

DEPARTMENT OF HEALTH AND DEPARTMENT OF EDUCATION

STRATEGY FOR LOOKED AFTER CHILDREN: IMPROVING CHILDREN'S LIVES

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Strategy for Looked After Children: Improving Children’s Lives

Audience Heads of children’s services and social workers; health and social care staff and education providers; statutory; voluntary and community organisations working directly with looked after children and care leavers; Government Departments.

Others will have an interest such as children and young people, parents of looked after children, foster carers, the judiciary and the legal profession.

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

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

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

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

For the purposes of this Strategy, those young people are referred to as care experienced.

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

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Alternative formats will be made available on request.

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1. GLOSSARY

DEFINITIONS

Care Experienced	Young people who have left care and are still in need of some support, including those who have been adopted; those who are living with family under a Private Law Order and those who are supported in independent living in early adulthood.
Care Plan	A plan in writing for a child whom the relevant Health and Social Care Trust are proposing to look after or accommodate, completed in consultation with the child, their parents and any other persons whose wishes and feelings the HSC Trust considers relevant.
Child in Care	A child who is in foster care, residential care or placed with parents.
Child in Need	A child who is unlikely to achieve or maintain a reasonable standard of health without provision of social services; or their standard of health is likely to be significantly impaired without provision of social services; or they are disabled.
Foster Care: <i>Kinship fostering</i>	Care provided to a child or young person by their extended family (or close family friend), if they cannot remain with their birth parents.
<i>Non-kinship fostering</i>	Care provided to a child or young person with caregivers who have no biological link and/or previous connection to the child.
Looked After Children	A child who is looked after and in the care of HSC Trust or who is provided with accommodation by that HSC Trust for a continuous period of more than 24 hours.
Looked After Children PEP	A Personal Education Plan is a continuous running record of the looked after child/young person's educational history which identifies the actions needed to enable the individual to fulfil his or her potential.
Looked After Children Review	A review to ensure that the day-to-day arrangements meet the child's/young person's

needs and that the overall care plan is still appropriate. Reviews of looked after children are a statutory requirement under the Children (NI) Order 1995, Article 45.

Pathway Plan

Looked After Children Pathway plans, undertaken in partnership with children and young people and in consultation with professionals working with the child and family, provide a co-ordinated composite assessment and plan from across the multi-agency group working with the child and family.

Permanence Plan

A part of the Care Plan which sets out the agreed route to permanence for the looked after child and young person.

ACRONYMS

ACE's	Adverse Childhood Experiences
CAMHS	Child and Adolescent Mental Health Service
CASI	Computer Assisted Self Interviewing Survey – Our Life in Care, VOYPIC, 2013
CSE	Child Sexual Exploitation
CYP	Children and Young People
DAERA	Department of Agriculture, Environment & Rural Affairs
DE	Department of Education
DfE	Department for Economy
DoH	Department of Health
EA	Education Authority
EITP	Early Intervention Transformation Programme
GEM	Going the Extra Mile Scheme
HSC Trust	Health & Social Care Trusts – 5 in Northern Ireland
HSCB	Health and Social Care Board
NICE	National Institute for Health and Care Excellence
OECD	Organization for Economic Co-operation and Development
PHA	Public Health Agency is the regional organisation for health improvement, health protection and social wellbeing.
PSNI	Police Service of Northern Ireland
QUB	Queen's University, Belfast
SBNI	Safeguarding Board for Northern Ireland

2. INTRODUCTION

A Child's Right

- 2.1 Every child has a right to stability, to feel loved and safe.
- 2.2 Ideally this happens within a child's family¹, supported by the wider family, school and community. The child is nurtured, grows and flourishes, is healthy, develops positive friendships, learns about life, has fun, attains a qualification, achieves different kinds of qualifications, develops life skills and expertise, forms close relationships and contributes positively to the community in which they live and wider society.
- 2.3 This is the hope and aspirations that most parents have for their children and they provide that love and support on a daily basis to ensure the child achieves their full potential, their rights are respected, and they remain safe and become a self-sufficient and well-adjusted and successful adult.
- 2.4 Our primary aim in government is to enable children to be cared for by parents and family². However that is not always possible.

The Corporate Parent

- 2.5 For a variety of reasons, such as illness; family breakdown; neglect and abuse, it is in the child's best interests for the State³ to intervene and for the child to be cared for by someone other than their parents. A child becomes 'Looked After' by a HSC Trust either under a court-made emergency protection or care order or by way of a voluntary agreement with the child's parent(s). When a child or young person becomes 'Looked After' by a HSC Trust, the HSC Trust becomes the 'Corporate Parent' of that child or young person (albeit that in the case of voluntary agreements this is undertaken with the appropriate approval of the parents).
- 2.6 Under the Children's Services Cooperation Act (NI) 2015⁴, those organisations providing services to children may co-operate to provide staff, resources, goods, or accommodation in order to contribute to the well-being of children and young persons. By doing so, they will help support the HSC Trusts in their corporate parenting role.
- 2.7 A Corporate Parent has a collective responsibility to provide the best possible care and safeguarding for the children and young people in its care. A child or young person who is looked after by a HSC Trust requires the whole HSC

¹ "parents, or as the case may be, legal guardians have the primary responsibility for the upbringing and development of the child", United Nations Convention on the Rights of the Child (UNCRC), Article 18

² Human Rights Act 1998, Article 8 (the right to a family life)

³ Government of country of residence

⁴ [Children's Services Co-operation Act \(Northern Ireland\) 2015](#)

Trust – its officers and employees – to have the same goals for the child or young person as a parent and to act for the child or young person as a parent would be reasonably expected to act. The HSC Trust assumes moral as well as legal responsibility for enabling the children and young people in its care to experience happy and fulfilling lives. Ideally the individual will then be equipped to maintain happy, healthy and successful post-care adult life.

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

Scope

- 2.9 This Strategy extends to children and young people in care to improve their outcomes and help them achieve their full potential in line with their peers. It also describes the pledge to support children and young people in care, i.e. those children in foster care, residential care or placed with parents.

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

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

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

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

Legislative Context

- 2.10 The care and protection of looked after children and care experienced young people is governed by legislation and conventions, including:
- The 1980 Hague Convention on the civil aspects of child abduction⁵;
 - Education and Libraries (NI) Order 1986;

⁵ Ratified by the UK in 1986

- Adoption (NI) Order 1987 and Regulations made under the Order;
- The United Nations Convention on the Rights of the Child (UNCRC)⁶;
- The Children (NI) Order 1995 and Regulations made under the Order;
- The 1996 Hague Convention on jurisdiction, applicable law, recognition, enforcement and cooperation in respect of parental responsibility and measures for the protection of children⁷;
- Northern Ireland Act 1998, Section 75;
- The European Convention on Human Rights;
- The Human Rights Act 1998;
- The Children (Leaving Care) Act (NI) 2002 (which amended the Children (NI) Order 1995);
- The EU Council Regulation (EC) No.2201/2003 concerning jurisdiction and the recognition and enforcement of judgements in matrimonial matters and the matters of parental responsibility [Brussels IIa]⁸;
- United Nations Convention on the Rights of Persons with Disabilities 2006 (UNCRPD)⁹;
- The Children’s Services Co-operation Act (NI) 2015;
- Special Educational Needs and Disability Act (Northern Ireland) 2016.

In the Children (NI) Order 1995 and associated legislation the principle that the welfare of a child is paramount underpins all requirements.

Strategic Context

2.11 This Strategy replaces the earlier looked after children strategy, *Care Matters in Northern Ireland - A Bridge to a Better Future* – endorsed by the Executive in 2009. It is intended to build on its earlier actions; existing good practices and emerging research and evidence as well as being aspirational in intent.

2.12 It is intended to set the strategic direction for looked after children and care experienced young people for the next five years. It is being published in the context of the Executive’s draft Programme for Government 2017-2021¹⁰ (PfG 2016-2021), which commits the Executive to improving outcomes for the citizens of Northern Ireland over the course of the 2016-2021 Assembly mandate. PfG 2017-2021 identifies 12 draft outcomes which the Executive aims to deliver. Outcomes are expressed in terms of 49 indicators, one which commits the Executive to improve support for looked after children and one which commits to Improving Educational Outcomes. A further one commits to

⁶ UNCRC was ratified by the UK Government in 1991

⁷ Ratified by the UK Government in 2012

⁸ Ratified by the UK Government in 2004

⁹ [UNCRPD](#)

¹⁰ [The Executive’s Programme for Government 2017-2021](#)

reduce educational inequality and PfG Indicator 14 to improve the skills profile of the population through delivery plans, which points to this Strategy as a key PfG delivery mechanism. A significant amount of joint working between DoH and DE has taken place in the development of this strategy.

2.13 The Strategy is also being brought forward alongside a commitment to develop a Family and Parenting Support Strategy; both of these will be supported by *Improving and Supporting Social Wellbeing: A Strategy for Social Work*. This work is being taken forward in the context of the Executive's wider draft Children and Young People's Strategy¹¹ as required under the Children's Services Co-operation Act (NI) 2015. The aim of the wider Strategy will be to improve the well-being of all children and young people living here, expressed in terms of eight well-being outcomes as follows:

1. *living in a society which respects their rights;*
2. *living in society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic;*
3. *physical and mental health;*
4. *living in safety and with stability;*
5. *learning and achievement;*
6. *the enjoyment of play and leisure;*
7. *economic and environmental well-being; and*
8. *the making by them of a positive contribution to society.*

2.14 In line with the wider draft Children and Young People's Strategy, our aim in bringing forward this Strategy is to improve the overall well-being of looked after children and care experienced young people. This will be measured in terms of the eight outcomes outlined above. In other words, we want the same outcomes for looked after children as we want for any other child. By bringing forward this joint Health and Education Strategy we are acknowledging that a more targeted approach is required, which takes account of the specific needs of looked after children, their unique in-care experiences and their post-care challenges. It is an acknowledgment that an extra push is required to address earlier, often very difficult, pre-care lives. Success in achieving the eight outcomes will ultimately be measured by the extent to which our looked after children and care experienced young people grow into healthy, well-adjusted adults who feel protected, have their rights respected, are supported to achieve to their full potential and contribute positively to society. This Strategy and associated Implementation Plan will contribute significantly to delivering these outcomes.

