wider measures of success including personal development, skills, positive destinations and pathways. Above all, they should have an enjoyable childhood experience. It is also recognised that a child's carer has a crucial role in being the primary educator within the family and ensuring that the school experience is backed up by learning support at home with children having the facilities they need to study.

5.54 Our challenge is therefore to provide tailored support to looked after children to ensure that they have a positive and engaging learning experience through which they will reach their full potential, alongside the rest of the

school population, including those with Special Educational Needs (SEN). Specific support should also be available for looked after children within the Juvenile Justice System or those educated in a setting other than at school together with the requisite support for staff in these settings.

"My teacher is very kind to me because they understand" ...child aged 7-11 years

5.55 While this Strategy is advocating a response specific to looked after children for the purpose of narrowing the attainment gap, it is important that this is done sensitively and with subtlety by schools, alternative education provision and colleges. A good school experience is critical for looked after children as school can provide the stability and security they need, a safe place for them to show what they can do. Key to this is building meaningful relationships between school staff and looked after children and maintaining

confidentiality where appropriate. It is important that consideration is given to the potentially negative effect of multiple school moves and school exclusion. Transition periods are also important and these should be managed as seamlessly and effectively as possible. Also, we know that Key Stage 2 is a critical time in the school life of a looked after child.

“Everyone learns differently”...young person aged 16+

5.56 Many looked after children suffer from trauma and attachment difficulties and find it difficult to form and maintain meaningful relationships. This then can have knock-on effects on school attendance and behaviour (in and out of school). Childhood trauma and the effects it can have need to be understood by those responsible for the education of looked after children. To provide schools with practical advice on helping looked after children navigate the school environment, and give an overview of potential barriers to learning, the Department of Education published a booklet ‘*Putting Care into Education*’ which was issued to all schools.

“I don’t want people to know what happens at home / that I’m in care”...children aged 7-11 years

5.57 Joint working is key, particularly between schools, the Education Authority (EA) and HSC Trusts if we are to help looked after children reach their full potential. Social workers should be aware

of the rights of children with SEN and have appropriate training to act confidently as an advocate on their behalf with education bodies. To complement joint working it is important that health and education professionals build relationships with foster carers as the primary point of contact for a wide variety of matters relating to a child.

5.58 Without exception, every looked after child must have a Personal Education Plan (PEP) and resources should be used to full effect for the benefit of all looked after children, including that provided through the Common Funding Formula.

5.59 The PEP should not only serve as a record of academic progress and achievement but also take account of the social and emotional development of a child or young person and be informed by their personal aspirations. Schools should own the PEP process and HSC Trusts should participate fully in the process.

“Teachers don’t understand the demands of contact and other meetings”...young person aged 13-16 years

**OUTSIDE SCHOOL**

5.60 Extra-curricular activities can help children develop confidence in learning, to become active learners and to develop a different kind of relationship with adult instructors or supervisors than in a more formal school setting. It is important that looked after children are encouraged and facilitated to participate in extra-



curricular activities. This should be a shared responsibility between schools and HSC Trusts.

“I would like an after school club with other young people in care and to not be judged”...young person aged 16+

- 5.61 Like any other child, looked after children and young people need and should be provided with learning support at home. This should include:
- having reading material at home;
  - having somewhere to study and do homework;
  - having access to extra study support if needed;
  - having safe access to a computer (either at home or through library and school networks) including the internet for research projects, homework and exam portfolios;
  - having a dedicated looked after children contact/trusted person in school;
  - having priority access to work experience placements; and
  - making sure there is access to careers and education advice.
- 5.62 Learning support should also extend to carers, including foster carers and care staff working in residential care to: enable them to help the child or young person to engage and participate fully in education; ensure the child attends school; attend parents' evenings; assist with homework; and instil and inspire a love of learning in the child. It is also important to ensure that carers are kept fully informed about any issues which arise in relation to

the looked after child's education or school experience.

