

Independent Review of Children's Social Care Services

Initial Consultation on the recommendations

CSCS Review

Public Consultation Response Paper

(Print Version)



Department of
Health

An Roinn Sláinte

Mánnystrie O Poustie

Introduction

1. This consultation seeks views on the recommendations arising from the Independent Review of Children's Social Care Services in Northern Ireland (the Review).
2. We are inviting you to share your views to ensure we are taking the right approach to children's social care services in Northern Ireland both to address the range of issues currently facing those services and to best serve the needs of children and families who access them. We would be particularly keen to hear from:
 - those with lived experience of children's social care services;
 - those from different groups and communities including from those who identify as LGBTQIA+, minority ethnic communities and those with a disability;
 - organisations that provide support to children and families;
 - senior leaders, frontline professionals, such as those working in health and social care, education, housing and the criminal justice system;
 - academics and researchers; and
 - the general public.

Consultation

3. The **Consultation Questionnaire** is included at the **Appendix** of this document.
4. **The consultation will run for 12 weeks from 08 September to 01 December 2023.**
5. While we want to hear from as many people as possible on as many of the questions as possible, please feel free to comment on as few or as many of them as you see fit.
6. Implementation of many of the recommendations will be subject to the approval of a Minister and/or Executive.

Alternative formats

- Hard copies of this document and copies in other formats (including Braille, large print etc.), can be made available on request. If it would assist you to

access the document in an alternative format, or language other than English, please let us know and we will do our best to assist you. Please contact us at cscsreviewconsultation@health-ni.gov.uk or at the address below.

Responding to the Consultation

7. **By 01 December 2023** complete the questionnaire and submit:

BY EMAIL OR BY POST:

Email to: cscsreviewconsultation@health-ni.gov.uk

Or post to:

Children's Social Care Services Consultation Response Team,
Room A3.5,
Castle Buildings,
Stormont Estate,
BELFAST, BT4 3SQ.

8. While not necessary, our preference is for responses to be submitted online through Citizen Space.
9. Late responses will not be accepted.

Privacy, Confidentiality, and Access to Consultation

10. Following this consultation, the Department may publish all responses, except for those where the respondent indicates that they are an individual acting in a private capacity (e.g. a member of the public).
11. Where it is appropriate or necessary, we will remove email addresses, telephone numbers, and any other personal identifiers from these responses.
12. The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice. That privacy notice explains how DoH uses the information supplied by you as part of a consultation, what we do with it, the ways in which we will safeguard it, and what your data protection rights are.

13. Your response, and all other responses to this consultation, may be disclosed on request in accordance with the Freedom of Information Act 2000 (FOIA), and the Environmental Information Regulations 2004 (EIR); however, all disclosures will be in line with the requirements of the Data Protection Act 2018 (DPA) and UK GDPR.
14. If you want the information that you provide to be treated as confidential, it would be helpful if you could explain to us why you regard the information you have provided as confidential, so that this may be considered if the Department should receive a request for the information under the FOIA or EIR.

Overview

15. Your views on the majority of the recommendations from the Independent Review of Children's Social Care Services are being sought.
16. The Review Report makes 53 recommendations. Views are being sought on 51/53 recommendations. There are no questions on recommendations 2 and 48 on the basis that they have service-wide/whole-of-government impacts and need to be considered in a broader context.
17. In total, there are **66** consultation questions, organised along the lines of the Chapters in the consultation paper. The text of the recommendations to which the questions relate is provided, alongside the associated Chapters/Paragraph numbers of the Review Report. There are multiple questions relating to some recommendations. Some questions have a number of elements. If possible and relevant, we would like you to respond to all questions and to all elements of individual questions.
18. When responding, you are asked to make reference to the Review Report [Report of the Independent Review of Children's Social Care Services in Northern Ireland | CSCS NI Review \(cscsreviewni.net\)](#) to fully understand the detail behind the recommendations and the context in which they are being made.
19. Further detail and supporting documents can be viewed on the Department of Health website at: <https://www.health-ni.gov.uk/consultations/consultation-recommendations-independent-review-childrens-social-care-services-northern-ireland>

Purpose of this consultation

20. The Department of Health initiated a review of Children’s Social Care Services in circumstances where those services were under severe pressure. While there have been some improvements, many of the pressures continue to exist.
21. The Review Report is intended to provide a roadmap through the current challenges, without being overly prescriptive. This was intentional on the part of the Report’s author, Professor Ray Jones. He wanted to create the scope to shape services and ownership of the reform necessary but within the framework set by the Report’s recommendations. A number of the Report’s recommendations are ground-breaking, including the recommendations relating to the establishment of a new Arm’s-Length Body in place of current organisational arrangements.
22. The engagement with stakeholders, undertaken as part of the Review, was extensive. It took place over a 13-month period and involved children, young people, parents and family carers, leaders, managers, and practitioners from the statutory and community / voluntary sectors – all for the purpose of developing a robust and sound understanding of the issues facing Children’s Social Care Services in Northern Ireland.
23. This consultation is intended to add to that evidence base, with the emphasis now on how we address the issues identified by the Review.

Why your views matter

24. Some of the reforms recommended by the Review are very significant in policy, practice and service delivery terms. It is important that you are given the opportunity to contribute your views on the suggested way forward. It is important because we want to ensure that we provide the best possible support and services to some of the most vulnerable children and families in Northern Ireland and create the best possible working environment for the staff involved.

CHILDREN'S SOCIAL CARE SERVICES REVIEW CONSULTATION QUESTIONNAIRE

About You

The Department of Health (DoH) is committed to protecting your privacy. For more information about what we do with your personal data please see our consultation privacy notice.

When completing this section, you only need to answer the questions that are relevant to you.

1. Are you responding

- as an individual? (Please complete questions 2-6)
 on behalf of an organisation? (Please complete question 7)
(Required)

2. About You – An individual

Are you a child / young person (under the age of 18)?

- Yes
 No

3. Are you a child / young person with care experience?

- Yes
 No
 Prefer not to say

4. Have you ever engaged with family and children's social care services? If yes, in what capacity? (Examples include - as a: foster carer, adoptive parent, child / young person with a disability, the parent of a child with a disability, or a parent in receipt of family support services - this list is not exhaustive)

Yes

No

If yes, please specify below.

5. Do you work with children or families in a social care capacity?

Yes

No

6. If you answered yes to question 5 do you work in:

Statutory Health and Social Care Sector?

Voluntary or community sector?

Education?

Other?

Prefer not to say

If other, please specify:

This is the end of this section for those answering as an individual.

7. If you are responding on behalf of an organisation, please provide the name of the organisation.

Organisation Name

Include Youth

Chapter 1 – Guiding Principles

This group of recommendations have been categorised as Guiding Principles. They are intended to provide a general steer on how implementation of the Review’s recommendations should proceed. One is specific to foster care. There are a total of 8 recommendations in this group as follows:

Recommendation 1: Northern Ireland is not that large compared to the rest of the UK and to the Republic of Ireland and this should be considered in how children’s services are organised and delivered. *(See Chapter 1, pages 36 – 38, paras 1.45 – 1.51)*

Recommendation 4: There is the need for more help for families to assist them to care well for their children. *(See Chapter 2, pages 51 - 53, paras 2.27 – 2.31)*

Recommendation 5: Now is the time for action to tackle the difficulties for children and families and for children’s social care described in the TOR and within this report, and the action needs to be taken without drift or delay. *(See Chapter 3, pages 55 – 58, paras 3.1 – 3.14)*

Recommendation 6: In deciding how to respond to this Review there should be a wide and inclusive consultation which draws on the wisdom of all who have experience and engagement with and within children’s social care. *(See Chapter 4, pages 61 – 72, paras 4.1 – 4.56 and Chapter 18, page 269, paras 18.9 – 18.10)*

Recommendation 26: Foster carers should be recognised and positioned as valued members of the children’s social care workforce. *(See Chapter 13, pages 190 – 191, paras 13.13 – 13.16)*

Recommendation 29: Do not allow the privatisation of care of children. *(See Chapter 13, page 195, paras 13.33 – 13.34)*

Recommendation 50: The difficulties facing children’s social care services need to be tackled with pace. *(See Chapter 18, page 272, para 18.20)*

Recommendation 51: There should be a wide consultation on the proposals and recommendations from this Review. *(See Chapter 18, page 269, para 18.9)*

General views are being sought on the recommendations within this group. A specific question is asked in relation to recommendation 29.

Consultation Questions

Q1. Do you agree with the categorisation of these recommendations as guiding principles? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes

No

Undecided

Comments

While we agree with identifying a number of key recommendations as guiding principles and support the ones that have been identified, we do not believe the suggested list sufficiently represents other priority areas, which we believe must be included.