¹¹ [Executive's Children and Young People Strategy](#) 2017- 2027

Implementation

- 2.15 We will also establish an implementation infrastructure, involving all of the key implementation partners within government and from outside government. The purpose of the infrastructure arrangements will be to monitor progress against the commitments made within this Strategy and the corresponding PfG Delivery Plans. It is also intended to report progress to Ministers on an annual basis.

3. THE CASE FOR CHANGE

- 3.1 The development of this Strategy has been informed by direct engagement with looked after children and care-experienced young people and by the *Our Life in Care Survey* conducted by the Voice of Young People in Care (VOYPIC)¹² over a 3 year period and involving over 300 children and young people. The most important issues raised by them were:
- the opportunity to contribute to their care and pathway planning;
 - continuing to see family and friends;
 - having positive, stable and supportive relationships with personal advisers and social workers;
 - feeling safe and secure where they lived;
 - having a supportive educational environment;
 - being protected from harm; and
 - having access to an advocate to ensure they are being listened to.
- 3.2 The term 'looked after children' refers to a diverse group that varies in terms of age, ethnicity, disability, the reason for being looked after, age of first entry into care and duration being looked after.
- 3.3 At 31 March 2017, there were 2,983 looked after children in Northern Ireland; at that time the total population of children was 435,567¹³. Furthermore, 22,737 children were known to Social Services and 2,132 were on the Child Protection Register. Since 2011, there has been a 19% increase in the number of looked after children in Northern Ireland; with 42% of those looked after being over 12 years of age. The majority of looked after children were in a home-based care environment, with 78% of children being fostered (35% kinship and 43% non-kinship) and a further 12% being placed with parents. A smaller proportion of looked after children were in residential care (5%). Of the 4% in other placements, 27 children were placed for adoption. In 2016/17, 2,373 looked after children were in education; 143 in pre-school; 962 in primary education; 977 in post-primary school and a further 291 in Special Schools¹⁴
- 3.4 We know that 44% of looked after children come from the most deprived areas¹⁵. Research has shown it is more likely that children in those areas will experience health and other inequalities, such as lower life expectancy; higher suicide rates; higher rates of mental ill health, with more mood and anxiety disorders and more instances of self harm; higher rates of alcohol-related deaths; higher drug-related deaths; lower educational attainment and greater likelihood of becoming involved in the criminal justice system; reduced

¹² [VOYPIC - Our Life in Care Survey 2013](#)

¹³ [2016 Mid Year Population Estimates for Northern Ireland \(NISRA 2017\) 4 June 2015](#)

¹⁴ [Looked After Children in Education 2016/17 Key Statistics](#)

¹⁵ [Children in Care in Northern Ireland 2015/16](#)

income; lower socio-economic status; increased homelessness and unemployment.

- 3.5 The extent to which such issues as domestic violence, drugs and alcohol misuse and poor mental health trigger a child's entry into care is reflected in QUB research, *At Home in Care*¹⁶. We also know there is a high incidence of co-existing learning disabilities, autism and mental health among looked after children and there are particular concerns for those with borderline disabilities who are not yet diagnosed.
- 3.6 In December 2015, the SBNI published its thematic review¹⁷ of a small number of looked after children and young people who were the subject of a PSNI investigation into child sexual exploitation. The SBNI review report, written by Professor John Pinkerton, QUB, identified a number of key themes, as follows: recognising the complexity of the young people's lives; assessing need and identifying risk of CSE; using a combined approach to tackle CSE; enhancing relationship based practice with young people; and continuously learning and developing a response to CSE.
- 3.7 NI Human Rights Commission (NIHRC)¹⁸ and United Nations Convention on the Rights of the Child (UNCRC)¹⁹ reports²⁰ have highlighted the importance of compliance with rights, particularly on detention and restriction of liberty; the need to maintain family relationships where possible and particularly when identifying a placement for siblings; the need to be able to offer the young person an appropriate placement which minimises placement moves (unless it benefits the child) and hence the opportunity to develop strong relationships and friendships with carers with a view to achieving an effective permanence plan. Delays in the HSC Trust care procedures and legal system have also been raised as areas in need of reform. In all scenarios, the child should be effectively safeguarded, within an appropriate legislative and guidance framework.
- 3.8 In addition, evidence from QUB, NIHRC & UNCRC on secure care has highlighted the importance of investment in the development of preventative services in the community and the need to provide greater stability within residential care. The enhancement of staff support within residential care and provision of follow-up outreach services is seen as pivotal in managing challenging behaviour to minimise the need to refer young people to secure care.

¹⁶ [At Home in Care: Children living with birth parents on a Care Order November 2014](#)

¹⁷ ["Looked After Children", Going Missing and Child Sexual Exploitation - A Thematic Review \(August 2015\)](#)

¹⁸ [NIHRC](#)

¹⁹ [UNCRC](#)

²⁰ [Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland](#)

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

4. OUR PLEDGE TO CHILDREN AND YOUNG PEOPLE IN AND ON THE EDGE OF CARE AND THOSE LEAVING CARE

Empowered and mandated by the Children's Services Co-operation Act (NI) 2015, we will work in partnership to deliver improved well-being for children and young people pre-care, in-care and after-care by:

Pre-care

- Supporting families at an early stage; providing targeted intensive support for children, young people and their families where the risk of entry into care is high; and ensuring that decisions about taking children into care are made without unnecessary delay and always in their best interests.

In-care

- Securing earlier permanence and stability for children and young people in care and enabling them to build positive and supportive relationships; extending placement options; strengthening support for care givers; providing more effective regional specialist services; reconfiguring the skill-mix in residential care; providing effective interventions to deal with particular challenges including: substance misuse, poor mental health and emotional well-being outcomes; criminalisation and poor educational outcomes.

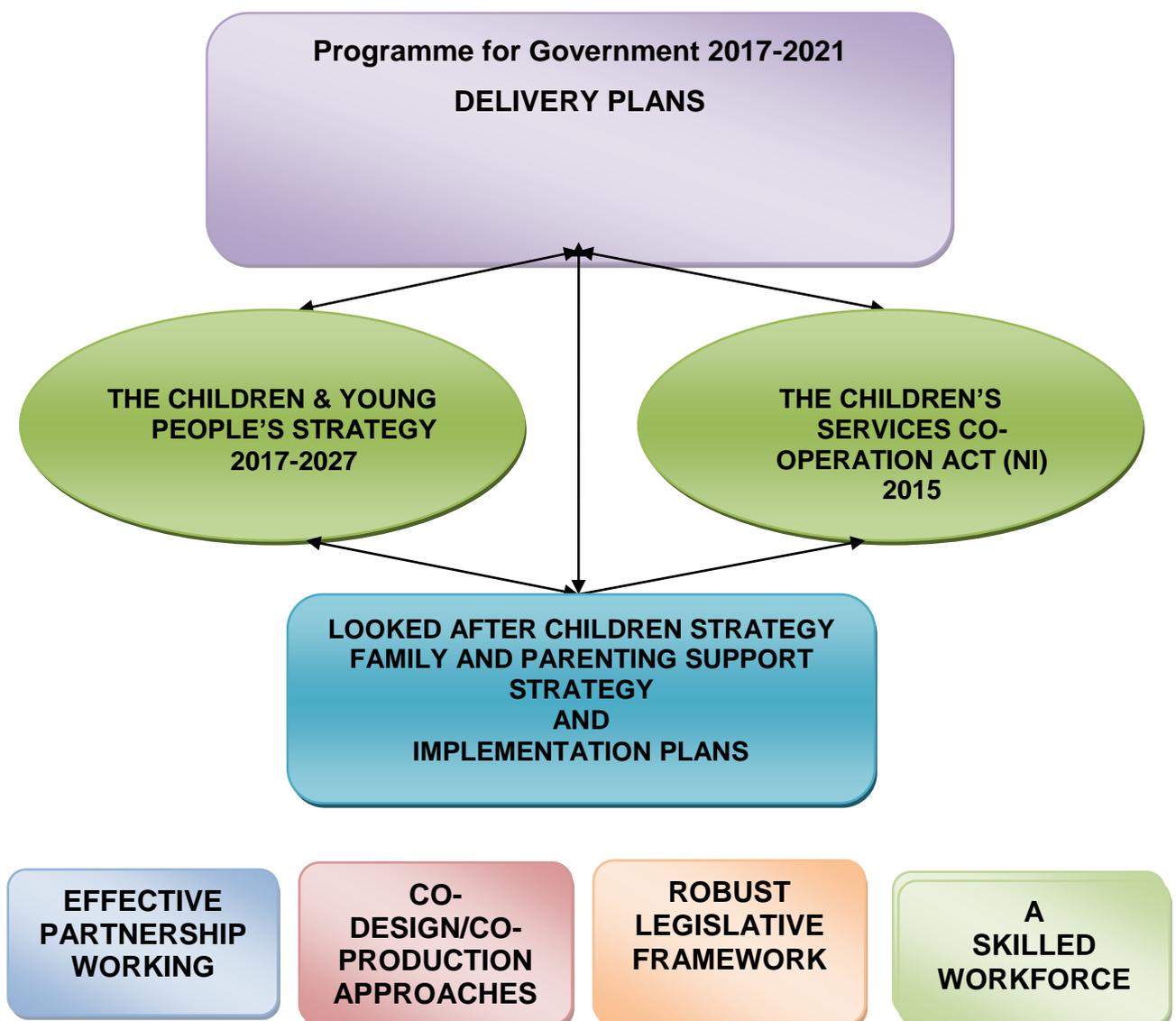
After-care

- Supporting children and young people returning home from care and their families; extending support for children and young people after-care, including care leavers, to help them make a successful transition into independent living as adults.