## LEAVING SCHOOL

- 5.63 The importance of continuing education and training and having clear pathways for looked after children and care leavers (those leaving care at 18) cannot be overstated. Some will however take the decision to leave school once they reach 16 years of age. Their circumstances differ significantly to those of their peers who in most cases will have the support of family. For this reason, the Department for the Economy and Department of Education have re-established an education and economic forum to focus on pathways for these young people.
- 5.64 Going to university can be a huge challenge for any young person. Most young people are supported on the road to university and as they make the journey out of the family home for the first time. Looked after children, likewise, should be supported to make the transition to university as seamless as possible. They should be made aware of the Tick-the-Box campaign<sup>41</sup> and encouraged and assisted to tick the box. This will ensure that universities and further education colleges give them priority consideration.
- 5.65 HSC Trusts should give young people the practical, emotional and financial support to enable them to progress to further and higher education or training. This includes support to meet the costs associated with education or training where the young person

continues in a course of education beyond 21 years. There should also be a timely focus to encourage children to remain in education at the post 16 stage. Some young people may need to be given a second chance at learning and to gain qualifications and consideration should be given to facilitating their re-entry into education or training where this

will help strengthen their opportunity for independent living and employability.

## Commitment to Action

### We will:

- Provide tailored support to looked after children in education to ensure they have a positive and engaging learning experience
- Identify the primary causes of the educational attainment gap and measures to address it
- Develop an effective multi-agency approach to improve educational outcomes
- Build capacity within education on trauma and attachment – understand the impact of trauma and the importance of key adults
- Enhance access to support, resources and training for schools and for institutions providing initial teacher training to help them become trauma and attachment aware
- Develop a framework to outline quality provision for looked after children in schools
- Review the effectiveness of looked after children-targeted funding provided through the Common Funding Scheme to schools and, if effective, consider extending to other groups
- Assess the adequacy of the Personal Education Plan (PEP) process to ensure the PEP contributes to the child's Care and/or Pathway Plan and PEPs will be placed on a statutory basis
- As the new Personal Learning Plans for Special Education Needs (SEN) children are developed, ensure that they co-ordinate with PEPs for children who are also looked after

- Building on the success of the EITP Looked After Children's Education project [Key Stage 2], mainstream and extend this provision on a phased basis to all looked after children. The key elements will include:
  - the provision of a looked after children's champion in the EA to support and challenge provision in education, health and social care
  - consider creating education leads in the HSC Trusts
- Monitor progress of the newly extended Nurture Programme in schools.
- Support looked after children and young people to take part in after school programmes and out-of-school activities
- Introduce legislation to:
  - place a duty on HSC Trusts to promote the educational achievement of each looked after child and young person
  - place a duty on HSC Trusts to minimise disruption through placement moves to a child's education
  - extend support for care leavers up to age 25 to enable them to continue in, or return to, education or training and, where they are not pursuing education or training, to receive advice and support, if they request it

## CHILDREN AND YOUNG PEOPLE ENJOY PLAY AND LEISURE

UNCRC, Article 31: says that every child and young person should have the time, space and opportunity to enjoy rest and leisure; engage in play and recreational activities; and participate in cultural life and the arts.

UNCRPD, Article 30 is promotes participation in cultural life, recreation, leisure and sport by ensuring provision to material in accessible formats, access to facilities and that persons with a disability have the opportunity to develop their creative potential.

“We are supportive of this strengths based approach to play and leisure and the ideals of a corporate family approach”...consultee

- 5.66 Play and leisure can all too often be seen as the ‘nice thing to do’ or an ‘added extra’. However, there is evidence which shows that they are vital to every child’s development:  
*‘the humanising and socialising qualities of the arts and culture are absolutely central to child development and our systems will fail if we cannot find a place for this’<sup>42</sup>.*
- It is therefore important that a child’s placement enables, encourages and facilitates a child’s innate desire to play and this should be reflected in the child’s care plan.
- 5.67 A range of age appropriate toys, games and activities should be made available in all placements. These are needed for fun – but they also help to stimulate brain development, social interaction, support young people with additional needs and build imagination and dreams. Safe and measured access to computers, PC games and the internet is important to build future ICT skills, promote friendships with peer groups, help with communication skills and enhance general knowledge. Access to the internet is important for educational and leisure purposes but it is essential that this is complemented by the appropriate parental controls both in foster care and in residential care settings.
- “We need this [the internet] for homework and socialising, it’s a basic need now”...young person aged 13-16 years
- 5.68 School trips are an important part of any child’s life and they should be able to attend these, with all carers given the appropriate authority to facilitate these outings in a timely way.
- 5.69 Much work has already been progressed through the Together: Building a United Community (T:BUC) scheme to provide opportunities for care-experienced young people to, for example, promote leadership capability; maximise potential; promote creative expression and just to have fun and enjoyment through sport, leisure and culture opportunities. Other initiatives include Sports & Activity for Foster Families through health and wellbeing fun days and the

Twilight Art pilot project between the PHA and Arts Care. Trusts also provide a series of arts-based activities that contribute to enhanced learning and personal development experiences. These initiatives need to be built on to further enhance the range of play and leisure options available.