Addressing **poverty** needs to be prioritised and included as a guiding principle. Recommendation 2, alongside Recommendation 49 of the Independent Review to tackle child poverty through welfare benefit changes and to increase funding and investment to help families living in poverty should be incorporated as a guiding principle. Addressing poverty was highlighted as one of the key priorities by the Reimagine Children's Collective, incorporating the need for an Anti-Poverty Strategy, removal of the two child benefit cap and introduction of a new child payment.

IY staff comments on this included:

'They need to include addressing poverty as a guiding principle.'

'They are always talking about eradicating child poverty, they were talking about it when I was a student 20 years ago and nothing has got any better. So, I don't think welfare reform has made anything better, people are worse off rather than better off. And a 21% increase in children in care in the last five years, it's not good, something has to change.'

'If you're looking at cuts from income support to universal credit, everything has been reduced, nothing has been added on. Everything has been made harder, people have been made poorer.'

'I think there is more working poverty than there ever was before. Families now have to have two or three jobs just to keep everything afloat.'

'Even if you look at Shared Prosperity Fund, it's not about long term living conditions for people, it's about short term stuff, just get them into jobs quickly, it doesn't matter if they're low paid jobs, it's not really looking at a career path or the longer term outcomes for that person. It's short term really.'

'And so many of our young people are working out better on benefits than they are working, so that keeps them in benefits and doesn't break that benefit cycle.'

We acknowledge that there is an intention, through adopting recommendation 6 and recommendation 51 as guiding principles, to engage with and consult with children and young people. However, **we would like to see an explicit guiding principle included around a commitment to children and young people being involved at every stage of the reform process.** This guiding principle should take as its starting point a commitment to **Article 12 of the UNCRC (ensuring the right of the child to be heard, with adequate support, and that children's views are given due consideration in matters affecting them), and to establishing children's social care services that are fully child rights compliant.** Too many children in the care system do not feel that they are given a chance to have a say on the services they receive and are often confused and overwhelmed by the system. Information can be inaccessible and hard to understand for many young people.

'For LAC reviews, no, I didn't understand what was going on. I remember in a LAC review, they use big words you don't understand, that's why I stopped going to those reviews, they used really professional words so you wouldn't know what you're agreeing to.' (Young person, Belfast)

Some young people are not listened to in terms of where they would like to be placed.

'Personally, I was put into very aggressive homes, where assault, theft, going into your privacy, going into your rooms, that all happened. Some places that I was put into by authorities weren't the safest, some were racist, they said I would be safe there and I wasn't, that's been my experience in children's homes and foster placements.' (Young person, Belfast)

Young people have a voice which needs to be listened to if they are to feel they are able to influence how the care system operates. The young people we spoke to are keen to be involved:

'We want to be a part of the solution as we are the people who deal with the good and the bad all around with the care system, it can affect them the most, including young people and children in decisions related to them will make sure the changes reflect what children/young people need the most.' (Young person, Derry)

We would point to the NGO Stakeholder Report, submitted to the UN Committee on the Rights of the Child, prepared by the Children's Law Centre and edited by Dr Deena Haydon, as well as the UNCRC Committee's 2023 Concluding Observations of the UK Government's record with regard to implementation of the UNCRC, as **overarching and guiding instruments to shape any future reform of children's social care services. The protection and promotion of children's rights must be a central and guiding principle for future reform.**

The need for a **reset of the relationship between statutory and VCS**, as per Recommendation 47 of the Review, should be included as a guiding principle.

'At the minute it's a case of high and sometimes unrealistic expectations from the Trust because they 'pay' us. But there is no understanding of the fact that they just pay a proportion of our costs, the rest has to be sourced through other funding, so that we can properly support a young person.' (Staff)

With regard to the nature of this reset we refer to the Reimagine Children's Collective November 2023 paper, page 14 on the need for increased VCS representation on future reform and the adoption of a new funding model.

We would also confirmation that the recommendations that have been outlined a guiding principles, will be fully implemented and have action plans developed that correspond to each of the recommendations. These principles should not be seen as merely providing a `general steer` on how recommendations should be implemented, but each one must be acted upon individually.

Q2. Are you content with the proposal to adopt the principles to guide future reform in this area of service provision? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)

Yes

No

Undecided

Comments

No, because there are key guiding principles missing, as stated in answer to Q1

Q3. Do you accept the position taken in connection with recommendation 29?

Yes

No

Undecided

Comments

While as an organisation we are in agreement with the commitment to not allow the privatisation of children`s care, we have a number of staff who have knowledge about privately run children`s homes in the South of Ireland. They shared their experiences of these homes, some negative and some positive. We felt it was important to share their thoughts.

`I did some work in a private home, and it was terrible, it was chaos.`

'In the South things are completely different but the skills and professionalism of staff are brilliant. If we don't have adequate provision here then maybe we need to go down that route, if our statutory agencies are not providing it, why not explore outside that? I know a young person from NI who was sent to placement in the South and the care he got has completely changed him, the Trust up here couldn't handle it and his needs are being met now, and they weren't when he was in NI. That intervention was needed for him at that time.'

While some staff agreed with the overall principle of not going down the privatisation route they were also realistic about the needs of some young people and ultimately they want those young people to be given the care they deserve. They are not convinced from their experience, that the needs of some young people can be met within our current statutory system in NI, so accept that if that is the case, then privatisation may have to be an option. This is a reluctant acceptance and they would ideally want to see services being provided by statutory services.

'There would have to be regulation needed of any privatisation services. Inspections, staff support down south is all good – if it was good quality and inspected and regulated then maybe, if it's not available here then maybe? Not sure we can be totally black and white about it. If our government isn't willing to do it and put money into what we need here, then we will need privatisation, it will become needs led.'

'There is an urgent need – young people need care now, and we can't ignore that, but in the future we need radical change here in NI.'

While it is important to acknowledge and reflect the views of some individual staff, IY's position is firmly reflected in the Reimagine Children's Collective position on this matter. We do not want to see the privatisation of children's social care in NI.

A group of young people discussed the issue of privatisation and suggested some challenges about going down the privatisation route. They are very concerned about the impact that privatisation could have on the best interests of children and young people. Their concerns are:

1. When profit is prioritised, the quality of care may be neglected, we feel that when money is being made off unfortunate circumstances, it becomes highly unethical, we fear that the main goal will shift from providing the best support to making money and that our care standards will be neglected.
2. There is conflicts of interest when money-making is the driving force behind care services. The focus might shift from the well-being of children/young people to financial gain, impacting decisions about what's best for the us.
3. Profit-driven services might prioritize trusts who can afford to pay more or offers to pay more for a young person/child, leaving out those in need whose trust don't have the same funds to spend. This creates inequality in accessing necessary support and services?
4. Young People are concerned that if making money becomes the top priority, the care they get might not be about what they really need. They fear that instead of getting special help that fits them, everyone might get the same basic care just because it's cheaper for the company.

5. When a service focuses on profit, it can make children/young people feel undervalued and mistrustful. They might question whether they're receiving genuine care or if they're just a source of income for the children's home.

6. A focus on profit might lead to short-term fixes rather than long-term solutions. This approach could neglect important aspects of a child's/young persons development and well-being, impacting them far into their future.

(Young people group in Derry)

Q4. Are there further comments that you would like to make in terms of how we ensure that the guiding principles identified by the Review are being adopted?

Yes

No

Comments

Please see answer to Q. 1. Re: addition of poverty, listening to children and children`s rights, reset of VCS and statutory relationship.

We would like to see the 5 priority themes of the Reimagine Children's Collective reflected in the Guidelines:

1. Listening to children, young people and families – see Q1
2. Supporting early intervention and prevention – there is an urgent need to move beyond accepting early intervention and prevention as a concept in theory. We need to see investment, sustained and ringfenced funding, the expertise of the VCS in this role recognised and resourced, and better co-operation and collaboration.
3. Valuing the role of the community and voluntary sector – there needs to be a reset of the relationship between the statutory funders of services and the VCS, to one of partnership rather than purchasing relationship, as per Recommendation 47 of the Review.
4. No privatisation of children's social care services.
5. Increasing accountability – there needs to be clear theme of accountability running throughout the implementation of all recommendations. The lack of clarity on roles and responsibilities has resulted in blurred lines of accountability amongst leadership of children`s social care services. New quality assurance and development processes are needed, alongside an improvement in the effective use of data. Achieving effective monitoring and evaluation of services is critical.