5. KEY ENABLERS

5.1 In delivering improved well-being for children and young people pre-care, in-care and after-care, we consider that the conditions must be right to enable us to deliver on our pledges. The Children’s Services Co-operation Act (NI) 2015 states that when we consider the meaning of well-being we must have regard, where appropriate, to relevant provision within the UNCRC. This Strategy outlines those provision throughout. In addition to PfG commitments to looked after children, the recognition given to them in the Executive’s draft Children and Young People’s Strategy (2017-2027) and the mandate created by the Children’s Services Co-operation Act (NI) 2015, there are a number of factors, which will act as enablers. They are:

- **EFFECTIVE PARTNERSHIP WORKING;**
- **CO-DESIGN/CO-PRODUCTION APPROACHES;**
- **A ROBUST LEGISLATIVE FRAMEWORK; and**
- **A SKILLED WORKFORCE**



Effective Partnership Working – The Corporate Family

- 5.2 The Department of Health delegates its day to day responsibilities as Corporate Parent for looked after children to HSC Trusts. To deliver an effective, holistic approach to each child requires a contribution from other government departments: The Executive Office, Education, Justice, Economy, Communities, Infrastructure, DAERA, and Finance, their arm's length bodies and partner agencies in the voluntary, community and independent sectors. These organisations will form part of the Corporate Family for looked after children and their commitment is reflected in the Implementation Plan.
- 5.3 Through implementation of this Strategy, the Corporate Family for looked after children will, in so far as is consistent with the exercise of the children's functions of each, be committing to improving the well-being of looked after children. The Corporate Family will be empowered and mandated by the Children's Services Co-operation Act (NI) 2015. In particular, the Corporate Parent will need the support of the Corporate Family to help families in need at an earlier stage, to provide more intensive supports to those families known to a number of agencies, to help deliver improved outcomes for children and young people when they are in care and to support them when they leave care, making the difficult transition into adult life and independent living. It is intended to work through existing partnership arrangements, for example, the Children and Young People's Strategic Partnership or new partnership arrangements established under the proposed Adoption and Children Bill.

Co-Design/Co-Production Approaches

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

Legislative Framework

- 5.5 The principal body of law governing the care and protection of children living in Northern Ireland is the Children (NI) Order 1995²¹ and Regulations made under the 1995 Order. The 1995 Order was amended by the Children (Leaving Care) Act (NI) 2002 to strengthen arrangements as they relate to children and young people leaving care.

²¹ [Children \(Northern Ireland\) Order 1995 - Article 25](#)

- 5.6 It is acknowledged that the 1995 Order is now over 20 years old. It is intended to bring forward an Adoption and Children Bill within the lifetime of this Strategy. As part of that exercise, the Bill will provide the mechanism to deliver any of the actions emerging from this Strategy, which require a legislative solution. Also within the lifetime of the Strategy, a new statutory Independent Guardian Service²² will commence and secondary legislation will be brought forward to make independent fostering agencies subject to regulation and inspection by the Regulation and Quality Improvement Authority.

Skilled Workforce

- 5.7 The number of looked after children has consistently increased in recent years. At the same time, the nature and scale of the challenge facing those who care for looked after children has also changed. This includes foster carers, social workers, teachers and other education staff, advocates, mentors and Health Care professionals such as Health Visitors, School Nurses, General Practitioners and CAMHS. We need to ensure that those who work with looked after children have the skills and resources they need to deal with the nature and scale of the challenge and are afforded adequate time to build supportive relationships with looked after children and care-experienced young people and their carers. This points to the need: for effective systems; processes; training; learning and development strategies; and opportunities and workforce planning that promotes, and facilitates effective relationship building.
- 5.8 The Department of Health's Strategy for Social Work – Improving and Safeguarding Social Wellbeing 2012-22²³, aims to support the social work profession to continue to be at the forefront of addressing new and emerging issues in society through the development of professional practice and its evidence base; the training and development of social workers; workforce planning and the deployment of social workers. The first phase of the Strategy's implementation has built momentum and awareness across the profession to consider innovative working. The second phase will focus on the adoption of best practice regionally across all HSC Trusts to improve and safeguard social wellbeing through: building confidence in the workforce (leadership); strengthening the capability of the workforce (improvement); and improving social work (co-production).
- 5.9 For the next 5 years there will be a focus on integrating and embedding delivery of the Strategy for Social Work into mainstream activity so that work to strengthen the impact and effectiveness of social work in improving people's social wellbeing will be self-sustaining. This will be done by building

²² This service, which is due to commence in 2017, is different from that provided by NI Guardian ad Litem Agency (NIGALA)

²³ [Department's Strategy for Social Work - Improving and Safeguarding Social Wellbeing 2012 - 22](#)

the capacity and capability of social workers, in partnership with service users, to co-design and co-produce improvements in how services are delivered.

- 5.10 Within the education sector, the Education Authority provides a range of services not only to support the needs of looked after children which includes the work of dedicated looked after children teams but also development work in schools, providing training opportunities for school-based staff on topics relevant to looked after children, including attachment, to help them understand the emotional and behavioural needs of looked after children.
- 5.11 All professionals and practitioners remain responsible for continuous professional development and being informed of emerging case law relevant to looked after children.
- 5.12 Through implementation of the Looked After Children Strategy, supported by the Family and Parenting Support Strategy and the Improving and Safeguarding Social Wellbeing: a Strategy for Social Work, we will build on the arrangements, which enable agencies and professionals to work together and learn from each other, for the purpose of improving the well-being of looked after children.

6. IMPROVING WELL BEING

6.1 This Strategy commits us to improving the well-being of looked after children within the meaning of the Children's Services Co-operation Act (NI) 2015. Under the Act, well-being is measured in terms of 8 outcomes. In this Chapter we set out how looked after children are doing in each outcome area, on the basis of what the evidence shows and what children and young people and others have told us. The Strategy Implementation Plan is organised by outcome and includes indicators and measures of success. It is included in Section 7.

6.2 The eight outcomes are as follows:

1. living in a society which respects their rights;
2. living in society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic;
3. physical and mental health;
4. living in safety and with stability;
5. learning and achievement;
6. the enjoyment of play and leisure;
7. economic and environmental well-being; and
8. the making by them of a positive contribution to society.

OUTCOME 1

LIVING IN A SOCIETY WHICH RESPECTS THEIR RIGHTS

[ARTICLE 42 OF THE UNCRC]

What Children & Young People said/asked

- To have their opinions heard and valued, no person wants their opinions discredited
- I'm not getting a choice if I'm going to fostering or not
- I don't know what this is (care/pathway plan) and I don't think I have one
- I don't normally go to any of them [Looked After Children Reviews]. They used to ask me but I always said no. It's alright if it is just one or two people, but I hate it if there is more, like seven or eight people, and they all ask you stuff
- I make all my decisions myself
- Social worker talks to me about it

What others said

- [Social Worker] It's the Social Workers' legal duty to advocate for the rights of the child

What we know

Sources

- 70% of care experienced young people did not have enough information to complete a life story book (CASI, 2013)
- 41% did not know enough about their family history (CASI, 2013)
- 6,849 LAC Reviews were undertaken during the period April 2016 to March 2017 (DSF)
- 29% of under 12s agree with decisions made in their care plan with 31% of over 16s agreeing with decisions from their pathway plan (CASI, 2013)
- 52% of under 12s said that someone talked to them about their care plan with 39% of over 16s having someone talk to them about their care plan (CASI, 2013)

THE RIGHTS OF THE CHILD

- 6.3 Every child has the right to be safe; well looked after; to have their say and be listened to. By virtue of the fact that they have become looked after, looked after children are more likely than not to have had their rights infringed before they came into care. This Strategy is intended to ensure that their rights are restored and continue to be upheld.
- 6.4 Tailored to their level of understanding each looked after child should be made aware of why they are being brought into care for a period of time. This should help lessen their anxiety, guilt or shame and enhance their understanding of their family situation.²⁴
- 6.5 All those who provide a looked after child with care, friendship, support and advice and services should be aware of each child's rights under the UNCRC. Including in particular:
- The right not to suffer discrimination (Article 2)
 - The right to have their best interests treated as the primary consideration (Article 3)
 - The right to life (Article 6)
 - The right to an identity (Article 8)
 - The right to an opinion and to be heard (Article 12)²⁵
 - The right to be brought up by your parents if possible (Article 18)
 - The right to be protected from being hurt or badly treated (Article 19)
 - The right to an education (Article 28)
 - Education must develop every child's personality, talents and abilities to the full (Article 29)
 - The right to relax, play and take part in cultural and artistic activities (Article 31).
- 6.6 It is important to preserve the identity of looked after children and care experienced young people by maintaining a history of the child's life and enabling them to have access to that information when required. Each child in care should have access to life story work to enable them to build their knowledge of their family ties and maintain a link with their wider family circle.
- 6.7 It is critical that looked after children are treated with respect and their views are listened to. The voice of a looked after child is central to 3 key processes: care planning; looked after children reviews; and pathway to adult life planning. Where age and maturity permits, the child or young person should be fully engaged in and central to each of these processes and every step should be taken to ensure that he or she understands what is being proposed for their short, medium and longer-term care.

²⁴ [Why am I in care? A model for Communication with Children about entry to Care that Promotes Psychological safety and adjustment](#)

²⁵ [UNCRC General Comment No 12 \(2009\) on the Right of the Child to be Heard](#)

- 6.8 Where it is age appropriate, young people should be involved in planning and review processes, be aware of what is to be discussed and given time to prepare for planning/review meetings. The reviews should focus not just on things that have been difficult but also on things that have gone well. In the first instance the social worker is the young person's advocate but independent advocacy should be made available if required. The young person should be given the opportunity and fully supported to raise issues or concerns at any stage; they should also be able to request that their carer or other adult/advocate represent or support them at a review meeting, if that is their preference.
- 6.9 It is recognised that it is a fundamental role of social workers to ensure that the views of looked after children are heard, and that foster carers are active advocates for the children they look after. However, where it is required, the child should be provided with access to independent advocacy. There is a range of advocacy and mentoring support services available to looked after children and care experienced young people, commissioned by the HSCB and HSC Trusts. The role of an advocate is to ensure that the views of children and young people are represented. It is recognised that advocacy needs to be offered to looked after children with different needs, including younger children (under 12s) and in particular those with a disability. Advocacy arrangements sit alongside a range of other measures designed to ensure that looked after children have a voice. These include: independent visitors; designated looked after children contact in schools; formal complaints and representations processes; and inspection processes.