- 5.70 Foster carers and staff in residential children's homes have an important role in maintaining normal routines and facilitating access to activities. This includes encouraging children and young people to socialise with their friends, to participate in activities they enjoy or have a talent for and by providing transport and committing time to supporting and attending associated events and performances.

“There should be more opportunities for day trips and activities”...young person aged 16+

- 5.71 Working with and through members of the Corporate Family, HSC Trusts as Corporate Parents should create opportunities for looked after children to:
- develop leadership skills;
  - tap into their potential;
  - encourage creative expression;
  - develop positive relationships with their peers;
  - promote resilience and coping skills;
  - enhance communication skills;
  - increase self-confidence;
  - increase levels of participation and social interaction;
  - promote positive lifestyle choices;

- promote health and emotional wellbeing;
- participate in activities which take account of cultural differences;
- raise personal aspiration;
- enable them to have pure and simple fun; and
- easily access gyms, libraries, museums, forest parks, nature reserves and summer schemes.

“There is a need to encourage and support the child to attend out of school activities and to develop and support the child's interests in what they want to pursue”...social worker

- 5.72 Looked after children and young people who live in more rural areas of Northern Ireland should have access to appropriate transport to enable them to engage fully in play and leisure activities. Likewise, as many play and leisure opportunities as possible should be created for children and young people in secure care.

- 5.73 Children and young people should be asked if there are any specific play or leisure opportunities they would like to experience. For example, swimming or bike riding. In preparing them for leaving care, learning to drive is also something they may want to do.

## Commitment to Action

### We will:

- Ensure that children's homes have access to the internet
- Work with DAERA to maximise the use of educational and recreational facilities in country parks
- Work with DAERA to promote accessibility to its estate to support the wellbeing of care-experienced children and young people
- Work with other members of the Corporate Family, including those within Community Planning Partnerships, to secure ease of access to public and private play and leisure facilities/venues for looked after children and their carers

## CHILDREN AND YOUNG PEOPLE EXPERIENCE ECONOMIC AND ENVIRONMENTAL WELLBEING

UNCRC, Article 27: says that every child and young person should have a standard of living adequate for their physical, mental, spiritual, moral and social development; and that families who cannot provide this economic wellbeing should be supported by government. Article 24: says that every child and young person should be provided with a clean environment.

UNCRPD, Article 9 that persons with a disability can access their environment, transportation, public facilities, services and ICT; Article 28 have a right to an adequate standard of living and social protection; Article 27 have equal rights to work and gain a living.

“We need more long lasting support as we do not have a family support network to fall back on”...young person aged 13-16 years

5.74 Young people have told us about how vulnerable and isolated they can feel when arrangements suddenly change for them at 18 years, removing both their physical and emotional security and stability. Today, it is rare for a young person of 18 years to leave their home and be emotionally and financially independent of their parents. It is important that we take the time and plan for the transition of a looked after young person out of care and into independent living.

“It needs to be recognised that an 18 year old young person is not always ready to leave care”...Social Worker

5.75 Each young person leaving care must be made aware of and helped to understand the options available to them. Without exception, each young person leaving care must have a Pathway Plan and a Personal Adviser<sup>43</sup>. The role of the Personal Adviser is to provide a trusting relationship to a young person and be a consistent

source of advice and support, be involved and help with pathway planning and ensure the young person receives the most appropriate support when they most need it. The Personal Adviser can be a foster carer, residential care staff or other significant person whom the young person has identified as being helpful in their lives. Any appointment should be based on discussion with the young person and their wishes and requests given consideration. The process of pathway planning should start as early as possible, preferably from around age 14.

5.76 Pathway planning should be a multi-agency, multi-disciplinary process, with all agencies and disciplines with a support role to play in after care involved. Also, for those young people who require adult health and social care services after care, there should be a well-managed and clear hand-over between children’s services and adult services.

5.77 Where possible, each young person should be given the opportunity to experience independence on a trial basis to enable them to make a full and successful transition from care. In making the preparations to leave care, HSC Trusts must ensure that each young person has the following:

- a bank account;
- access to their junior ISA account where applicable and advice about its maintenance;
- a health record card/documentation;
- their National Insurance number applied for prior to their 16<sup>th</sup> birthday (if not already issued);
- advice on any residual nationality or immigration issues which arose during their time in care; and
- any necessary ID documents, such as a passport or student card.