Chapter 2 - More Effective Family and Children's Services

This group of recommendations is intended to deliver more effective social care services for children and families in Northern Ireland. There are 18 recommendations in this group as follows:

Recommendation 2: Action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty. *(See Chapter 1, pages 23-26, paras 1.1 – 1.17)*

Recommendation 22: There needs to be a re-set and re-focus for children's social care services to give a greater focus and attention to family support. *(See Chapter 12, pages 171 – 175, paras 12.12 – 12.27)*

Recommendation 23: The success and contribution of Sure Start should be recognised and, along with other family support services, expanded, including for children aged 4-10 years. *(See Chapter 12, pages 177 – 182, paras 12.34 – 12.50)*

Recommendation 25: Previous reviews of foster care policies and services should be updated and acted upon now and not allowed to drift. *(See Chapter 13, pages 187 – 189, paras 13.4 – 13.12)*

Recommendation 27: The experience and expertise of foster carers should be harnessed through, for example, the region-wide introduction of the Mockingbird model. *(See Chapter 13, page 193, para 13.27)*

Recommendation 28: Consideration should be given to the public sector provision of additional smaller children's homes. *(See Chapter 13, pages 194 – 196, paras 13.31 – 13.39)*

Recommendation 30: Respite care for children with a disability should be expanded and with children receiving respite care not seen as looked after children. *(See Chapter 13, pages 199 – 201, paras 13.46 – 13.57)*

Recommendation 31: Extend the transition period where appropriate and necessary for young people moving to adult services. *(See Chapter 13, pages 201 – 204, paras 13.58 – 13.71)*

Recommendation 32: Introduce a region-wide transitions advice and advocacy service. *(See Chapter 13, page 202, para 13.60)*

Recommendation 33: Accommodation within the positive post-18 services needs to be expanded and more readily available. *(See Chapter 13, page 203, para 13.65 – 13.69)*

Recommendation 34: Implement the major recommendations of the Gillen Review of the family courts. *(See Chapter 13, page 205, para 13.74 – 13.79)*

Recommendation 35: Create less formal opportunities for the judiciary and leaders of children's social care services to build relationships and shared agendas to tackle current pressures and difficulties between the courts and children's social care services. *(See Chapter 13, page 208, paras 13.80 – 13.81)*

Recommendation 36: An independent parent-led organisation(s) should be funded to provide support and advocacy for parents engaged with children's social care services. *(See Chapter 14, pages 212 – 213, paras 14.6 – 14.10)*

Recommendation 37: Children and young people in care, and leaving care, should be able to identify and name a person they trust who will be recognised as a continuing presence alongside the young person in their engagement and relationships with children's social care services. *(See Chapter 14, page 213, para 14.11)*

Recommendation 42: There should be the development of emotional health and well-being services separate from clinical CAMHS services. *(See Chapter 15, page 236 – 237, paras 15.50 – 15.56)*

Recommendation 43: Within Beechcroft consideration should be given as to how best to tackle the concerns about young people with challenging and confrontational behaviours being within the same hospital ward space as young people with eating disorders. *(See Chapter 16, page 247 – 250, paras 16.17 – 16.19.9)*

Recommendation 44: There should be reflection about whether young people with a learning disability should be cared for and assessed within a hospital in-patient service. If this is to continue, action should be taken to tackle the isolation of the in-patient service. *(See Chapter 16, page 250 – 251, paras 16.20 – 16.24.5)*

Recommendation 49: There is without doubt the need for increased funding and investment to respond to the increasing poverty creating difficulties for children and families and to allow them to receive the help and assistance they need. *(See Chapter 17, page 265, paras 17.26 – 17.27)*

Views are being sought on all of the recommendations in this group, with the exception of recommendation 2. Some questions are general; others are specific to individual recommendations.

Q5. Do you agree with the decision by the Department of Health to implement, through an already established programme board, recommendations 25, 28, 30, 33 and 49?

Yes

No

Undecided

Comments

We agree with the need to implement recommendations 25,28,30,33 and 49.

However, we do not feel well enough informed about the effectiveness or outcomes of the already established programme board and associated workstreams to give a definitive answer.

We seek further information on each of the workstreams, their membership, terms of reference, activity to date, implementation plans, outcomes, targets, cross collaboration across workstreams, accountability measures, oversight mechanisms, reporting procedures.

Q6. Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?

Yes

No

Comments

Foster care: Our staff and young people agreed that there needed to be much more support given to foster carers. For young people who had had successful and supportive foster placements, they were very appreciative of the care they had been given, but some felt that their foster parents were not valued or given the recognition and training/ support they needed.

‘The value that foster carers bring, it is really inspiring, they are integral to the young people they have supported.’ (Staff)

‘I don’t think they’re are valued as professionals, not viewed the same way as social workers are, but it’s like a vocation and they wouldn’t be deemed on power as a professional. Social Workers can knock off at 5 but foster carers can’t.’ (Staff)

‘Even in foster care, the support they get after is next to nothing, these people gave up 10 years of their life to look after me and they didn’t get a thanks or nothing.’ (Young person, Derry)

‘And there is lack of training, they aren’t given enough information at the start to see what they’re getting into, foster carers need support workers, they can’t know everything. With more support for them, maybe placements wouldn’t break down as much.’ (Young person, Derry)

Smaller children’s homes: Both staff and young people were supportive of smaller children’s homes for all children, but especially for those children with high needs. Ideally these homes should create a more homely, less clinical environment for young people.

‘Smaller children’s homes are better, 2 or 3 would be good as 7 or 8 young people in the house is too much. Too many young people causes too many problems’ (Young person, Omagh)

‘Small houses could work but they would need a lot of staff, to be on the safe side.’ (Young person, Lisburn)

‘If there are smaller children’s homes, they need to keep the same amount of staff, there are never enough staff. And they need more trained staff, appropriate staff.’ (Young person, Belfast)

‘Creating smaller children’s homes seems like a great idea to us. When there are fewer young people/children, it means more support and chances for one-on-one experiences. This helps young people trust others more and feel better supported in their home. But, ‘smaller’ doesn’t necessarily mean tiny. You could have a big children’s home with smaller buildings, like a campus. Each building could have its own staff, creating smaller ‘neighbourhoods’ within the home. This way, young people still get that one-on-one attention, even in smaller groups.’ (Young people, Derry)

‘Smaller homes, more geographically spread, that’s what we need.’ (Staff)

Staff also felt there should be changes to existing provision in children’s homes, with more consistent staff and less turnover of people for young people to have to interact with. We would like to see all homes become less clinical and more ‘homely’. There are some practical ways this can be implemented, such as having no room called ‘office’ and not making young people knock before they enter

rooms. There would be benefit to letting children have more say in how their room is decorated and creating more welcoming spaces for visitors. Staff were also supportive of youth workers having a role within children's homes.

Accommodation post 18:

'It is difficult to get safe, appropriate, affordable accommodation.' (Young person, Lisburn)

IY believe there is an urgent need to address the lack of suitable post 18 accommodation facilities. There is a lack of affordable and available options for young people. There is also little regard or consideration given to cultural or personality differences.

'A transitional move between residential homes and options post 18 would be good. Some young people move into independent flat connected to homes at 17 years, maybe this could be extended beyond 18 years old. Even to move to a flat that is close by to their home, so they could still have the support from the staff they know.'

'So many of our young people have no idea who they are sharing with, they're just told, you are going there, maybe into a small two bedroom house, and they don't even know the other person, at least match up hobbies and interests and take safeguarding issues into account, they get no choice.'

'We need more strategic planning, the amount spent on airbnbs is terrible. Better planning is needed, to think in advance how many homes they need, how many high support places they need, how many targeted foster carer placements are needed. Airbnb at £120 a night, so many young people are in there because there is no other option, it is all firefighting'

'Transition to housing is biggest issue here – we need a strong focus on housing, high support needed and it's not there.'

Increased funding and investment to tackle impact of poverty:

The cost of living has taken a very large toll on our young people and they are often anxious about their financial stability.

'Benefit payments need to be increased' (young person, Omagh)

Q7. Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support? (Recommendation 22)

Yes

No

Undecided

If you selected yes, how might the reset be best achieved/delivered?

We agree that there needs to be a reset from the dominance of crisis based and protection oriented services towards a greater focus on family support. This could be achieved through:

1. Sustained and ringfenced funding: Investment is needed to reset and refocus children's social care services towards practical help and family support. Short term funding is not how to best deliver services to children, young people and families, but sadly it is how many of the vital services in the VCS are funded.
2. Utilising the expertise of the community and voluntary sector: We do not believe that the role and value of the VCS is adequately recognised or resourced. The non-stigmatising, holistic, flexible and relationship based approach that we adopt in the delivery of Include Youth services means that young people who have not had their needs met elsewhere, find a home in Include Youth. The expertise and professionalism of our staff is central to the trusted relationship they build with young people. There is merit in delivering in a cross sectoral way and we all have a role to play. Statutory and voluntary sectors together working strategically can provide the most effective services. The youth work model has much to contribute to how children's social care services are delivered. The skills and understanding that a youth work training brings could be a valuable asset in delivery of services, such as those in residential children's care.