OUTCOME 2

LIVING IN A SOCIETY IN WHICH EQUALITY OF OPPORTUNITY AND GOOD RELATIONS ARE PROMOTED BETWEEN PERSONS WHO SHARE A RELEVANT CHARACTERISTIC AND PERSONS WHO DO NOT SHARE THAT CHARACTERISTIC [ARTICLE 2 OF THE UNCRC]

What Children & Young People said/asked

- I don't like it when they say foster care. I think of myself as just being with my new family
- I was moved too far away
- The issue is important but I would highlight having too many placement movements and social worker changes
- I think of my new family as my real family
- The role of designated social worker is crucial

What we know

Sources

For those who had been in care for 12 months or longer in 2015/16²⁶:

- 54% of looked after children in Year 12 in Northern Ireland attained 5 or more A* - C or equivalent GCSEs²⁷, compared to 83% of the general school population
- 25% of school aged children have special educational needs, compared to 5% of the general school population
- 14% have a disability, with 70% of these having a learning disability
- 6% of those aged 10 years or older were cautioned or convicted of an offence compared to 5% of looked after children in England, and
- 3% were identified as having a substance misuse problem, rising to 15% of those aged 16 years and over
- 95% were of white ethnic background, 1% were Irish or Roma Travellers, 1% were black and 3% were of other, mixed, or not known ethnic backgrounds

²⁶ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

²⁷ 5 or more GCSEs at A*-C (or equivalents) is achievement at level 2 or above

Research

- A child who has experienced multiple Adverse Childhood Experiences (ACE's) is at higher risk of entering care. The need to consider the economic impact of families experiencing multiple adversities has been argued recently by Barclays Wealth (2011) who stated that: 'not only are these families costly to support in the short term, they also carry a high future cost, because growing up in a family with these problems compromises children's futures. It places them at risk of going into care, youth offending, poor mental health, substance abuse, low qualifications and unemployment – problems that are themselves very costly. The relationship between parental disadvantages and children's difficulties is clear: Children from families experiencing five or more disadvantages are eight times as likely to be suspended or excluded from school and ten times as likely to be in trouble with the police' (p 16)²⁸

- 6.10 It is widely recognised that prior to becoming looked after, a child may have experienced one or more adversities, including a dysfunctional family, domestic or other abuse, substance abuse or mental health problems. They are therefore already at a disadvantage before entering care.
- 6.11 The overall aim of this Strategy is to create equality of opportunity for looked after children and to close the outcomes gap between them and their non-looked after peers. It is also intended to develop an understanding of what it means to be a looked after child and, in so doing, promote good relations between looked after children and other members of their local community. All of the planned action under this Strategy is intended to, as far as possible, close outcomes gaps where they exist; this, in turn, will naturally require the creation of equality of opportunity. This outcome is intrinsically linked to the other seven outcomes. Consequently, no separate actions are planned under this outcome.

²⁸ Families experiencing multiple adversities: A literature review, [Barnardo's 2014](#) (NSPCC, QUB, NCB)

OUTCOME 3

PHYSICAL AND MENTAL HEALTH [ARTICLE 24 OF THE UNCRC]

What Children and Young People said/asked

- If I don't eat healthy enough I might get bad health problems in the future
- I worry about heart problems in my family
- I'm worried about the amount of drugs I'm abusing and the effects it is having on my life, being paranoid

What we know

Sources

- 99% of children looked after for 12 months or longer had their immunisations up to date; and 97% had their teeth checked, in the last year (2015/16)²⁹
- 41% of looked after children surveyed worried about their health;(CASI, 2013)
- 84% of looked after children surveyed rated their diets as good (CASI, 2013)
- There were 9,576 episodes of short term care provided to 1,184 Disabled Children in 2016/17³⁰
- 18 looked after children were accommodated for 3 months or more in a hospital during 2016/17³⁰
- 11 looked after children were awaiting assessment or treatment with CAMHS at 31 March 2017³⁰
- 97 referrals were made to the In-Reach CAHMS Service at Woodlands during 2016/17, of which 44 (45%) were for Looked After Children. The 44 referrals related to 29 individual children³¹
- 315 children were referred to Therapeutic Services for looked after and adopted children during 2016/17³⁰
- 324 of the 1,467 (22%) young people subject to Leaving Care Act (aged 16- 21+) were waiting for or receiving mental health interventions/services³⁰
- 5% of children aged 16 or less had their day to day activities limited by a long term health problem or disability (Census 2011): at 31 March 2017, 11% of all looked after children were recorded as having a disability and over half of these had a learning disability³²

²⁹ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

³⁰ Delegated Statutory Functions Report 2016/17

³¹ 'In Reach' CAHMS Service

³² [Children's Social Care Statistics for Northern Ireland 2016/17](#)

Research

- Making Life Better (MLB) – the Executive’s strategic framework for public health aims to improve health and reduce health inequalities and its vision is that “all people are enabled and supported in achieving their full health and wellbeing potential”. MLB reflects the evidence that social, economic and environmental issues affect people’s health more than individual behaviours and clinical services. It emphasises the inter-connectedness of many policies and programmes, their impact on health and wellbeing, and the need for collaboration to achieve mutual benefits. The framework is structured around 6 themes, including Giving Every Child the Best Start. The Support for Parents and Early Intervention Transformation Programmes are Delivering Social Change programmes which contribute to this theme³³
- 374 children who were under 5 years old and in care in NI at 31/03/2000 had experienced childhood adversities which included parent/s’ alcohol abuse (69%) and substance abuse (42%)³⁴
- Behavioural and mental/emotional health problems were found to be the most common health issues suffered by looked after children and young people, with 40% having been diagnosed with behavioural problems, 35% with emotional problems, and 21% with depression or anxiety. In addition, nearly one third of looked after children and young people surveyed were believed to suffer from a long-standing illness and/or disability³⁵
- A child’s environment and experiences play a crucial role in their early learning, with access to the highest-quality childcare crucial to support their early development, in the context that more and more young children are spending at least part of their day at nursery³⁶
- Neglect and substance misuse in particular by care givers have a profoundly negative impact on children. Children who have been neglected or who have been unable to form a healthy emotional attachment with their primary care givers are likely to continue to present with attachment issues³⁷
- As a result of their early childhood experiences, some children and young people suffer or develop ill-health into adulthood, particularly in respect of mental health and addiction issues and a high proportion have poor outcomes in this respect after leaving care³⁸
- Emotional well-being is enhanced by forming new friendships with young people

³³ [Making Life Better - A Whole System Strategic Framework for Public Health 2013-2023](#)

³⁴ [McSherry, D. \(2008\) From Care to Where The Care Pathways and Outcomes Study, QUB](#)

³⁵ [McSherry, D. \(2015\) Mind Your Health - The Physical and Mental Health of Looked After Children and Young People in Northern Ireland, QUB 2015](#)

³⁶ [Save The Children - Lighting up Young Brains 2016](#)

³⁷ [Children’s attachment: attachment in Children and Young People who are Adopted from Care, in Care or at High risk of going into Care, NICE Guidance \(2015\)](#)

³⁸ <http://www.voypic.org/publications/research-policy-reports> CASI, 2013

and sharing experience in care, minimising feelings of isolation. Keeping in regular contact with family, if this is in the child and young person's best interest, will also strengthen emotional wellbeing³⁵

- Disabled children and young people are over-represented in the child protection and public care system³⁹
- Disabled children are less likely to return home, more likely to experience delays in adoption, and more likely to live in specialist residential placements due to difficulties in recruiting foster carers for disabled children³⁹
- Continued support for birth parents working towards reunification with their children; prompt diagnosis and early intervention; access to therapeutic counselling or advocacy services; and inclusion of disabled children perspectives in decisions affecting their lives are all very important⁴⁰
- Access to disability and mental health services should be based on need rather than level of impairment or diagnosis³⁹
- Disabled children who had high levels of placement change, were less likely to access family based placements and less likely to participate in decisions affecting their lives or reviews of care placements³⁹
- There are four themes which need to be strengthened in order to deliver more effective services to disabled young people leaving care. These are: recognition & rights; extended care & transitions; improved pathways to adult services; and co-operation & corporate parenting⁴¹
- There is a need for more phased transitions from care (especially residential care) and the greater range of post-care accommodation options and support service options⁴⁰
- Pathway planning for children and young people with disabilities needs to be carried out in conjunction with schools and adult services the young people will eventually transition to. This should commence well in advance of their eighteenth birthday to assure the young person and their carer of a seamless transition. Staff (from any agency) who support these children and young people should have the appropriate skills to identify and meet identified needs⁴⁰
- Children in residential care had a much more negative health profile than those in foster or kinship care⁴²

Practice

- The health of a looked after child is kept under review in accordance with Regulations⁴³. This involves an examination by a medical practitioner conducted

³⁹ [QUB research Report: Over-representation of children with a disability in care \(2016\)](#)

⁴⁰ [Disabled Children and Young People in Out-of-Home Care Summary Report](#)

⁴¹ [You Only Leave Once Transitions and Outcomes for Care Leavers with Mental Health and / or Intellectual Disabilities, Berni Kelly, QUB 2016](#)

⁴² [Mc Sherry D, Mind Your Health -The Physical and Mental Health of Looked After Children and Young people in Northern Ireland \(QUB, 2016\)](#)

⁴³ [Regulation 6 and Schedule 3 to the Review of Children's Case's Regulations \(NI\) 1996](#)

every year (twice a year for under-fives). In some cases this is restricted to physical health. If a looked after child finds this intrusive or uncomfortable, and in the child's view unnecessary, he or she has the right to refuse such an examination (if considered competent to make this decision)

- There are difficulties finding placements for children with disabilities, once a permanence plan for long-term foster care or adoption has been agreed
- There are many children with a disability, whose families are provided with short term support for more than 24 hours, who become looked after children as a result of receiving this support. Some parents of disabled children take exception to their children having to assume looked after child status during their periods of short term care
- Parental concerns about short breaks are shared by many professionals, who consider that short break arrangements could be made in the context of family support and outside of the statutory looked after system. Others raised concerns about the extent to which short breaks were being used in some cases, resulting in lengthy periods away from their birth families. Some of these children were deemed to be on the edge of care and some professionals were of the view that they actually required a formal shared care arrangement
- There can be difficulties accessing specialist services (such as paediatrics or CAMHS and Allied Health Professionals) due to longer waiting times for assessment, lack of local services, lack of information or age restrictions
- A regional CAMHS Model (the stepped model) is being implemented to improve services and ensure consistent provision. The model is underpinned by a number of guiding principles, including: family centred care; a focus on early intervention; and the provision of recovery and wrap-around care
- All HSC Trusts have a looked after children therapeutic service in place, staffed by experienced and specialist staff
- Access to CAMHS is based on clinical need
- The Mental Capacity Act (NI) 2016 (which relates to all health not just mental health) amends the Mental Health (NI) Order 2006 to introduce safeguards for children under 16, including a best interests principle, which provides that the views of the child must be taken into account; and a duty to make an independent advocate available to support children admitted to hospital for mental health treatment
- The Mental Capacity Act (NI) 2016 does not change the law with regard to parents' ability to give consent for the care, treatment or personal welfare of their 16 and 17 year old children. For looked after children, this means the HSC Trust, as corporate parent, will make a decision in the best interests of the child (or will do so in collaboration with the birth parents in cases of those young people who are voluntarily accommodated)
- The PHA uses the Child Health System (CHS) to record data relating to the health of every child in the north of Ireland, including immunisation data. The