“Being responsible for so much at a young age can contribute to debt”...young person aged 16+

5.78 Access to the right support at the right time will be key to enabling a young person make a successful transition into adult life and living. They should be supported to become independent, which, among other things, should include: support to develop practical skills, such as budgeting/money management skills, savings, cooking, cleaning, building furniture or using a washing machine.

“Help with budgeting plans would be good”...young person aged 13-16 years

5.79 Every young person must have somewhere safe and suitable to live<sup>44</sup> and should be supported to make the decision about where they will live. A stable place to call home provides the environment in which to make future plans for careers, building positive friendships and relationships, developing networks within the community and becoming involved in social activities and using local amenities. A range of accommodation options should be available including: supported accommodation, supported lodgings, semi-independent and independent accommodation. The placement of young people in hostels, bed & breakfasts or hotels should be rarely used. Where it is used, it should be for the shortest possible time until alternative suitable accommodation is found.

“Some people suit it [supported accommodation] as a stepping stone and need it, but then they can become too dependent on it and when you move out you are lonely and can't cope”...young person aged 16+

5.80 The GEM Scheme enables continuity and stability of living arrangements for young people living with their foster carers by ensuring appropriate and agreed levels of financial support are available to assist carers to continue to meet the care, accommodation and support needs of these young people between the ages of 18 and 21 (albeit support through GEM can



continue beyond age 21 years in certain circumstances).

- 5.81 Family and friends have a vital role in supporting young people through their transition into adulthood. The young person should be offered support to stay in contact with family and friends and those who have supported them in their previous care placement where appropriate, that is, house parents and the care family, including care siblings.

“You need positive relationships with people in life”...young person aged 16+

- 5.82 HSC Trusts should identify peer mentors, individuals who have made the journey out of care, and create the opportunity for them to provide advice and share the benefit of their personal experiences with young people leaving care.
- 5.83 Some young people leaving care or who have left care will have children. Support should be made available to them by providing access to: parenting programmes; appropriate mother and baby placements; or access to child-care to allow the young parent to participate in education, training or employment.
- 5.84 Many young people are likely to need financial assistance and practical support to set up home and help to navigate their way through the benefit system, for example. The establishment of stable accommodation should be a priority in order to create an environment in which a young person can learn, engage or re-engage with education, training or

employment opportunities. HSC Trusts should provide or secure that kind of support for care leavers.

- 5.85 The health and wellbeing of our children and young people is directly affected by the quality of the environment around them as they can be particularly susceptible to harm from environment hazards because their bodies are still growing and developing. An environment that reduces risks and encourages more healthy lifestyles will have long-lasting benefits. Carers can help to provide opportunities for children and young people to access green spaces, quiet places and safe, clean spaces in which to play, explore and exercise. New Decade, New Approach gives a commitment to improving and protecting the environment which will benefit everyone in Northern Ireland, including children and young people and this will be reflected in key actions within the Executive’s Programme for Government.
- 5.86 Every young person who leaves care/ages out of care should be provided with practical, financial and emotional support: to progress to further or higher education; gain an apprenticeship; be selected for work experience or training opportunities; or to take up employment. They will need help to link them with the right opportunities to match their aspirations and ability. In particular, specialist support and training should be provided where it is needed to enable young people with a disability to

participate in employment opportunities. Some of the existing support mechanisms/initiatives include:

- the Department for the Economy [DfE] Career Service advisers who provide career planning support in respect of looked after children in years 8-12<sup>45</sup>;
- maximising the opportunities for care-experienced young people to access DfE's Training for Success Programme and future Entry Level/Level 1 training, by enabling them to join such programmes up to the age of 24;
- school careers teachers and looked after children contact persons who can provide up-to-date practical advice and support;
- HSC Trusts' employability schemes for looked after children to assist them on to the employment ladder which

link with DfE Careers Service and Project 100<sup>46</sup> and the Give and Take Scheme<sup>47</sup>; and

- the use of social clauses in construction and other contracts designed to open up apprenticeship opportunities for care leavers.

“In employment forms, they can be judged even before they have an interview”...youth worker

5.87 As a major source of employment in Northern Ireland, it is important that HSC Trusts continue to identify ring-fenced posts for care leavers across the HSC. This has proved to be a positive development, both for the young people and the HSC Trusts. It is also important that initiatives like taster sessions at universities, university learning academies and mentoring programmes are accessed and used to their full potential.