'In my experience, having done banking in home in last year, on one occasion I noticed how staff had created a really bad situation for young people and it ended up with the police arriving, and it could have been avoided, and dealt with very differently. There is a role for youth workers in homes, young people come to us in the homes, not bigging us up but young people do tend to come to us. But also staff could be in there for 24 hrs and they are putting up with a lot, it's tough.' (staff)

3. Better Co-operation and collaboration, with the development of multi-agency intervention and prevention services in local communities. This should be supported by the Children's Services Co-operation Act (NI) 2015. The potential of this legislation has never been fully realised and this is to the detriment of the children and young people we all seek to support. We are hopeful that a new mandate could fully embrace the spirit of this Act and improve collaboration between all service providers.

The Include Youth young people we spoke to agreed that families need more help to care for their children and if that support was readily available, less children might find themselves in care.

'When my mental health got bad and they wanted to put me into care and away from my family. If they (my family) had more support, that might not have happened' (Young person, Omagh)

'I agree that families need more help to care for their children'. (Young person, Omagh)

Q8. Do you agree that Sure Start should be expanded so that children (age 0-3) and families outside current Sure Start catchment areas can avail of Sure Start services? (Recommendation 23)

- Yes
- No
- Undecided

If you selected yes, should expansion be targeted for those outside catchment areas and, if so, how?

We would support the universal provision for 0-3 year olds.
We are supportive of the expansion of the Sure Start model for 4 – 10 year olds outside catchment areas. But we are also aware of the reality of the cost of this and while ideally we would want this provision to be universal, initially it may need to be targeted for those most in need.
It should also be considered how the model of Sure Start can be utilised and there should be full consultation with Sure Start to seek their views on expansion. While the model could be replicated it should not be automatically assumed that Sure Start are the main providers.
Consideration should also be given to how the expansion of the model is funded, expanding beyond the Department of Education's responsibility. Further funding, investment in resources and staff expansion is needed if this is to be advanced.

If targeted based on need, how should children be identified to Sure Start projects?

It might be a possibility to identify groups by themes, eg. Children impacted by domestic violence, children whose families have been impacted by conflict, children on the edge of care, children with additional needs etc. There would need to be further consultation to identify possible themes.

We recommend an increase in partnership working and the use of satellite venues to reach communities outside the current catchment areas.

What difference do you consider expansion would make?

The advantages and benefits to the Sure Start model would be able to reach a wider audience.
Growing demand could be met.
Opportunities for partnership working.

How might this expansion of services be achieved using the existing 38 Sure Start projects?

We recommend wide consultation with 38 current projects to further examine if and how expansion could happen.

Q9. Do you agree that the provision of Sure Start services should be extended to older children, i.e. aged 4 to 10? (Recommendation 23)

- Yes
- No
- Undecided

If you selected yes, should provision be targeted and, if so, how?

The Sure Start model should be replicated for the older age group but this does not necessarily mean that Sure Start should be the delivery vehicle. Consideration needs to be given to how the model can be replicated but with other delivery agents.

We would support the use of the school estate as sites for delivery.

Which services/support should be available for children aged 4 to 10 through Sure Start?

Holistic wrap around support which would incorporate, emotional health and well being, communication and language, play, and tailored educational support, amongst others.

How would extended services for children aged 4 to 10 integrate with their attendance at pre-school/ school?

If school estate was utilised as a venue, this would support attendance at school. Schools should not be expected to cover the costs for such an expansion and it should not add pressure to an already over worked sector. This would require community effort, buy in and resourcing.

What support should be available for parents/ families of children aged 4 to 10 through Sure Start?

Parenting programmes, emotional health and well being, improving communication with child, peer support, signposting for specialised services, coping skills, signposting to specialist services.

How might this extension of services be achieved using the existing 38 Sure Start projects?

Would recommend that full consultation takes place with all Sure Start projects. The model of working could be replicated but who delivers is a question for further discussion.

What challenges or risks might it create/generate and how might these be overcome?

Overloading an already pressurised project. Without the additional investment, staffing, buy in etc.
Workforce challenges - change in hours required to be worked by staff could impact on existing staff and the ability to combine work and family commitments.
Finding the secure funding to make it work.
The need for respective relationships and effective cross working practices to be established, where everyone is clear about their role and joint working does not become burdensome and unwieldy.
If a Sure Start type model is to signpost to additional services, then it is imperative that those additional services are in existence and are sustainable and able to deliver what is required.

What benefits would Sure Start services bring to families with children in this age group?

See Q9 answer

Mixed staff teams where families can access the type of support best suited to them.
Less silo based working.

Q10. How do you consider other family support services could be expanded to meet the needs of children aged 4 to 10? (Recommendation 23)

Expansion to include youth work support.

Q11. Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)

Yes

No

Undecided

Comments

Q12. Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)

Yes

No

Not sure

Comments

Q13. Do you agree that children with a disability should not automatically transition from children's services to adult services at age 18? (Recommendation 31)

Yes

No

Undecided

Comments

Q14. What do you consider to be a suitable transition period for children and young people with a disability moving to adult services? (Recommendation 31)

Comments

Q15. Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)

- Yes
- No
- Undecided

Comments

Q16. Do you agree that a transitions advice and advocacy service is required in Northern Ireland? (Recommendation 32)

- Yes
- No
- Undecided

Comments

While we assume that this proposal is aimed at disability services, we would like to make the case for a transitions advice and advocacy service for a wider group of young people, including those with experience of the care system.

We would like to see consistency of approach in how the needs of young people in care are met across the Trusts. A transitions and advice service could ensure there is a collaborative and consistent approach with all young people receiving the best services regardless of what Trust area they are in. Trusts could better work together to meet the transitional needs of young people.

'If a young person from the Western Trust is living in Belfast, why can't they utilise the opportunities open to all young people in the Belfast Trust eg. access to placements, ringfencing opportunities. These are all our young people in care and it shouldn't matter what trust their Social Worker lives in – that should not dictate the level of support or opportunities they have access to.'

We want to see the period extended for young people to continue to receive support. We have seen too many young people being pushed off the cliff edge and not accessing the transitional support they need.

It's needed yes, the cut off point is too low, I think we could even have another service for young people who need continued support, some young people keep coming back to us here at IY for years, those most in need are always in need, even at 26 and 27 years old, they still need someone to talk to and get support.

If we had a drop in service, we would have young people coming back all the time, could we have a steer and guide service for them, not a full programme like Give and Take but a different one.

'I know one young person who is 27 and she still needs us.'

'There shouldn't be a cliff edge, if they need help at 30, 40 – then they need it.

Thank God we're here, some have nowhere else to turn to, they really don't. '

Trusted person needed throughout, no cut off.'

'Making appointments for young people on their 18th birthday is awful, it's just like pulling the rug from under them. Why does it all have to happen at once, could plans not be more consistent and spread out for them? '

'Can happen so quickly, just over a weekend, just turned 18 and moved to supported accommodation. They can be shocked, the physical move can be very quick for some young people. Really hard for young people 'cos it's a lifestyle change. Move from 'care' to 'support' - they are just not equipped to cook, clean, look after personal hygiene.'

'They need safe home, food, mental health care, money – and that all needs to go on beyond 18 years.'

One group of young people commented:

- 1. More time helps young people shift smoothly to adult services. It's a big change, and having extra time ensures they're ready for it.*
- 2. Some need more time due to personal challenges. Extra time means everyone gets the right support for a successful transition.*
- 3. Rushing can stress them out. Extra time helps them handle changes and reduces stress and anxiety.*
- 4. Longer transition maintains their support without sudden changes that could disrupt their care.*
- 5. It lets service providers learn what each person needs. This helps create better adult services for them.*
- 6. More time means they can take charge of their transition. It helps them feel more confident and independent in managing their care.'*

(young people, Derry)

Q17. How do you suggest the advice and advocacy service is provided?
(Recommendation 32)

This will require further consultation with wider stakeholder group, young people and existing providers who are supporting young people in this way.

Q18. Is there scope to combine implementation of recommendation 32 with recommendation 36?