CHS has been further enhanced to flag looked after children. The purpose of flagging is to ensure their physical development and emotional and mental health wellbeing is being monitored. This will enable the assessment of service provision and what future support for looked after children is likely to be most effective

- There is existing work within education to promote positive mental health and well being through the i-Matter programme, Safe talk and other programmes

LOOKING AFTER THE HEALTH OF LOOKED AFTER CHILDREN

- 6.12 A HSC Trust's corporate parenting role extends across all programmes of care. This means that where a health need is identified, professionals should work together on a collaborative basis to ensure appropriate services are provided. Each HSC Trust, in the exercise of its corporate parenting responsibilities must ensure that every looked after child is provided with appropriate health care, including any specifically recommended and necessary immunisation or medical and dental attention.
- 6.13 It is important that adequate medical history and other relevant information, as required in legislation⁴⁴, is shared with carers before the child is placed with them.
- 6.14 There is a need for a more holistic approach. We consider that the current practice of solely a medical examination⁴⁵ is no longer fit for purpose and should be replaced with an initial health & wellbeing holistic assessment, which extends to the assessment of the child's mental health and emotional well-being, as well as his or her physical health. A Health & Wellbeing Plan should be produced as a result of the assessment and should be integrated with the child's overall care plan. The Health & Wellbeing Plan should set out how the health and wellbeing needs identified by the assessment will be addressed including onward referral to relevant specialist services as required, and the health and wellbeing outcomes it is intended to deliver. This Plan should be reviewed annually.
- 6.15 Where a child is considered competent to do so, he or she should be able to decline a routine annual health assessment. Instead, like any other competent child living outside care, he or she should be able to access a doctor only if it is required or at his/her request.

⁴⁴ The Arrangements for Placement of Children (General) Regulations (NI) 1996

⁴⁵ Health assessments were introduced into England and Wales through Promoting the health and well-being of looked-after children - Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)

- 6.16 It is essential that every looked after child; young person and their carer has someone to talk to about physical and mental health and emotional wellbeing, including providing advice, information and support⁴⁶ such as:
- Healthy eating, nutrition and keeping active and fit;
 - Sexual health, including talking about consent, healthy relationships and staying safe
 - Young parenthood;
 - Harmful choices and their impact on health such as smoking, taking drugs/legal highs, drinking alcohol or self-harming;
 - Services available to them as a looked after child; and
 - Strengthening ability to self-care to enable them to cope better in times of stress, loneliness or ill-health.
- 6.17 It is important to meet the specific health needs of looked after children who are disabled and to support them to make their transition into adult life. This will require inter-agency and multi-disciplinary support. Therefore the pathway planning for children and young people with disabilities needs to be carried out in conjunction with adult services the young people will transition to including statutory agencies dealing with employment, further and higher education and benefits support. This should commence well in advance of their 18th birthday to assure the young person and their carer of a seamless transition. Multi-disciplinary staff working together to support these children and young people should have the appropriate skills to identify and meet these needs.
- 6.18 There are many children with a disability whose families are provided with short term support through the provision of short break care for more than 24 hours and who become looked after children by virtue of receiving this care. Some parents who seek support for their disabled child throughout the year take exception to the looked after child status during their periods of short break care.
- 6.19 We will explore how children who are accommodated for short break care can avoid becoming a looked after child solely because of this.
- 6.20 Due to the trauma suffered by many children before they enter care, it is important that therapeutic support services continue to be available and that collaborative working with mental health services is in place to ensure an appropriate assessment of the child's needs. This need also extends to those children who leave care through adoption or a private law Residence Order to ensure their transition is a seamless one and minimise the risk of future family disruption and re-entry into care.
- 6.21 There is also a need to explore the potential for new services or facilities to accommodate young people who have a dual diagnosis of a serious mental

⁴⁶ In most cases children will seek this advice and information from their Carers however they may prefer to access this advice independently

health problem and an addiction. This will include the need to build on current joined up working between CAMHS and Drug & Alcohol Mental Health Services. Informed by the new health & wellbeing holistic assessment, on entry to care and thereafter, HSC Trusts should continue to develop a range of interface protocols and care pathways to improve access to all children's services including looked after children and CAMHS at different steps of the service model.

- 6.22 This continuity of care is equally important when a looked after child enters the juvenile justice centre to ensure any mental health illness or unwellness is effectively addressed. There is a need to ensure the appropriate treatment is continued in order to effectively support the young person when they leave care.
- 6.23 There has been much progress in implementing the Regional CAMHS model. Further priorities (which will also benefit looked after children) include:
- Early Intervention based on stronger partnership and collaborative working across and between sectors including the development of teams to support children and young people with psychosis are being developed
 - A commitment to improve and capture service user experience and strengthening advocacy services for young people
 - Further work on transitions to Adult Services in recognition of older care leavers seeking Education, Training and Employment and the continuing support they require from Mental Health Services
 - The development of a workforce plan to address skills gaps and ensure interventions are in line with NICE guidance
 - This work is supplemented by the counselling service provided within post primary and special schools.
- 6.24 The impact on a child's environment and early experience from problematic parenting due to drugs and alcohol misuse is significant, as well as drug/alcohol misuse by looked after children and care experienced young people themselves. We will work with the Justice Department and Judiciary to consider new ways to support parents in these circumstances and to prevent some children and young people entering care.
- 6.25 There is a need for all elements of HSC Trust services to be responsive and flexible across programmes of care to the individual needs of children with a disability or to promote the general health & wellbeing of all children in care.

OUTCOME 4

LIVING IN SAFETY AND WITH STABILITY [ARTICLE 19 OF THE UNCRC]

What Children and Young People said / asked

- You should be safe and live with people who care about you
- I think of my new family as my real family
- I think I've had 11 (social workers) over the last 18 years
- My current placement is more of a home or family than anything else
- There needs to be more permanent social workers working with children and young people, it is quite hard to trust anyone if you have a lot of change and people coming in and out of your life
- Between 2008 and 2016, I had 13 different social workers making it difficult to establish relationships
- Being able to access supported accommodation was invaluable to me
- I get tired of having to introduce myself to new people repeatedly. I have lost count of the number of "getting to know you" sessions I have attended

What Others said

Foster Carers

- We are the people doing the hard work, taking our views seriously is vital
- We are concerned about the lack of authority to make routine decisions about the child(ren) in our care

What we know

Sources

Supportive Relationships

- 41% of under 12s had four or more social workers since they came into care [CASI, 2013]
- 50% of over 12s had four or more social workers [CASI, 2013]

Placement Moves

- 19% of children looked after for 12 months or longer experienced a placement move at least once during the year ending 30 September 2016, with 2% having 3 or more moves⁴⁷
- Of these, 50% of the latest moves were planned, 42% were due to placement breakdown and 8% were as a result of 'other' reasons⁴⁷
- For school aged children, one in five placement changes also resulted in a change of school⁴⁷
- During the 2015/16 school year, 7% of looked after children changed school at least once⁴⁷

At 31 March 2017⁴⁸

Children's Homes

- 5% (164) of looked after children were in residential care
- Of these, 14 children were in secure care; eight aged between 12 and 15 and six aged 16 and over
- There were 34 admissions to secure care during 2016/17, 13 of which were repeat admissions

Kinship Foster Care

- 35% (1,037) of looked after children were placed in kinship foster care
- Of those who had been in care for 12 months or longer, 50% of those in kinship foster care were placed with a grandparent, 41% with other related person and 4% were with a sibling

Non-Kinship Foster Care

- 38% (1,121) were placed in non-kinship foster care
- A further 176 (6%) were placed with independent foster care providers;
- Some 27 children (1%) were placed with foster parents for the purpose of adoption

Placed at Home with Parents

- 12% (364) of looked after children were placed with a parent

Adopted from Care

⁴⁷ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

⁴⁸ Delegated Statutory Functions Report

- During the five year period 2013-2017, 458 children were adopted from care⁴⁹;

Care Leavers

- 4% of care leavers were in unregulated placements
- 68% of care leavers aged 19 were in contact with HSC Trusts at least once a month

Safety and Rights

- 5% of looked after children were on the Child Protection Register (50% of whom were in the 0-4 age group)
- 121 young people aged 12 or over had been formally cautioned or convicted during 2015/16
- 58 children were notified to the Police as missing from placement for more than 24 hours
- The average number of weeks for care order proceedings to conclude in 2014/15 was 45.9 weeks in the Family Proceedings Court (FPC), 57.2 weeks in the Family Care Centres (FCC) and 83.3 weeks in the High Court⁵⁰

Research

- The Our Life in Care survey of children and young people in care shows that they want to experience positive, stable and supportive relationships; with the most important issue being contact
- An OFSTED survey⁵¹ in England of children and young people in children's homes or foster care found that the children and young people identified five key themes, which were important to them: feeling safe and looked after; having staff who put them first; feeling like part of a foster family; having fun things to do and good food to eat; independence, responsibility and having a say
- The Care Inquiry, Making not Breaking⁵² found that the relationships with people who care for and about children are the golden thread in children's lives, and that the quality of a child's relationships is the lens through which we should view what we do and plan to do
- In order to feel psychologically safe, one must have trusted relationships and live somewhere they feel cared for. This is essential as research⁵³ tells us that

⁴⁹ [Children Adopted from Care in Northern Ireland 2016/17](#)

⁵⁰ Figures provided by NI Courts & Tribunal Service

⁵¹ [Ofsted children's social care questionnaire 2015: what children told us](#)

⁵² [Making not Breaking: building relationships for our most vulnerable children – presented in the House of Commons on 30 April 2013](#)

⁵³ [Understanding Permanence for Looked After Children, Boddy 2013](#)

permanency and well-being cannot fully happen if the child does not feel safe first.