## Commitment to Action

### We will:

- Introduce legislation to:
  - Extend support to care leavers up to age 25, including the services of a Personal Adviser and the preparation of a pathway plan
  - Place a duty on Health and Social Care Trusts to publish information on the local offer of services for care leavers
  - Place the GEM scheme on a statutory basis
- The Department of Health and HSC will continue to work with the Department for Communities and NIHE to provide accommodation options for care leavers and to:
  - Pilot and evaluate supported lodgings arrangements in each HSC Trust area
  - Review jointly commissioned/funded supported accommodation projects for young people to inform service improvement, the use and

distribution of funding, future development and ensure assessed need is being addressed

- Review and expand the continuum of housing options available to young people experiencing homelessness, and ensure services are designed flexibly to meet their changing needs
- Review current joint funded options for delivery of housing support services (Supporting People) and care provision in the home environment
- Examine the accommodation offer for care leavers and expand it where possible
- Introduce HSC flexible outreach services to care-experienced young people, particularly when they feel vulnerable in evenings or at weekends
- Expand Mother and Baby placements
- Review the effectiveness of Pathway Planning and the role of Personal Adviser. Work with young people to review current arrangements for providing them with advice, guidance and representation (including personal advisers, advocates, mentors, peer mentors and independent visitors) to determine that the most effective and consistent model is in place
- Continue to promote the use of social clauses specific to care-experienced children and young people
- Re-establish an Education & Economy forum to focus on pathways for looked after children and care-experienced young people
- Continue to work with Department of Finance to discuss the possibility of introducing a NICS work placement programme for care leavers

## CHILDREN AND YOUNG PEOPLE MAKE A POSITIVE CONTRIBUTION TO SOCIETY

UNCRC, Article 12: says that every child and young person should be able to express their views, feelings and wishes in all matters affecting them and have these views respected and given due consideration.

UNCRPD, Article 19 that persons with a disability must be able to live independently, to be included in the community with the appropriate support services.

“We welcome this Strategy to improve the lives of looked after children and are in support of the pledges and outcomes”...consultee

5.88 All children have a range of talents, qualities and skills which help them contribute to their communities and to society more generally. Unfortunately, largely on the basis of a lack of understanding of who looked after children are or what is meant by being looked after, the perception of these children and young people can be negative. That is certainly what care-experienced young people have told us – they don't want to be written off because they are seen as 'care kids'. They have also told us that they want those negative attitudes and images of them challenged and replaced by accurate and more positive images.

“I was badly judged, oh she's in care, she's not fit for life, all she wants to do is party”...young person aged 16+

5.89 We need to help the wider public to understand more about care-experienced children and young people and the challenges and difficulties they have experienced, leading to them coming into care. If we expect them to contribute positively to the communities in which they live and to society more generally, firstly we need to treat them with the respect they deserve. This extends to how we

refer to them, depict them and describe them in written reports and records.

5.90 Care-experienced children and young people need to be valued and feel valued. They need our confidence in them to help them build confidence in themselves and to help them feel good about themselves. Like all children and young people, care-experienced children and young people need us to help them develop a sense of responsibility for themselves and others to enhance both personal and societal wellbeing.

“We are looked down on by the community, we get blamed for everything”...young person aged 16+

5.91 In recent years, concentrated efforts have been made to present and portray care-experienced children and young people positively. Their successes are many, their contributions great and thankfully they are increasingly celebrated publicly. Initiatives like the annual 5-Nations Care Day, Adoption Week and Foster Care Fortnight have helped. We need to continue to support such initiatives and to build upon them, taking full

advantage of the latest technology where we can.

- 5.92 If we want positive contributions from care-experienced children and young people, we need to create the conditions and the opportunities for that to happen. This requires the creation of engagement mechanisms, both formal and informal.

**“You could use soaps and dramas, and use young people in care to promote good new stories, positive role models”...young person aged 16+**

- 5.93 Care leavers have a special role to play. They can provide valuable insights into their personal care experiences and the learning from them having left care. We should harness the input of care leavers. There is the potential for them to act as ‘mentors’, ‘buddies’,

‘advocates’ and ‘expert advisers’ and to contribute to ongoing professional training and during employment. They could ‘check in’ with young people on a regular basis and offer support.