Yes

No

Undecided

Comments

These services would be better delivered separately as the needs of the children and young people would be very different to those of families and carers.
'Definitely keep them separate. It would be a complete conflict of interests to work with the families of young people as well as the young people themselves, particularly if their wants and needs are very different. '(Staff)

Q19. Do you agree that the Gillen Review should continue to help shape civil and family justice modernisation priorities? (Recommendation 34)

Yes

No

Undecided

Comments

Q20. Do you agree that informal arrangements between members of the judiciary and leaders of children's social care services should be put in place as recommended? (Recommendation 35).

Yes

No

Undecided

If yes, please specify.

Q21. Do you agree that improvements are necessary in how parents who are engaged with children's social care services are supported, including through advocacy support? (Recommendation 36)

Yes

No

Undecided

Comments

Q22. Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)

Yes

No

Undecided

If yes, please specify. If no, do other mechanisms currently exist which we can draw and build on?

Q23. Is there scope to combine implementation of recommendation 36 with recommendation 32?

- Yes
- No
- Undecided

Comments

Q24. Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children's social care services?
(Recommendation 37)

- Yes
- No
- Undecided

Comments

It is very important that young people have one person they can trust to walk through their engagement with and journey through social care services. Young people should be able to choose who that person is. Young people discussed what aspects of their life they would like support with:

- Leaving care at 18 doesn't mean all challenges disappear. Many young individuals still face difficulties and need guidance navigating adulthood. A support system ensures they have a safety net to rely on during tough times.
- Many struggle with mental health after leaving care. Having ongoing support, like a social worker or other services, keeps their mental health in check.

- Beyond 18, a support system helps with education, work, and growing up well. It keeps them on track, reducing risks like homelessness or job troubles.
- Some don't know much about laws or money management. A support system means they can ask about their rights or managing money.
- Knowing they have help if they need it builds trust. It makes them more confident to seek help and feel less alone after leaving care.
- Leaving care might mean losing friends. Ongoing support stops them feeling isolated, giving a sense of belonging even after formal care ends.

(Derry Young people)

Q25. Do you agree with the plan under the Mental Health Strategy to further develop emotional health and well-being services and mental health services for children and young people? (Recommendation 42)

Yes

No

Undecided

Comments

We are fully supportive of this.

There is much concern about the mental health needs of our young people not being met. Given that the latest DoH statistics on CAMHS waiting times identify there are 2,251 children and young people waiting for an initial CAMHS assessment, it is clear that other mechanisms need to be put in place.

Many children and young people we work with have not felt supported by mental health services.

'Mental health services are crap. They don't keep you safe, they just give you medication.' (Young person, Lisburn)

Q26. Are there any other approaches that could be considered? (Recommendation 42)

Yes

No

Comments

Peer support and peer education could be an important and effective way to deliver emotional health and well being initiatives.

Less medicalised approach to mental health is also required for some young people.

Early intervention is critical.

School based interventions.

Incorporating youth work model.

Q27. Do you agree with the proposal to undertake a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility in response to the concerns raised by the Review? (Recommendation 43)

Yes

No

Undecided

Comments

Young people must be central to the development and delivery of this review.

`In Beechcroft, we had to be locked in a room when someone with violent behaviour kicked off and the police had to be called to handle them.` (Young person, Omagh)

`There shouldn't just be that type (in patient CAMHS unit) of hospital in Belfast, would be better to have a few hospitals closer by.` (Young person, Omagh)

Q28. Is there another approach that could be taken to address the concerns raised in connection with Beechcroft Child and Adolescent Mental Health Unit in-patient facility? (Recommendation 43)

Yes

No

Not sure

Comments

Q29. Do you agree with the Department's position in relation to the need for an in-patient facility for children with a disability? (Recommendation 44)

Yes

No

Undecided

Comments

Q30. Do you agree with the proposal to undertake a review of service provision at the Iveagh Centre in-patient facility, alongside implementation of the Strategic Framework for Children with a Disability? (Recommendation 44)

Yes

No

Undecided

Comments

Q31. Are there any other steps that you consider the Department needs to take in connection with the concerns raised by the Review? (Recommendation 44)

- Yes
- No
- Not sure

Comments

UASCYP:

Further work needs to be done to address the specific needs of unaccompanied asylum seeking young people and refugees. We think that the needs of this group were not highlighted sufficiently within the Review. We need recognition of the particular needs of unaccompanied minors within the wider care experienced family. They have different and very specific needs that have to be considered.

For example:

Trauma Support: All of the children and young people arriving here have experienced trauma and require a very specialist trauma informed approach.

Trauma can continue while they are in NI, as they seek to navigate the asylum process, interact with numerous professionals and agencies, often having to tell their stories repeatedly to different people. Securing appropriate accommodation and accessing the welfare system, healthcare and education can result in complex barriers and impact on mental health and wellbeing. Concerns about family left behind can be a source of great worry. Services must address trauma that has occurred pre-migration as well as that acquired in NI.

Taking culture into account: Young people arriving in NI from different countries have diverse cultural needs. The children's social care system needs to recognise this.

Pressure on already overloaded system: We are concerned that the increased numbers of UASCYP, coupled with an already overloaded system, dealing with the highest numbers ever recorded of children coming into care and increasing numbers being registered on the child protection register, makes for an unprecedented level of pressure on existing services.

Housing Issues: Young people talked about how they were housed when first arriving and experiences within the children's home. Many of them feel they were not given enough information about what was happening to them when first arriving, resulting in them feeling afraid and alone.

'I cried when they took me there'.

'When I was new I understood very little.'

'I didn't like having my phone taken away.'

Some young people had no positives about their housing situation and were sad that they had no access to the community supports. Some were living on hospital grounds.

For those who had lived in a hostel, the experience was a lonely one.

'I avoided everyone, there was nowhere to go and nothing to do.'

For those not living in Belfast there was a sense of isolation and being too far away from church, friends, services, solicitor etc.

Other young people were placed in areas they were not given enough information about in terms of political tensions and possible risks.

.Education: We would welcome an increased recognition of the particular learning needs of and a clear commitment to the need to provide opportunities for asylum seeking young people to access education/employability services that will meet their individual needs. Given the trauma these young people are experiencing, we need to question what educational context is best suited to meet their needs. We know from our experience of supporting care experienced young people that not all are ready to enter mainstream education, training, and employment.

Within our Give and Take programme, learning is provided in a holistic, wraparound, youth work-based setting. At Include Youth, young people work alongside tutors who are skilled in working with young people who have experienced and are still experiencing numerous barriers in their lives. Their patient and sensitive approach allows young people to learn in an environment which recognises learning can only happen when the needs outside the `classroom` are recognised and attended to. Our one to one and small group learning suits young people who may find it difficult to learn in larger class size setting. The asylum seeking young people we work with often speak about the importance of being treated equally, with respect and recognition that they are individuals in their own right. Include Youth`s youth work model demonstrates a rights-based approach and building respectful relationships is the cornerstone of everything we do.

'You bond with the tutors at Include Youth, they really care about you as a person, you're respected as an individual.'

Give and Take provides young people with a supportive environment in which to learn and provides the extra support so often needed. Some of the asylum seeking young people we work with have attempted to access mainstream FE learning and have not had a positive experience.

More ESOL classes: we would support increased ESOL provision.

Interpreter services: young people would like more access to interpreters, especially in meetings where it is important they understand what is being discussed.

'I get no help with interpreting and it's no good.'

'I told my Social Worker I didn't understand and needed an interpreter but she said they didn't have enough interpreters that speak my language.'

Importance of peer support: young people were supportive of the idea of having a peer support worker to speak to on first arrival to the country. They thought it would be advantageous to speak to another young person who had been through the process.

Legal representation: It would be recommended that young people are asked about their level of satisfaction with legal representation.

Home Office: Some young people feel anxious and stressed before and after meetings, affecting their mental health. Delays in getting settled status are a constant complaint. Speeding up the process and improving communication are key priorities for young people's engagement with the Home Office.

'the length of time it takes is too long.'

Racism: young people can experience racism on frequent occasions.

'Especially when I take public transport, the bus and train, they'll choose not to sit beside me or hold their nose when they walk past me.'

Support from VCS: the young people were appreciative of the support they received from VCS, such as VOYPIC and Include Youth.

'VOYPIC is there is things aren't going well'.

'VOYPIC is supportive, the Social Worker is not doing enough, the PA is supportive, helps me get to where I need to go, but Social Workers is 'careless'.

'I'm happy for Give and Take (IY)'.

'I like the tutors here (IY), never have problem here.'

Q32. Have you any further comments about how social care services for children and families could be improved, taking account of what the Review found?

Yes

No

Comments

See answer to Q 31.