- A study⁵⁴ found that:
“delegated authority was a confusing concept, and there appeared to be a wide variety of practice with some carers unsure of the decisions they could take, others having some authorisation to sign off certain things, and others who had to constantly refer to social workers and birth parents”

Practice

- The issues identified by social workers getting in the way of them building meaningful relationships with children include: high caseloads; insufficient time for training and development; bureaucracy; the need for training and development to be shaped and informed by practical research and by what children and their carers tell us works and what does not; and access to services (support, information and advice) beyond 9am to 5pm
- Through the VOYPIC Hear our Voice initiative, children and young people raised concerns about the number of visitors to the children’s home and the number of changes to ‘live in staff’ with little notification
- Looked after children and young people consider it important that they are prepared for the arrival of other looked after children in their homes
- Timely decisions about permanence are needed as the age of the child at entry into care, has been consistently found to be associated with the stability of placements and children’s well-being⁵⁵
- The Department of Health guidance on Delegated Authority to Foster Carers in Northern Ireland sets out what HSC Trusts consider when determining what authority to delegate to foster carers, including kinship and short term carers so that they can provide the child with a normal family experience. The extent of the delegation will vary depending on the type of placement, the child’s legal status, the views of the child and their parents, and the experience of the foster carers
- Particular challenges identified faced by kinship carers include: health-related issues (given the % of children who live with grandparents); high levels of stress particularly at the start of the kinship placement; and the need for practical, emotional and short-term support⁵⁶

⁵⁴ [Mc Sherry D, Mind Your Health -The Physical and Mental Health of Looked After Children and Young people in Northern Ireland \(QUB, 2016\)](#)

⁵⁵ [The impacts of abuse and neglect on children; and comparison of different placement options \(Department of Education \(England\)\), March 2017](#)

⁵⁶ [Hearing the Voice of the Kinship Foster Carer in NI, 2015](#)

A SYSTEM CAPABLE OF DELIVERING SAFETY AND STABILITY FOR LOOKED AFTER CHILDREN

6.26 Every child should have a stable home which promotes their wellbeing. This is as necessary for looked after children as it is for any other child. Indeed, given the upheaval they are likely to have experienced in earlier years, securing stability for looked after children should be a priority. Our aim by way of this Strategy is to secure a permanent stable home for looked after children as quickly as possible and in a way which best matches their individual needs and is in their best interests. The need for timely decision making needs to be balanced with robust and analytical assessment to ensure the child's welfare remains central to any decisions. This includes minimising disruption to important elements of their life such as receiving education.

6.27 A system which offers earlier permanence and stability will be or will have:

1. an effective system of supporting families sufficiently early to enable them to stay together safely and capable of creating loving, caring and nurturing environments for their children;
2. an effective mechanism of assessing children's needs;
3. the capability to accurately present and report children's needs, particularly to court, in a sensitive and balanced way;
4. a family court system capable of efficient, child-centred decision-making which effectively minimises unnecessary delay and achieves permanence for them at the earliest point;
5. effective care planning and review including frequency of statutory visits, which has sufficient focus on the safety and stability of looked after children, meaningfully engages looked after children in the process of planning and review, prevents drift and is supported by all relevant agencies;
6. a means of tracking and reporting placement moves to ensure that children are moved only when it is required and can be demonstrated to be in their best interests;
7. a stable and supportive educational environment best suited to the needs of the child which will reinforce the wellbeing gains achieved in a stable home and avoids disruption to education. This is also a priority when considering permanency planning;
8. effective in its response to known high risk factors, including children with a disability in care, going missing from care; Child Sexual Exploitation, unaccompanied, separated and trafficked children and substance misuse, including being responsive to the support needs of the birth parents;

9. a proper balance between a parent's right to contact and the child's need or desire for contact. Where contact with parents is deemed to be in the child's best interests, contact arrangements should be skilfully managed and conducted in a way which maximises the positivity of the experience for the child including taking place in a suitable environment. Likewise, maintaining contact with siblings is an important consideration for the child's identity;
10. a comprehensive, flexible and affordable range of placement options capable of meeting the diverse placement needs of individual children, including unaccompanied asylum seeking children, separated or trafficked children, children with a disability and groups of siblings, and which offer children permanent and stable homes. This should include an effective recruitment strategy for foster carers and adopters. The range of carers should include a sufficient number of dually approved and concurrent carers;
11. responsive to the financial, practical, and emotional needs of those who provide care including foster carers, their birth children and residential carers;
12. supportive of children and their families when decisions are made to return them home from care. This will involve working jointly with the parents to deliver support to help prevent children coming back into care and where they do, to continue to support the family while endeavouring to return the child home (where possible) and beyond the child's return;
13. responsive to the financial, practical and emotional needs of families who agree to care for looked after children by pursuing private law options, including residence orders;
14. responsive to the financial, practical and emotional needs of families who adopt children from care;
15. social work services organised in a way to assist social workers to establish and maintain relationships and which protects established relationships with looked after children.
16. specialist care arrangements, accessible and available to looked after children who require specialist care and capable of working with non-specialist care arrangements on an outreach basis;
17. effective engagement across agencies to identify early factors which will minimise the risk of offending behaviour and entering the juvenile justice system; and

18. mindful and responsive to the stability and safety needs of young people leaving care and making the journey into independent adult life, by exiting care positively. This includes the provision of supported living arrangements.

OUTCOME 5
LEARNING AND ACHIEVING
[ARTICLES 28 AND 29 OF THE UNCRC]

What Children and Young People said/asked

- Need someone in school with a good knowledge of the care system that can help other staff understand what life is like for looked after children
- A lot of people come into care and lose the motivation to go to school because they have so much else going on in their lives
- A child in care may not have a lot of people to help them with their homework.
- Social workers should be more aware of the importance of keeping a young person in the same school when they are put into care
- It's not worth going – poor relationships with teachers. I'd like to have the option of mainstream
- I think kids should be encouraged to go to school because they're the future.
- I love school, I love doing my homework!
- Stability in placements where possible but when changes in placement are necessary, identifying appropriate school
- I think there should be Wi-Fi in children's homes so they can do their homework

What we know

Sources

Of the children looked after continuously for 12 months or longer in 2015/16⁵⁷:

- Of those looked after children of compulsory school age, 89% had a Personal Education Plan
- 25% of the children were covered by a statement of Special Educational Need (SEN) compared to 5% for the general school population; Of these 58% were related to learning or severe learning disability
- 8% of children looked after suspended, compared with 1.1% of the general school population indicating that Looked After Children were seven times more likely to be suspended from school⁵⁸

Primary School⁵⁹

- Key stage 1: 78% of looked after children attained Level 2 English or above

⁵⁷ [Children in Care in Northern Ireland 2015/16](#)

⁵⁸ [Pupil suspensions and expulsion, Department of Education Northern Ireland 2014/15](#)

⁵⁹ Key Stage 1 is Primary 1 to Primary 4; Key Stage 2 is Primary 5 to Primary 7. Key Stage 3 is from Year 8 to Year 10, Key Stage 4 is Years 11 and 12.

(2015/16), compared with 88% of the general school population and 78% of looked after children attained Level 2 Maths or above (2015/16), compared with 88% of the general school population

- Key stage 2: 44% of looked after children attained Level 4 English or above (2015/16), compared with 78% of the general school population and 44% of looked after children attained Level 4 Maths or above (2015/16), compared with 79% of the general school population
- Key stage 3: 40% of looked after children attained Level 5 English or above (2015/16), compared with 78% of the general school population and 39% of looked after children attained Level 5 Maths or above (2015/16), compared with 79% of the general school population
- Compared with the general population, fewer looked after children attending Primary School missed 25 or more school days (3%) than the general school population (5%)

Post Primary School

- 54% of looked after children in Year 12 achieved 5 or more GCSE at grades A*-C or equivalent grades (2015/16) compared with 83% of the general school population in NI
- For those children attending post-primary schools, 16% of looked after children missed 25 or more days compared with 10% of the general population

Non mainstream

- The outcome statistics above only relate to children in grant aided mainstream education. It is recognised that more analysis is needed on outcomes for children in non-mainstream settings such as special schools, EOTAS and justice centres where outcomes are often measured in areas other than academic results or by equivalent qualifications rather than GCSE's

Research

- The early years are critical to children's outcomes and later life chances. The years from conception, through birth, from the home learning environment to early years' provision and transition to primary school are critical to the cognitive, emotional, social and physical growth of children⁶⁰
- Whilst some looked after children do well at school, too many do not and their educational outcomes tend to fall significantly below those of the general school population with a significant performance gap first appearing at Key Stage 2 level and continuing through to GCSE and A-level. These educational outcomes can

⁶⁰ Reflections from "[Promoting the health and well-being of looked-after children, March 2015, Department of Health, Department of Education; Achieving emotional wellbeing for looked after children - A whole system approach](#)" - By Louise Bazalgette, Tom Rahilly and Grace Trevelyan - June 2015, NSPCC)

be a strong predictor of later life chances, for example, a gateway to progression to further study, training or employment⁵⁹

- The OECD cite the key drivers of poor outcomes as low responsiveness, instability and low expectations⁶¹
- The challenges faced by looked after children are significant, as evidenced in the earlier section on physical and mental health. It is also acknowledged that many children entering into care are educationally behind their peers in the general school population because of their early childhood experiences⁵⁹
- Recent research also confirms that more emphasis should also be placed on prevention, such as targeting supports at families and parents whose children may be on the edge of care and early intervention to ascertain and respond to the emotional need of young children entering care⁵⁹

CLOSING THE EDUCATIONAL ATTAINMENT GAP – A JOINT AND TARGETED EFFORT

WHAT CAN WE DO?

At School

- 6.28 We should set the bar high, foster aspirations in looked after children and be aspirational for them. Of course this relates not only to educational attainment but also to wider measures of success including personal development, skills, positive destinations and pathways. Above all, it should be an enjoyable childhood experience. It is also recognised that a child's carer has a crucial role in being the primary educator within the family and ensuring that the school experience is backed up by learning support at home with children having the facilities they need to study.
- 6.29 Our challenge is therefore to provide tailored support to looked after children to ensure that they have a positive and engaging learning experience through which they will reach their full potential, alongside the rest of the school population.
- 6.30 While this Strategy is advocating the targeting of looked after children to narrow the attainment gap, it is important that this is done sensitively and with subtlety by schools, alternative education provision and colleges. A good school experience is critical for looked after children as school can provide the stability and security they need, a safe place for them to show what they can do. Key to this is building meaningful relationships between school staff and looked after children and a capacity building programme for school staff is the first step in achieving this.