- 5.94 Looked after children and young people should be encouraged and supported to:
- become involved in volunteering, including inter-generational volunteering;
  - engage in existing youth fora and school pupil fora;
  - join youth clubs, scouts organisations, sports organisations, etc.
  - care for their room and home environment, both indoors and outdoors.

### **Commitment to Action**

#### **We will:**

- Promote initiatives to help the public better understand looked after children and young people and which will challenge negative stereotypes
- Support initiatives to promote a positive image of care-experienced children and young people, including annual Care Day in Northern Ireland

## GLOSSARY

We know from our consultation that children and young people do not like certain phrases which are used to describe their life in care. For example, 'looked after children' can sometimes be abbreviated to 'LAC' but what young people hear when this is used is 'lack' which carries a negative perception. Throughout this Strategy, where possible, we have tried to use language which is acceptable to the young people but on occasions we need to use the legal terms to ensure there is clarity about whom or what we are referring to and outlining.

### DEFINITIONS

Care-experienced	For the purposes of this Strategy, where we use the term 'care-experienced', it is intended to include both looked after children and young people and children and young people who are 'on the edge' of being looked after. This includes: those who are living in families with intense needs and requiring supports [on the edge of coming into care]; those returning home from a period of care [on the edge of a (short) period in care]; or those leaving care to make the journey into adult life [on the edge of ageing out of care]. It also includes young people who have left care and are still in need of support, including those who have been adopted; those who are living with family under a Private Law Order and those who are supported in independent living in early adulthood.
Care Plan	A plan in writing for a child whom the relevant Health and Social Care Trust is proposing to look after or accommodate, completed in consultation with the child, their parents and any other persons whose wishes and feelings the HSC Trust considers relevant.
Child in Care	A child who is subject of a Care Order and is generally in foster care, residential care, supported accommodation or placed with parents.
Child in Need	A child who is unlikely to achieve or maintain, or to have the opportunity of

achieving or maintaining, a reasonable standard of health or development without the provision of services by an authority; his health or development is likely to be significantly impaired, or further impaired, without provision of such services; or he is disabled.

Common Funding Scheme

The arrangements under which all grant-aided schools are funded (as set out within the Common Funding Scheme under the provisions of the Education and Libraries (Northern Ireland) Order 2003).

Concurrent carers and Dual approved carers

Concurrent carers are those who have been approved as adopters and foster carers and who are prepared to provide a placement for a child while their future is being decided. The child will initially be placed on a fostering basis. Concurrent arrangements means two possible outcomes for the child running alongside each other, that is (i) a return to the birth family; and (ii) adoption by the concurrent carers. Dual approved carers are also approved as adopters and to foster but the child will generally only be placed with them after the best interests for adoption decision has been made.

Foster Care:  
*Kinship fostering*

Care provided to a child or young person by their extended family (or close family friend), if they cannot remain with their birth parents.

*Non-kinship fostering*

Care provided to a child or young person with caregivers who have no biological link and/or previous connection to the child.

Junior ISA

Junior Individual Savings Accounts (ISAs) are long-term, tax-free savings accounts for children.

Looked After Child

A child who is looked after and in the care of HSC Trust or who is provided with accommodation by that HSC Trust for a continuous period of more than 24 hours.

Looked After Children PEP	A Personal Education Plan is a continuous running record of the looked after child/young person's educational history which identifies the actions needed to enable the individual to fulfil his or her potential.
Looked After Children Review	A review to ensure that the day-to-day arrangements meet the child's/young person's needs and that the overall care plan is still appropriate. Reviews of looked after children are a statutory requirement under the Children (NI) Order 1995, Article 45.
Pathway Plan	Looked After Children Pathway plans, undertaken in partnership with children and young people and in consultation with professionals working with the child and family, provide a co-ordinated composite assessment and plan from across the multi-agency group working with the child and family to prepare them for leaving care.
Permanence Plan	A part of the Care Plan which sets out the agreed route to permanence for the looked after child and young person.
Personal Learning Plan	A programme of special educational provision which will replace the existing non-statutory Individual Education Plan. It will be a requirement for every child placed on a school's SEN Register and will provide a means of tracking, monitoring and reviewing the special educational provision put in place, both current and historical.
Supported Accommodation	Supported accommodation projects are specialist integrated models of housing support and social care specifically for young people aged 16-21+ who are unable to live independently and who are assessed as being in need of medium to high support.



## Supported Lodgings

Supported lodgings schemes are aimed at providing vulnerable young people and young adults aged 16-21+ with safe, suitable and supportive places to live within a local familial type environment.