Expansion of Sure Start model:

We would question what thought has been given to the support needed for the 10 years plus age group? This age group and their families/carers also need intensive support. We would advocate for youth workers to be located in schools, children's homes and leaving and after care service provision.

Young people want radical change:

Our conversations with IY young people revealed that while some have found the care system supportive and what they needed at a particular time in their lives, there are many others for whom being in the care system has been deeply damaging.

When asked how they felt they had been treated in the care system, one young person commented:

‘As someone who does not breathe air, not treated humanely at all, there was no emotion there, there was no actual ‘care’, nothing, I meant nothing to them. It was like being a prisoner. They told me when I was first brought into care, like at the very start, they said they would support me, but once you’re in care then it’s like your forgotten about. That’s what it feels like, it’s no good.’

This young person when asked if she would give her feedback for this consultation response, initially said she could not face telling her story yet again, when nothing ever changes. She was understandably wanting to protect herself from having to relive some of her bad experiences in care, but because she wanted to prevent any other young person feeling the way she did, she agreed to speak to us.

If young people themselves are willing to personally give of their stories to improve something then it is incumbent on those in authority to listen to them and to act accordingly. This young person is now in independent accommodation which happens to be located beside a children’s home. Her wisdom and insight into what the core problems are in our current system cannot be denied or ignored.

‘Right now I live beside a children’s home and the police are there every single day. The kids throw things, there is screaming, shouting, crying. I understand why, because they are in pain but I can just see the lack of help from the people in there, because if there was enough help and support these things wouldn’t happen, these kids wouldn’t be acting in this way.’

This young person’s account clearly identifies the need for radical transformation in how we deliver children’s social care services.

Chapter 3 – Operational/Organisational Effectiveness and Efficiency

This group of recommendations is intended to deliver organisational arrangements which are focussed on children and young people at all levels, from the Department of Health through to front-line children's social care services. There are 17 recommendations in total in this group as follows:

Recommendation 7: There is a clear and firm recommendation for a region-wide Children and Families arms-length body. So much which follows is likely to be dependent for its impact on having a regional ALB. *(See Chapter 6, Pages 113 – 116, paras 6.1 – 6.10)*

Recommendation 12: Statutory children's and families' social care services need to be located within an organisation where this is the primary focus of the organisation. *(See Chapter 8, pages 127 – 129, paras 8.5 – 8.9.2)*

Recommendation 13: Future arrangements need to allow the leaders of statutory children's social services to focus on the services without the allocation of other roles and responsibilities. *(See Chapter 8, page 129 – 131, para 8.10 – 8.15)*

Recommendation 14: The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland). *(See Chapter 9, pages 133 – 138, paras 9.1 – 9.21)*

Recommendation 15: Consideration should be given to establishing a children's and families social care division in the Department of Health. *(See Chapter 9, pages 140 – 142, paras 9.31 – 9.33)*

Recommendation 16: There should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families. *(Chapter 10, page 150 – 152, paras 10.32 – 10.39)*

Recommendation 18: The Executive and Department of Health should create and use powers to mandate, and processes to assist, the development of integrated multi-agency services. *(See Chapter 10, pages 150 – 152, paras 10.32 – 10.39)*

Recommendation 19: The existing children's social care information systems should be compared and the best performing adopted as the region-wide system rather

than Encompass being developed to incorporate the integrated care records requirements for children's social care. *(See Chapter 10, page 147 – 150, paras 10.17 – 10.31)*

Recommendation 24: Re-arrange statutory services team structure to have more of a community focus and presence. *(See Chapter 12, pages 182 – 185, paras 12.51 – 12.62)*

Recommendation 38: A decision should be taken to introduce a region-wide children's and families Arms-Length Body which includes current HSCTs' statutory children's social care services along with other allied services and professions closely related to children's social care. *(See Chapter 15, pages 215 - 239)*

Recommendation 39: Appoint a Minister for Children and Families to give political leadership and focus to the intentions of the 2015 Children's Co-operation Act and to be a children and families champion across government and alongside the Children's Commissioner. *(See Chapter 15, page 226, para 15.22 – 15.23)*

Recommendation 40: Within the context of developing a region-wide Children and Families ALB there should be the development of a regional care and justice centre within the Woodlands site. *(See Chapter 16, page 242 – 247, paras 16.7 – 16.16)*

Recommendation 41: The Lakewood site could then be available for repurposing to provide within-region services as an alternative to young people being placed within services outside of Northern Ireland. *(See Chapter 16, page 242 – 247, paras 16.7 – 16.16)*

Recommendation 45: The regional Children and Families ALB should develop its own quality assurance and development processes and with independent participation within the processes. *(See Chapter 16, pages 254, Paras 16.30 – 16.36)*

Recommendation 46: The process, as already intended, of undertaking Case Management Reviews should be speedier and more participative. *(See Chapter 16, page 256, para 16.39 – 16.40)*

Recommendation 47: The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership

rather than a purchasing relationship. (See Chapter 17, page 259 – 262, paras 17.5 – 17.14)

Recommendation 48: There should be longer-term funding commitments and horizons rather than the insecurity of annual budgets. (See Chapter 17, pages 260 – 261, paras 17.6 – 17.11)

Q33. Are you content for recommendation 14 to be considered as part of ongoing internal organisational re-design work within the Department of Health?

- Yes
- No
- Undecided

Comments

Q34. Are you content for recommendation 15 to be taken forward through the review, revision and re-issue of Departmental circulars that deal with the statutory relationship between the Department of Health and Health and Social Care Trust children's social care services?

- Yes
- No
- Undecided

Comments

Q35. Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?

Yes

No

Undecided

Comments

Q36. Are you content for recommendation 47 to be considered through the Children's Social Care Strategic Reform Programme and ongoing work relating to the Department's Core Grant Scheme?

Yes

No

Undecided

Comments

It is our position that the work that is required goes beyond the Children's Social Care Reform Programme and should be cross departmental in approach.

Q37. Do you agree with the group of recommendations relating to the establishment of a Children and Families ALB in place of current arrangements? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Q38. If you disagree with the recommendation to establish a Children and Families ALB, do you consider that there is an alternative (to a new ALB) way to address the systemic and endemic issues identified by the Review?
(Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Q39. The Review Report identifies which services should fall within the scope of a new ALB and those which should not. Do you agree with the report's assessment of those services? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Q40. Do you agree that a Children and Families ALB should be able to develop and operate its own quality assurance and development processes?
(Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Q41. If you answered yes to Q40, how would these processes replace or supplement existing quality assurance arrangements, for example those managed by RQIA or statutory functions reporting to the Department of Health? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)

Comments

Q42. Do you agree that a Regional Care and Justice Centre should be developed on the Woodlands site in place of the current arrangements? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

Include Youth has already made clear our position on the proposed establishment of a Regional Care and Justice Centre, in our response to the consultation on the subject in 2020. At that time, we carried out extensive consultation with staff across our organisation as well as with young people. We do not support this proposal. We are concerned that the existence of the physical buildings in Bangor and the desire to utilise these buildings has prevented a more creative approach being adopted to how we can best support children and young people who may come into contact with the justice system or are admitted to secure care. Many of our staff expressed frustration that there had not been more of an attempt made to develop a new vision of how we support these vulnerable young people. Staff were keen to discuss the possibilities of what provision could exist outside the Secure Centre rather than dwelling on what needs to be in place if we continue to deprive children and young people of their liberty. They would like to see a point reached where we are not talking about needing to deprive children of their liberty, because the necessary supports and structures have been put in place at community level which would ensure that we do not need to lock young people up to be able to help them. Having to use deprivation of liberty as a tool feels like a failure on the part of those who hold responsibility for children and also of those agencies and organisations who work with these children and young people. As staff commented:

'It feels like they are being led by the fact that they have these existing buildings in Bangor, that has been the starting point, rather than going from what is currently in the community regarding provision and then working their way back to see how those buildings could be used. Should there be a complete overhaul of how we work with these young people? Do we need more blue-sky thinking? These young people have suffered trauma, they are seriously damaged young people.'

'We need to think outside the box in dealing with young people? The starting point has been the physical buildings. We need to work upstream instead – there needs to be a redirection of resources.'

Our staff work daily with young people who are dealing with severe trauma and have complex needs. But in all the work they do and in their engagements with young people, they do not see the young people fitting neatly into one box and they know the dangers of labelling young people. These young people are not seen as 'care' young people or 'justice' young people but rather they are seen first and foremost as young people who in many instances have been let down by society and who have had their rights unrecognised. Staff believe that we need to completely change

how we look at these young people, challenge the current narrative and offer a different and more child rights focused approach.