⁶¹ [Northern Ireland \(United Kingdom\): Implementing Joined-Up Governance for a Common Purpose, OECD 2016](#)

- 6.31 Many looked after children suffer from attachment difficulties and find it difficult to form and keep meaningful relationships. This then can have knock-on effects on school attendance and behaviour (in and out of school) and can lead to many adverse outcomes in adult life. It is therefore important that we recognise children with these difficulties and equip our educators to intervene early to improve outcomes.
- 6.32 Reinforcing relationship building within school are the relationships between education and health to ensure that the entire team supporting the looked after child is effective. This requires joint working not only between the Departments of Education and Health but also between HSC Trusts and the Education Authority to enhance the better understanding of the issues faced by each profession and to demonstrate the strongest commitment to helping every child, wherever the child is placed, to achieve their full potential. It should be acknowledged that whilst this includes supporting their aspirations to achieve in further and higher education, it also focuses on achievement at all levels to avoid formal qualifications remaining as the only indicator of success at school.
- 6.33 In this context the education of every looked after child should be considered, planned and reviewed taking into account their individual circumstances, challenges and potential, informed by their Personal Education Plan (PEP). In supporting their education, we must ensure the resources provided for looked after children, whether it be the additional funding provided through the Common Funding Formula directly to schools or the many support services provided through education and health, are complementary, in the best interests of the child and above all effective. We will also undertake a review of services to identify duplication and gaps in support.
- 6.34 Building on the collaboration theme, an Early Intervention Transformation Programme pilot project is considering the educational outcomes of looked after children at Key Stage 2 level through the identification of effective interventions; the challenging of existing support provided and the establishment of effective structures and systems to enhance multiagency co-operation. A looked after children's champion, similar to the Virtual Head role in England, has been appointed to lead the project which will bring clarity and focus on the issues experienced by looked after children and how they can be addressed.
- 6.35 In considering the needs of looked after children in education the PEP is the overarching plan which should not only serve as a record of academic progress and achievement but also take account of the social and emotional development of a child or young person and be informed by their aspirations. Schools should also be empowered to take ownership of the PEP process, working in collaboration with their health colleagues, for the benefit of looked after children and bringing together other education plans including the

Outside School

- 6.36 Extra-curricular activities can help children develop confidence in learning, to become active learners and to develop a different kind of relationship with adult instructors or supervisors than in a more formal school setting. In out-of-school settings, they become used to seeing learning as a partnership, rather than as something that is imposed upon them. It is essential that looked after children are encouraged and facilitated to participate in extra-curricular activities. This should be a shared responsibility between schools and HSC Trusts.
- 6.37 Like any other child, looked after children and young people need and should be provided with learning support at home. This should include:
- having reading material at home;
 - having somewhere to study and do homework;
 - having access to extra study support if needed;
 - having access to a computer (either at home or through library and school networks) including the Internet for research projects, homework and exam portfolios;
 - having a dedicated looked after children contact/trusted person in school;
 - being able to access work experience placements as outlined in Personal Education Plans, (with HSC organisations giving priority to looked after children and care experienced young people); and
 - making sure there is access to careers and education advice.
- 6.38 Learning support should also extend to carers, including care staff working in residential care, to enable them to facilitate the child or young person in engaging and participating fully in education. This should include ensuring the child attends school, attending parent's evenings, assisting with homework, and instilling and inspiring love of learning in the child.

Leaving School

- 6.39 Care leavers' (those leaving care at 18) circumstances differ significantly to those of their peers who in most cases will have the support of family during their course of study or training. Going to university can be a huge challenge for any young person. Most young people are supported on the road to university and as they make the journey out of the family home for the first time. Looked after children, likewise, should be supported to make the transition to university as seamless as possible. They should be made aware of the Tick-the-Box campaign and encouraged and assisted to tick the box.

This will ensure that universities and further education colleges give them priority consideration.

- 6.40 HSC Trusts should give young people the practical, emotional and financial support to enable them to progress to further and higher education or training. This includes support to meet the costs associated with education or training where the young person continues in a course of education beyond 21 years. Some young people may need to be given a second chance at learning and to gain qualifications and consideration should be given to facilitating their re-entry into education or training where this will help strengthen their opportunity for independent living.

**OUTCOME 6
PLAY AND LEISURE
[ARTICLE 31 OF THE UNCRC]**

What Children and Young People said/asked

- Wi-Fi in children's homes so you can play games with your mates
- I would like money for guitar lessons
- I would like to be an actress; model; comic designer
- I would like to travel the world
- Don't have the money to do extra things and have new experiences like other young people....when staff take us out or away....it's great to experience new things and new places, gives you a better sense of the world, new ideas about how things can be

What We Know

Research

- The evidence base shows that participation in play, leisure, arts and cultural activities makes a positive contribution to the mental, emotional, social and physical wellbeing of children and young people, therefore the benefits contribute to positive health and education outcomes⁶²

Practice

- PE is a compulsory part of the curriculum for all pupils at every key stage, from age four to 16. It is up to schools to determine how much time is devoted to PE in the curriculum but departmental guidance recommends that they should provide pupils with a minimum of two hours curricular PE per week⁶³

6.41 Under Article 31 of the UNCRC, it is the right of every child to have rest and leisure, to engage in play and recreational activities appropriate to the age of the child and to participate freely in cultural life and the arts. This is echoed in Section 1 (2) (b) of the Children's Services Co-operation Act (NI) 2015 which identifies the enjoyment of play and leisure as an indicator or measure of the well-being of children and young people.

6.42 Play and leisure can all too often be seen as the 'nice thing to do' or an 'added extra'. However, there is evidence which shows that they are vital to every child's development:

⁶² [Gill, Tim \(2014\) The Play Return: A review of the wider impact of play initiatives](#)

⁶³ [Department of Education Statutory Curriculum](#)

*'the humanising and socialising qualities of the arts and culture are absolutely central to child development and our systems will fail if we cannot find a place for this'*⁶⁴.

It is therefore important that a child's placement enables, encourages and facilitates a child's innate ability to play and this should be reflected in the child's care plan.

- 6.43 Much work has already been progressed through the Together: Building a United Community (TBUC) scheme to provide opportunities for care experienced young people to support, for example, leadership capability; maximising potential; promoting creative expression and having fun and enjoyment through sporting, leisure and culture opportunities. Initiatives include National Care Day which has raised public awareness and challenged perception of children in care and care experienced young people. It is designed by and involves looked after children and it has been a key enabler, with its emphasis on celebrating positive images and messages about care. Other initiatives include Sports & Activity for Foster Families through health and well-being fun days in local activity, leisure and sport and Homeless Street Soccer using football to engage hard to reach young people in the community. The Twilight Art pilot project between the PHA and Arts Care Trusts also provides a series of arts-based activities that contribute to an enhanced learning and personal development experience.
- 6.44 We will build on these experiences to further enhance the range of other options to young people including working with DAERA to fully utilise the opportunities presented through the nature reserve and country park programme of activity.

CREATING PLAY AND LEISURE OPPORTUNITIES FOR LOOKED AFTER CHILDREN AND CARE EXPERIENCED YOUNG PEOPLE

- 6.45 We need to ensure that looked after children are provided with the same opportunities as their non-looked after peers to access play, leisure, cultural and artistic experiences. This is equally important for young people who are care experienced and trying to have normal life experiences through independent living. In particular, experiences that promote opportunities to:
- develop leadership skills;
 - tap into their potential;
 - encourage creative expression;
 - develop positive relationships with their peers;
 - promote resilience and coping skills;
 - enhance communication skills;
 - increase self-confidence;
 - increase levels of participation and social interaction;

⁶⁴ www.anewdirection.org.uk

- promote positive lifestyle choices;
- promote health and emotional wellbeing;
- participate in activities which take account of cultural differences;
- raise personal aspiration; and
- enable them to have pure and simple fun.

6.46 Looked after children should be asked if there are any skills they wish to learn but have not had the opportunity such as swimming or riding a bike. In preparing them for leaving care learning to drive is also something they may aspire to.

6.47 These opportunities will require the support of government departments and agencies other than HSC Trusts. Schools and youth organisations will have key roles to play. Collectively, we should make it easy for looked after children to access play and leisure opportunities and actively encourage them to participate. This includes ensuring looked after children in rural locations have appropriate transport and opportunity to use facilities and participate in scheduled events. This could involve working with foster carers, residential carers or advocacy organisations in a targeted way to ease their access to gyms, libraries, museums, national parks and nature reserves. Structures that bring together a wide range of organisations such as community planning partnerships should be utilised to support and develop opportunities for children to participate fully within the community.

OUTCOME 7

ECONOMIC AND ENVIRONMENTAL WELL-BEING [ARTICLES 24 AND 27 OF THE UNCRC]

What Looked After Children said

- I can manage my money myself
- Not enough money to manage
- To get a house of my own when I am older, it's not really profound but it's what I want
- To grow up and get a good job and have a family.

What others said

- Foster carers
- They struggle to gain employment, because they haven't got that support, no mum to wake them up in the morning

What we know

Sources

In 2015/16:

- 44% of looked after children come from the most deprived areas in Northern Ireland
- 85% of young people (still in care but eligible to access care leaver's services) were in Education, Training or Employment
- Of young people who had left care aged 16-18 and whose activity was known, 73% were in Education, Training or Employment
- 63% were in education or training
- 11% were unemployed with 10% in employment
- 16% were economically inactive due to caring responsibilities or sickness/disability
- 67% of care leavers aged 16-18 had GCSEs or other qualifications at the time of leaving care
- the proportion of care leavers obtaining 5 GCSE's (A*-C) or higher was 21%. Although not directly comparable, this still remains much lower than for school leavers as a whole (81%).
- 289 young people were awaiting the appointment of a personal advisor

- 26% of care leavers were living with their former foster carers through the GEM scheme.
- 19% of all care leavers aged 19 were parents

6.48 Under the draft Programme for Government (2017-2021), the aim is to increase the percentage of young people aged 19 who have left care and are in education, training and employment. In support of PfG, the aim of this Strategy is to create the conditions necessary to make that possible.