### ACRONYMS

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
CAMHS	Child and Adolescent Mental Health Service
CASI	Computer Assisted Self Interviewing Survey – Our Life in Care, VOYPIC, 2013
CSE	Child Sexual Exploitation
CYP	Children and Young People
DAERA	Department of Agriculture, Environment & Rural Affairs
DE	Department of Education
DfE	Department for the Economy
DoH	Department of Health
EA	Education Authority
EITP	Early Intervention Transformation Programme
GEM	Going the Extra Mile Scheme
HSC Trust	Health & Social Care Trusts – 5 in Northern Ireland
HSCB	Health and Social Care Board
LGBTQ	Lesbian, Gay, Bisexual, Transgender, Questioning
NICE	National Institute for Health and Care Excellence
NIHE	The Northern Ireland Housing Executive
OECD	Organisation for Economic Co-operation and Development
PfG	Programme for Government
PHA	Public Health Agency is the regional organisation for health improvement, health protection and social wellbeing.
PSNI	Police Service of Northern Ireland
PTSD	Post-Traumatic Stress Disorder
QUB	Queen’s University, Belfast
RQIA	The Regulation and Quality Improvement Authority
SBNI	Safeguarding Board for Northern Ireland
SEN	Special Educational Needs
UASC	Unaccompanied Asylum Seeking Children
VOYPIC	Voice of Young People In Care

## RELEVANT LEGISLATION AND INTERNATIONAL OBLIGATIONS

The care and protection of looked after children and care-experienced children and young people is governed by legislation and Conventions, including:

- The 1980 Hague Convention on the civil aspects of child abduction<sup>48</sup>;
- The Education and Libraries (NI) Order 1986;
- The Adoption (NI) Order 1987 and Regulations made under the Order;
- The United Nations Convention on the Rights of the Child (UNCRC);
- The Children (NI) Order 1995 (as amended by the Children (Leaving Care) Act (NI) 2002) and Regulations made under the Order;
- The 1996 Hague Convention on jurisdiction, applicable law, recognition, enforcement and cooperation in respect of parental responsibility and measures for the protection of children<sup>49</sup>;
- The Northern Ireland Act 1998, Section 75;
- The European Convention on Human Rights;
- European Convention on the Exercise of Children's Rights
- The Human Rights Act 1998;
- The Adoption (Intercountry Aspects) Act (NI) 2001;
- The EU Council Regulation (EC) No.2201/2003 concerning jurisdiction and the recognition and enforcement of judgements in matrimonial matters and the matters of parental responsibility [Brussels IIa]<sup>50</sup>;
- United Nations Convention on the Rights of Persons with Disabilities 2006 (UNCRPD)<sup>51</sup>;
- Disability Discrimination Act 1995 <sup>52</sup>
- The Children's Services Co-operation Act (NI) 2015;
- Special Educational Needs and Disability Act (Northern Ireland) 2016.