'You can fall into the trap of kids in care equals kids in justice and that's not always the case. Even this conversation is doing that – we are sleepwalking into a society that just puts them all into one bracket. If you are in that box, then that's where you need to fit, that's where you live, that's where you belong.'

'There is a problem of young people out there that society is not supporting or not addressing the reasons why they are going into these places. There is a lot of prevention work that needs to be done before they reduce numbers.'

A re-examination is needed of how we view and treat children and young people who come into secure care and into the wider care system. With the years of experience of working directly with care experienced young people, the Include Youth staff team is only too well aware of how care experienced young people can be viewed negatively by society. They know that the stigma of being in care and the misunderstandings and misconceptions of why young people come into care, all too often prevail. Care experienced young people have told us how they feel set apart and labelled as troublemakers and their experiences within residential children's homes can exacerbate feelings of being 'less than' or of being different. Their 'home' environment is far from what anyone would define as a normal home life.

If we continue to deal with children and young people in this institutionalised way, reacting to behaviours rather than causes, then it is hardly surprising that we will see young people reach an end point where those in charge see no alternative but to deprive the young person of their liberty. Continued institutionalisation results in young people kicking back against the system and exhibiting challenging behaviour that is simply a reflection of the anger and frustration they feel. This emphasizes the need to change the starting point, to begin by asking how we can better address the current flaws in practice and policy across the entire residential care system and not just focus on the extreme end which results in secure care. By doing this we will ultimately reduce the need for secure provision. We acknowledge the high levels of support and care that young people receive when they are in Woodlands. We know that the team at Woodlands provide the best care possible for the young people who are detained there. We also know that for some young people, being detained in Woodlands is preferable to being in the community and some will even offend to make sure they end up in Woodlands. The young people value the structure and routine and a break from the chaos that exists in their lives in the community.

So, the question remains – why do children have to offend or be seen as posing a danger to themselves or others, before they can access the type of support they find helpful? Do children need to be deprived of their liberty to get the support they need? Currently, it would appear that some young people see no other option but to be sent to secure care or Woodlands because there is no alternative for them. There is no community based wraparound support that offers the security and stability that young people are currently experiencing when in Woodlands. Staff commented:

'I've heard of young people who would purposely do things to get lifted because they felt so out of control, like they couldn't manage and it was almost like going into a secure setting was almost like a bit of respite for them ...I think you just need to be careful it doesn't become something that young people use in a way to just sort of manage, you know, whenever things get too much.'

'I totally understand because we have young people that feel comfortable locked up and when they're out they do whatever they can to get back in and they're getting institutionalised from these systems.'

'I had a wee girl that got to the stage that she was just smashing a window of the house that she was put in, then she got out and sat on her suitcase out the front waiting to get lifted and brough back up to Lakewood. She hated being out.'

'If they do that it (establish care and justice centre) will be filled, and young people will also want it, it will be escapism, young people in secure will sometimes put themselves in secure because they don't feel safe in the home they are in, so if they create this big secure unit, young people will put themselves in it, some of the girls in the home I worked in, it was a competition to see who could get put into secure care first, because in there they have no contact with the outside world.'

'They will set up this bigger centre and young people will be sent to it.'

Our staff, whilst recognising the high level of care provided in secure care and Woodlands were concerned that frequent stays in these centres further exacerbates the tendency for young people to become institutionalised and sets them further back from full integration in a community setting. They are fearful that there is long term damage from this form of institutionalisation and that this extreme form of intervention will hamper young people's opportunities to charter a different path in life. Departments need to look beyond residential provision at the Bangor sites and ensure that the same amount of effort and commitment is put into what needs to be provided at community level to prevent young people ever needing secure care.

Coupled with our desire to see new and innovative thinking around how we view and support these young people beyond the confines of secure care, is our concern that the new centre in Bangor could be overused by Trusts and seen as a one stop shop. While we recognise that the new centre and the proposed services provided there will be the right choice for some young people, we would not like to see the existence of the campus thwarting the development of new, alternative and innovative supports within the community.

'Could the centre become seen by the trust as somewhere that will solve all their problems? Is there a danger we see more young people being deprived of their liberty and that it could be overused by trusts?'

'In our area I can think of one or two young people who are getting moved around and they are paying for private rented accommodation for them and I can imagine with that type of case, they will just think, right get them up to this new centre, until things calm down, that would be my fear, it will be an easier sell to get them up there, and will be just a revolving door.'

'I think there's a fear as well that the secure care centre will basically be seen as the answer to everything and that you actually potentially could have more young people being sent there by the trusts because all of a sudden they've got this facility that they can use for care young people and that the trust potentially will use it as a dumping ground for want of a better phrase.'

If further developed the plans and the purpose for the new centre must make it absolutely clear that young people would only be placed there as a measure of last resort and only after all other options have been exhausted. While we recognise that the Departments are attempting to utilise the exciting sites and facilities in Bangor, we do feel that more thought should be given to how we can extend services beyond this one geographical location. Providing facilities in various locations would also enable better reintegration within the community and make linking in with localised services around health, education, employment, and training easier. We also believe

that a multi -site approach would help prevent the all too familiar drop off the cliff edge that young people experience when they leave the wraparound support that exists within the current provision. If community links were better established and processes in place to support the young person within their chosen locality, the negative outcomes on release could be overcome.

Staff with experience of supporting young people who have been in secure care expressed the view that the numbers within any proposed centre should be kept small because the young people who are most likely to be placed there would benefit more from a smaller and more supportive environment.

We have already stated that we believe if the correct supports and services were readily available in the community, many young people would never come to the point of being placed in secure care and custody. For Include Youth, securing the necessary supports and ensuring sustained dedicated funding to address the gaps in current provision is one of the most important elements to be addressed. The discussion around what community-based satellite provision is needed is for us the most important discussion that needs to be had.

Q43. Do you agree that the development of a Regional Care and Justice Centre on the Woodlands site should be conditional on the establishment of a Children and Families ALB? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Yes

No

Undecided

Comments

See answer to Q42

Q44. Assuming that Lakewood could be repurposed, what services do you consider could be offered/provided on the Lakewood site? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)

Comments

See answer to Q42

Q45. Do you agree that there should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families? (Recommendation 16)

Yes

No

Undecided

Comments

We are fully supportive of this proposal. Children, young people and families would benefit from this multi-agency, multi-professional approach. It is vital that the VCS are embraced within this multi agency and multi professional approach, and that the value of the sector and its workers are fully recognised and valued. The Review made it clear that the VCS have a significant role to play in future reform and that their expertise should be utilised more. Our staff support this approach but are cautious about how some professions, especially youth work, would be viewed within that wider team:

'Bringing in a mix of skills would be really important. We would be in support of that but in terms of youth workers they need to do it properly, if they bring youth workers into these multi disciplinary teams they would need to recognise the profession and resource it. That intensive youth work approach is needed within teams. We (IY) have had experience of being approached by a couple of trust teams to help them out, when they recognised they could do with a couple of youth workers to support them. We put together our costings and as soon as they received our costings they said no, it's too expensive. So they would need to be careful about how they do that. I've seen before in Trusts were PAs are brought in but they end up doing a lot of the role of a statutory social worker but don't get the money, they become poorly paid social workers, and we wouldn't as youth workers want to be falling in to that category.'

'Youth work has always been the poor relation. It's not valued.'

'I hope the review of leaving and after care will recognise the role of youth workers, really hoping that's what will come out of that review. (staff)

Other professions needed include domestic violence workers, drug and alcohol addiction support staff, mental health workers, well being staff.

Our staff were especially keen to see youth workers engaged within children`s homes and felt that the youth work model could bring important skills into that environment.

'In a home in last year, on one occasion I noticed how staff had created a really bad situation for a young person and it ended up with police arriving, and it could have been avoided, and dealt with very differently.'

But our staff were very aware of the pressures on children`s home staff and felt that more support is needed.

'Many people working in homes could do with a real break and to work somewhere else for a few months, it was two occasions I witnessed it, but I know from talking to others it had happened a lot, young people in the home ended up being criminalised, the staff are disillusioned, and they just do it that way.'

'There is definitely a role for youth workers in homes, young people come to us in the homes, not bigging us up but young people do tend to come to us. But also staff could be in there for 24 hrs and they are putting up with a lot, but they don't realise the impact of involving the police.'

Q46. If you answered yes to Q45, which agencies and professions do you consider should be involved in frontline teams and services to assist children and families and in what capacity? (Recommendation 16)

Comments

See answer to Q45

Q47. Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)

Yes

No

Undecided

Comments

Q48. If you answered yes to Q47, what is the best way to make this happen?
(Recommendation 18)

Comments

Q49. Do you agree with the proposal to reject Recommendation 19? If no, please explain why?