6.49 This will require support at an early stage, well in advance of the time that it is intended a young person will leave care. Also, their health status and their ability to engage in education, training and employment opportunities, in particular the effective transition from CAMHS to Adult Mental Health Services, where applicable, is critical in this regard. The full range of options available to them and how they might be pursued needs to be considered at an early juncture and discussed at length re-enforcing the message that they have people who believe in them and will talk through all their options.

6.50 Information and advice throughout the transition from care to independent living after care should be readily available. Every young person leaving care should have an agreed key named professional as their Personal Advisor which in addition to their social worker, could include a career teacher, an independent advocate, foster carer, peer mentor or a looked after children contact in school, who is there to offer support, guidance, information and advice and who starts the early preparatory conversation and discussion.

6.51 Continuity of support through the Personal Advisor⁶⁵ to assist the young person navigate from care to leaving care will be essential. The Personal Advisor should work with each young person on the development of a pathway plan, which should clearly identify the support the young person needs, who will provide it, how and when. The young person should be supported to strengthen skills which support independence and build on life, social and practical skills, such as budgeting/money management skills, savings, cooking, cleaning, building furniture or using a washing machine. He or she should also be given the opportunity to actually experience independent living so they are ready for that transition. This will also mean ensuring they have:

- a bank account;
- access to their junior ISA account where applicable and advice about its maintenance;
- a health record card/documentation;
- their National Insurance number applied for prior to their 16th birthday (if not already issued); and
- any necessary ID documents, such as a passport or student card.

⁶⁵[Leaving and After-care, Vol 8 \(May 2015\)](#)

ACCOMMODATION

- 6.52 Every young person must have somewhere safe and suitable to live and should be supported to make the decision about where they will live. A stable place to call home provides the environment in which to make future plans for careers, building positive friendships and relationships, developing networks within the community and becoming involved in social activities and using local amenities. Not all young people are ready to leave care at age 18. We need to explore other ways of supporting them in addition to the GEM Scheme and current Supporting People joint commissioning accommodation arrangements. For those who are not ready there needs to be effective housing support mechanisms put in place to help them transition into adulthood and prevent premature exits from care.
- 6.53 We should seek to build on the existing Supporting People joint commissioning arrangements between the HSCB / HSC Trusts, and NIHE, which have successfully expanded the housing choices available to care leavers and young homeless people⁶⁶. The emphasis has been on safety and support and the range of housing options extends from emergency placements, to lodgings, semi-independent and independent accommodation. The range now includes jointly commissioned supported accommodation and supported lodgings where a young person can move to a familial environment until they are ready for more independent living.

GOING THE EXTRA MILE SCHEME

- 6.54 The GEM Scheme enables former looked after children to remain living with their foster carers between the ages of 18 and 21. The GEM Scheme provides foster carers with practical and financial support so that young people can continue to live with them after the age of 18. Support through GEM can continue beyond age 21. The numbers accessing the GEM Scheme continues to rise and we would like to see that trend continue. We would like to extend the Scheme to young people in all types of foster placements and introduce a similar scheme which would provide continuity to those young people aging out from residential care. We are proposing to place the GEM Scheme on a statutory basis.

FRIENDSHIPS AND FAMILY

- 6.55 Family and friends have a vital role in supporting young people through their transition into adulthood. The young person should be offered support to stay in contact with family and friends and those who have supported them in their

⁶⁶ It is not possible to provide a 16 or 17 year old with accommodation for more than 24 hours without the child becoming looked after. Once the child is looked after, he/she could, if competent, refuse some or all of the services on offer. If that child refused all of the services (including the provision of accommodation) the child would then no longer be treated as looked after. Albeit they may continue to be assessed as a child in need with support as necessary.

previous care placement where appropriate, that is, house parents and the care family, including care siblings. They should have access to people who can help them to achieve and sustain economic independence and be supported to engage with them. In addition, care-experienced peer mentors, who have navigated their way through care and after care and who have achieved vocational, academic or professional success could provide a positive influence and play an important role in guiding care leavers during their transition period.

- 6.56 Some young people will have children whilst still young themselves. We will support these families to stay together through parenting training, appropriate placements for mother and baby, access to child-minding to allow the parent to participate in education, training or employment to improve their longer term positive economic outcome.

FINANCIAL SUPPORT

- 6.57 Young people need to be provided with the financial assistance and practical support to set up home and helped to navigate their way through the benefit system, so that they know and understand what benefits and allowances are available to them, which could assist secure a home, a job, access to training or education. The Department for Communities initiative 'Make the Call' will assist families and young people to maximise their entitlement to benefit and support.

EDUCATION, TRAINING AND EMPLOYMENT

- 6.58 Every young person who leaves care/ages out of care, needs to be provided with practical, financial and emotional support to progress to further or higher education; gain an apprenticeship; be selected for work experience or training opportunities, or to take up employment. They will need help to link them with the right opportunities to match their aspirations and ability. Some of the existing support mechanisms include:
- the DfE Career Service advisors who provide career support in respect of looked after children in years 8-12;
 - school career teachers and looked after children contact persons who can provide up to date practical advice and support;
 - HSC Trusts employability schemes for looked after children to assist them on to the employment ladder which link with DfE Career Service and Project 100⁶⁷ and the Give and Take Scheme⁶⁸; and
 - the use of social clauses in construction and other contracts designed to open up apprenticeship opportunities for care leavers.
- 6.59 We will consider what additional measures can be put in place to secure the economic and environmental-wellbeing of looked after children and care-

⁶⁷ [100% Employment Opportunities for NI Care Leavers](#)

⁶⁸ [Give and Take Scheme](#)

experienced young people. The challenge will be to maintain and potentially enhance some of the measures already in place.

OUTCOME 8

CONTRIBUTING POSITIVELY TO COMMUNITY AND SOCIETY [ARTICLE 12 OF THE UNCRC]

What Children and Young People said/asked

- To work with young people in care
- There should be more positive stories about children in care
- To grow up and get a good job and have a family
- I never got convictions 'til I went into care...I got 66 convictions in 2 years...wouldn't have been in here only I was in care. Even if we go into the staff office (in care home) to wind them up, they would threaten to phone the police

What others said

Social Workers:

- Need to involve care experienced children and young people in the planning / design / commissioning/ being able to avail of looked after children services

What we know

Sources

In 2015/16, of those who had been in care for 12 months or longer:

- 14% of children looked after for 12 months or longer have a disability
- 44% of children in care came from the 20% most deprived areas within Northern Ireland
- 5% of children originated from the 20% least deprived areas
- 13 young people in care had one or more dependent children, the majority of young people were female and most were aged 16+
- 97 referrals were made to the In-Reach CAHMS Service at Woodlands during 2016/17, of which 44 (45%) were for Looked After Children. The 44 referrals related to 29 individual children⁶⁹.

In 2015/16, in relation to youth offending:

- 36% of sentence transactions involved young people in care (16% subject to a care order and 20% voluntary accommodated)⁷⁰

⁶⁹ "In-Reach" CAHMS Service

⁷⁰ [Youth Justice Agency Statistics 2015/16 30 September 2016](#)

Research

- We know that disabled children and young people and their families can experience significant marginalisation and isolation within communities. A joint QUB/PHA report, *Improving the Well Being of Disabled Young People*⁷¹, identified opportunities for social participation as a key factor in contributing to increased well-being for disabled adolescents and their families

Practice

- Under the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE), when a child or young person is charged with an offence and bail cannot be granted, or no place of safety can be secured, s/he can be held in custody pending a court appearance especially for young people in residential care, where the PSNI are often called to respond to issues that would not have warranted police intervention in the general community. Young people who live in residential care may be held in custody because of the lack of an appropriate bail address⁷²

THE NEED TO PROMOTE A POSITIVE IMAGE OF LOOKED AFTER CHILDREN

- 6.60 All children have a range of talents, qualities and skills which contribute to and help them contribute to a richer community for everyone. Unfortunately, largely on the basis of a lack of understanding of who looked after children are or what is meant by being looked after, the perception of looked after children can be negative. That is certainly what looked after children have told us. They have also told us that they want those negative attitudes and images of them challenged and replaced by accurate and more positive images.
- 6.61 We need to help the wider public to understand more about looked after children and the challenges they often face before coming into care. If we expect them to contribute positively to the communities in which they live and to society more generally, firstly we need to treat them with the respect they deserve. This extends to how we respect looked after children and their families in written reports and records. They need to be valued by their communities and wider society first to help them to become valuable members of both. Communities and society need to have confidence in them to help them build confidence in themselves, to help them feel good about themselves and the communities in which they live.

CELEBRATING SUCCESS

⁷¹ [Improving the Well-being of Disabled Young People March 2016](#)

⁷² [A Review of the Youth Justice System in Northern Ireland](#)

6.62 In recent years, concentrated efforts have been made to present looked after children positively. Their successes are many, their contributions great and thankfully they are increasingly publicly celebrated. The institution of a 5 Nations Care Day will be key to continuing the positive presentation of looked after children.

CREATING OPPORTUNITY

6.63 If we want positive contributions from looked after children, we need to create the conditions and the opportunities for that to happen. The promotion of positive images of looked after children is a start. The creation of formal engagement mechanisms and taking steps to secure better outcomes for them generally will also assist. We should harness the input of former looked after children and their carers to help us make improvements to how we look after children and young people in the present. There is the potential for them to act as 'mentors', 'buddies', 'advocates' and 'expert advisers' and contribute to professional training at under graduate level and during employment. Looked after children and young people should be encouraged and supported to:

- become involved in volunteering, including intergenerational volunteering;
- engage in existing youth fora and school pupil fora;
- join youth clubs; scouts organisations, sports organisations, etc.

6.64 Given the relatively high proportion of disabled children in the looked after population, any measures put in place to help them contribute to their community and society will need to be tailored to meet their specific needs.

AVOIDING UNNECESSARY CRIMINALISATION

6.65 Unfortunately a disproportionate number of looked after children particularly those in residential care come into contact with the criminal justice system which contributes to the negative image of these children and young people within their community. Working with criminal justice agencies and across government, we will build on the work already undertaken to recognise the additional needs of Looked After Children and work innovatively and collaboratively to develop alternative pathways and avoid them being unnecessary criminalised.

6.66 Young people should not have to spend time in custody solely due to difficulties in providing a bail address. The responsibility is on HSC Trusts to put in place arrangements to allow young people to return to a place of residence where the police consider that is the appropriate course of action.



7. WHAT WE WILL DO – THE IMPLEMENTATION PLAN AND REPORT CARDS