## REFERENCES

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- <sup>1</sup> United Nations Convention on the Rights of the Child (UNCRC), Article 18 (parents, or as the case may be, legal guardians have the primary responsibility for the upbringing and development of the child)
- <sup>2</sup> “Rights” are a collection of entitlements which a person may have and which are protected by the government and the courts, or under an agreement, Farlex Dictionary
- <sup>3</sup> [UNCRC, which](#) was ratified by the UK Government in 1991
- <sup>4</sup> UNCRPD, which was ratified by the UK Government in 2009
- <sup>5</sup> [NIHRC](#)
- <sup>6</sup> [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#)
- <sup>7</sup> [Children and Young People’s Strategy 2020-2030 | Department of Education \(education-ni.gov.uk\)](#)
- <sup>8</sup> [Children’s Services Co-operation Act \(Northern Ireland\) 2015 \(c.10 \(NI\)\)](#)
- <sup>9</sup> Human Rights Act 1998 (c.42), Article 8
- <sup>10</sup> UNCRC, Article 20
- <sup>11</sup> Children’s Social Care Statistics 2019/20, DoH 2021
- <sup>12</sup> [2019 Mid-Year Population Estimates for Northern Ireland \(NISRA 2020\) 11 June 2020](#)
- <sup>13</sup> [Looked After Children in Education 2019/20 Key Statistics](#)
- <sup>14</sup> [Children in Care in Northern Ireland 2017/18](#)
- <sup>15</sup> [At Home in Care: Children living with birth parents on a Care Order, QUB November 2014](#)
- <sup>16</sup> “Children functions” is defined in section 2(4) of the Children’s Services Co-operation Act (Northern Ireland) 2015 as any functions which may contribute to the wellbeing of children and young people
- <sup>17</sup> [Children \(Northern Ireland\) Order 1995 \(SI 1995/755 \(NI 2\)\), Article 25](#)
- <sup>18</sup> Children (Leaving Care) Act 2002, c.11(NI)
- <sup>19</sup> [Improving and Safeguarding Social Wellbeing - A Strategy for Social Work in Northern Ireland](#)
- <sup>20</sup> [Our Life in Care Survey, VOYPIC 2013](#)
- <sup>21</sup> [UNCRC General Comment No 12 \(2009\) on the Right of the Child to be Heard](#)
- <sup>22</sup> See also a [Guide to Children and GDPR](#) (ICO, 2018)
- <sup>23</sup> [Why am I in care? A model for Communication with Children about entry to Care that Promotes Psychological safety and adjustment, William Coman et al, 2016](#)
- <sup>24</sup> See Making Life Better – a strategic framework for public health. Chapter 5 recognises the need for early intervention in giving children the best start in life and identifies children and young people in care for specific action such as greater involvement in the preparation of their care and personal education plans
- <sup>25</sup> The Arrangements for Placement of Children (General) Regulations (NI) 1996 (SR 1996 No.453)
- <sup>26</sup> Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015) - Health assessments were introduced into England and Wales through Promoting the health and wellbeing of looked-after children
- <sup>27</sup> In most cases children will seek this advice and information from their Carers however they may prefer to access this advice independently
- <sup>28</sup> Over-representation of children with a disability in care, QUB, 2016
- <sup>29</sup> [You Only Leave Once Transitions and Outcomes for Care Leavers with Mental Health and / or Intellectual Disabilities, Berni Kelly, QUB 2016](#)
- <sup>30</sup> [ADRUK Children’s Mental Health and Social Care in Northern Ireland - Administrative Data Research Centre, Dr Aideen Maguire, QUB 2020](#)
- <sup>31</sup> [Mind Your Health -The Physical and Mental Health of Looked After Children and Young people in Northern Ireland, Dominic McSherry, QUB, 2016](#)
- <sup>32</sup> [ARDUK - NI Administrative Data Research Centre Dr Aideen Maguire QUB 2020 -](#)
- <sup>33</sup> <https://www.health-ni.gov.uk/sites/default/files/publications/health/mh-action-plan-plus-covid-response-plan.pdf>
- <sup>34</sup> [Inter Departmental Draft Action Plan in response to 'Still Waiting'](#)
- <sup>35</sup> ‘Still Waiting’ A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland, NICCY, 2018
- <sup>36</sup> Safe as Houses, VOYPIC, 2018

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- <sup>37</sup> Making not Breaking: building relationships for out most vulnerable children – presented in the House of Commons on 30 April 2013
- <sup>38</sup> From Care to Where? A care pathways and outcomes report for parents, Dominic McSherry et al, QUB, 2008
- <sup>39</sup> Care planning in care proceedings: A case study perspective on achieving permanency, Dominic McSherry, QUB, 2006
- <sup>40</sup> [The Historical Institutional Abuse Inquiry](#)
- <sup>41</sup> [The Fostering Network Tick the Box Campaign](#)
- <sup>42</sup> [A New Direction](#)
- <sup>43</sup> [Leaving and After-care, Vol 8, 2015](#)
- <sup>44</sup> It is not possible to provide a 16 or 17 year old with accommodation for more than 24 hours without the child becoming looked after. Once the child is looked after, he/she could, if competent, refuse some or all of the services on offer. If that child refused all of the services (including the provision of accommodation) the child would then no longer be treated as looked after. Albeit they may continue to be assessed as a child in need with support as necessary.
- <sup>45</sup> The DfE Careers Service has partnership arrangements in place with each of the 5 Health Trusts and all publicly-funded post primary schools, Training Organisations and Further Education Colleges in NI.
- <sup>46</sup> [100% Employment Opportunities for NI Care Leavers](#)
- <sup>47</sup> [Give and Take Scheme](#)
- <sup>48</sup> Ratified by the UK in 1986
- <sup>49</sup> Ratified by the UK Government in 2012
- <sup>50</sup> Ratified by the UK Government in 2004
- <sup>51</sup> [UNCPRD](#)
- <sup>52</sup> [Disability Discrimination Act 1995](#)

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