Yes

No

Undecided

Comments

Q50. Do you agree that team structures within statutory children's services should be rearranged to make them more community focussed? (Recommendation 24)

Yes

No

Undecided

If you selected yes, what arrangements could be made?

We refer to our previous answer on the importance of utilising and valuing the VCS in Q. 7

What challenges might this bring?

What benefits can we expect any proposed new arrangements to deliver?

Enhanced co-ordination between VCS and statutory sector and increased presence in local communities.

Q51. If appointed, which areas of children's policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)

Comments

This position should give political leadership and focus to the intentions of the Children's Services Co-operation Act (NI) 2015; champion children and families across government alongside the Children's Commissioner.; this role should not be symbolic or limited to be a political spokesperson, but should have decision making powers, be able to implement reform and ensure accountability within children's social care services.

Q52. Would having a dedicated Minister help to give full effect to recommendation 39, that is, give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?

Yes

No

Not sure

Comments

This would be dependent on what powers the Minister were given.
There would need to be clear distinction between their role and that of the Children's Commissioner.
There would need to be clarity about the rationale and benefits of establishing the post.
'How would it sit with other ministers, such as education etc, who would have responsibility? It could be a great post if done right. But would they really be able to make a difference?' (Staff)

Q53. Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children's Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?

- Yes
- No
- Undecided

Comments

Q54. Do you have any further comments on how family and children's social care services should be organised to address the range of issues identified in the Review Report?

- Yes
- No

Comments

Chapter 4 – Workforce

This group of recommendations is intended to address the workforce challenges within children's social care services, particularly in relation to the recruitment and retention of staff. There are a total of 8 recommendations in this group as follows:

Recommendation 3: Action needs to be taken to address the children's social care workforce crisis. *(See Chapter 2, pages 49 – 51, paras 2.20 – 2.26)*

Recommendation 8: The organisations delivering children's social care services should undertake their own staff recruitment. *(See Chapter 7, pages 120 – 121, paras 7.10 – 7.14)*

Recommendation 9: Grading and banding structures need to be reviewed and revised. *(See Chapter 7, page 122, paras 7.15 – 7.19)*

Recommendation 10: Alongside a greater skills mix, re-establish the trainee social worker role and qualification route. *(See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)*

Recommendation 11: There should be a focus on staff retention. *(See Chapter 7, pages 123 – 125, paras 7.20 – 7.22)*

Recommendation 17: There should be further development of a skills mix within children and families frontline teams and services. *(See Chapter 10, page 152 – 157, paras 10.40 – 10.54)*

Recommendation 20: Introduce a trainee social worker programme. *(See Chapter 11, pages 160 – 161, paras 11.7 – 11.8)*

Recommendation 21: Build on and enhance Post-Qualifying Development programmes and qualifications for social workers and link them to specialist areas of practice and to career progression within statutory children's social care services. *(See Chapter 11, pages 161 – 162, paras 11.9 – 11.10)*

Views are being sought on all of the recommendations in this group.

Q55. Do you have any comment to make on how we further stabilise the children's social care workforce? (Recommendation 3)

Yes

No

Comments

This is a key priority.

- Action should also be taken to address the children's social care workforce crisis. We acknowledge and welcome the work already underway through the Children's Social Care Reform programme. It is clear there is a need to recruit and retain children's social care staff to address workforce gaps across the system. The impact of these vacancies is being felt by young people, some of whom may not have a Social Worker, PA etc. The lack of these posts is denying young people the right to access services.
- It is hoped with a broadening of the skills mix and extending the range of workers within frontline teams and services that young people will no longer be denied the support they need.
- More youth workers included in service provision.
- Increased use of any profession that has a youth work approach, and demonstrates strong engagement skills, building trust and rapport with young people.

Q56. Given that the current shared service model (as it relates to recruitment and other corporate services) was developed to deliver greater value for money, do you consider that there are significant risks with moving away from that model as recommended? Please explain your answer. (Recommendation 8)

Yes

No

Undecided

Comments

Q57. Are there other measures that could be put in place or steps taken to address recruitment delays currently experienced within children’s social care services? (Recommendation 8)

- Yes
- No
- Undecided

Comments

Increasing the skills mix and extending range of workers within frontline teams.

Q58. Do you have any comments specific to grading and banding structures within children’s social care services? (Recommendation 9)

- Yes
- No

Comments

- There is an inequity in how posts are graded with Youth Workers and PAs sitting at Band 4, while Social Workers begin at band 5 moving to band 6 after one year of AYE (Assessed Year in Employment).
- The same value is not placed on youth work professionals, who may be better placed and have skills necessary to work with young people.

Q59. Do you have any comments specific to the delivery of a greater skills mix within frontline teams? (Recommendations 10 and 17)

Yes

No

Comments

We support this proposal.
Clarity of roles and structures would need to be established.
Respect and value must be placed on the varied posts within any new team.

Q60. Do you have any comments specific to a trainee social worker programme, the Open University route or to widening access to social work courses more generally? (Recommendations 10 and 20)

Yes

No

Comments

- We are supportive of widening access to social work courses.
- There are currently only 5 funded places for VCS staff on the OU course route, which is funded by DoH. We would recommend an increase in VCS funded places through this pathway.
- We support an increase in work based learning to widen access to the profession.

Q61. Do you think that there are advantages to reintroducing a trainee scheme for social work? (Recommendations 10 and 20)

Yes

No

Undecided

If yes, please explain your reasons.

This would need to be further explored but we would strongly advocate for a Work Based programme.

Q62. Do you have any comments to make about how we can improve retention of social workers in children's services? (Recommendation 11)

Yes

No

Comments

- Address workload
- Supervision and support
- Training needs met
- Collaborative and joint decision making to reduce risk felt by individuals
- Wellbeing programmes and recognising pressure on staff
- Self care
- Mental health support

Q63. Do you have any comments specific to post-qualifying development programmes, in particular the proposal to link them with specialist areas of practice and with career progression within children's social care services? (Recommendation 21)

Yes

No

Comments

Direct observation should be incorporated within AYE and consolidation award, this would ensure best practice.

Chapter 5 – Making and Tracking Progress

In making the recommendations, Professor Jones placed a strong emphasis on implementation by setting a specific timetable for decision-making and framing recommendations around the need for pace. He was also concerned that children and families should continue to have a voice during implementation, in keeping with the process of the Review. There are two report recommendations which have been categorised as ‘making and tracking progress’. They are as follows:

Recommendation 52: Within six months, and the start of the New Year, decisions should be taken and action initiated to make the significant changes necessary to tackle the long-standing systemic and endemic difficulties for children’s social care which impact on children and families and on the practitioners and managers who throughout this Review have demonstrated their commitment and their expertise but who are hampered and hindered by the current arrangements. *(See Chapter 18, page 269, para 18.10)*

Recommendation 53: There should be an annual conference, with participation by young people and parents and all who seek to provide help, to track progress and with a key role for a proposed cross-cutting Children’s Minister along with the independence of the Children’s Commissioner in facilitating the conference. *(See Chapter 18, page 272, para 18.19)*

Views are being sought on recommendation 53 only.

Q64. Are you content with the proposal to host a conference in Autumn 2024?
(Recommendation 53)

- Yes
- No
- Undecided

Comments

We think the conference should be hosted in Summer 2024 as Professor Jones made it clear that there should be a review one year after the publication of the recommendations. We do want the timescale to slip and would encourage an event to be held in Summer 2024. Urgent action is required and we should not delay this particular recommendation.

Q65. Are you content with the proposed theme of the conference?
(Recommendation 53)

Yes

No

Undecided

Comments

- The conference should be an opportunity for young people to hear what progress has been made and what outcomes there have been so far. There should be an opportunity to hear from departments on challenges and obstacles to implementation, and clear timelines and outcomes communicated.
- Young people's participation should be central to the conference, but in a capacity of holding duty bearers to account, as opposed to being asked to input on themes they have already contributed their thoughts to.

Q66. Are there further comments that you would like to make in terms of how we assess whether sufficient progress is being made? (Recommendation 53)

Yes

No

Comments

- Each workstream needs to have an implementation plan, with relevant goals and outcomes, timescales and monitoring procedures.
- We need to be able to measure change and see tangible improvements in children's experiences.
- Any new governance arrangements must provide the opportunity to develop a region-wide data collection and monitoring system that address both the lack of disaggregated data on children and young people and performance monitoring data around service provision.



What next?

Following the close of the consultation, when all responses and feedback have been reviewed and analysed, a response will be published on the DoH website.

Many thanks for taking the time to respond to this consultation.