Care Matters in Northern Ireland – A Bridge to a Better Future

March 2007
Acknowledgement

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FOREWORD

Children need to be cared for, to live in safety, to be protected from abuse and to receive the support they need to achieve their full potential, become more independent and grow into well adjusted adults, taking their place in the community. This is the vital role that families fulfil in society.

Unfortunately not all children are properly looked after. Some families need extra support to help them and for a small number of children additional steps have to be taken to ensure that they are safeguarded from harm. When society has to become involved in private family life in this way it is not a decision that is taken lightly. To do so is to take on the responsibility for the protection and wellbeing of the children concerned. This is a responsibility that must be taken seriously and discharged with the highest levels of skill, integrity and dedication. It is difficult, pressurised work that requires an understanding of the most complex risks. Put simply vulnerable children are entitled to the very best services we can provide. Services that whenever possible prevent and divert them from coming into care; services that provide a choice of quality placements when they do; and services that will ensure the best outcomes for them when the move on and give them the best life chances as they enter adulthood.

Unfortunately in the past, for a variety of reasons, we have not always managed to provide services that meet these high standards. Care Matters Northern Ireland: building a bridge to a better future seeks to change this. It takes as its starting point the Green Paper Care Matters published last November by Department for Education and Skills (DfES) in England. The Secretary of State has made children’s issues and marginalised children’s issues in particular a priority; where improvements have been made in other jurisdictions we should look carefully at how we can do likewise in Northern Ireland. This applies to this group of children in particular.

Care Matters NI builds on the DFES Green paper, developing a strategy which will work best in Northern Ireland, augmented by policy and actions relevant to this jurisdiction. Significantly, the document will build on other reforms which I
announced this month in relation to new structures and processes in frontline services and building on the outcome of the Child Protection Inspection Report which was launched on 15th January 2007. These are complemented by investment in children’s services through the Children and Young People’s Funding package and the overarching OFMDFM 10-year children’s strategy and OFMDFM’s Anti-Poverty Strategy.

The document looks at how best we can invest in a range of preventative services designed to help children and their families stay together. For those who need to come into care, we want to strengthen kinship care and more flexible forms of foster care. When children are in care we want them to enjoy the best possible upbringing and to achieve this we need to improve the health, education, career opportunities and recreational opportunities for the children we look after. In addition, I want to strengthen children’s voices and access to innovative advocacy arrangements. Finally, for children who leave care, we want to build upon the framework established by the Leaving Care (Northern Ireland) Act 2002 to ensure the very best of future opportunities for children in care who make a transition to independent living and aftercare.

To achieve the vision set out in document will require the combined and coordinated efforts from a wide range and number of government departments, agencies and stakeholders, but together, we should establish a better bridge to the future for these children. I am confident it will happen.

I welcome all consultation responses however brief or extensive to this document and hope that following the consultation period that the final policy outcomes will establish an exciting agenda that will demonstrate tangible improvements for children and their families inside and outside of care.

Minister for Health, Social Services and Public Safety
INTRODUCTION

1. The State through Government Departments and agencies, Health and Social Services Boards and Trusts and in partnership with voluntary sector providers has a unique responsibility for families and children who are in need which includes taking on the task of directly caring for some of Northern Ireland’s most vulnerable children.

2. Families are the bedrock of society and the most effective and preferable way in which to bring up children. The State has a responsibility to encourage families in this important task and where they encounter problems to provide early support and services. This is particularly the case where problems are such that families may breakdown for whatever reason and where children are at risk of harm or abuse.

3. Where a child cannot live with their own family we should ensure that where possible they can live with their extended family or have the experience of public care through a fostering arrangement, the most appropriate and stable arrangement for children who cannot live at home. Our overall aim should be to try to achieve permanence for a child with his or her birth family and where this is not possible, through adoption, long-term fostering, residence orders or through special guardianships.

4. All of us who work with or have responsibility for children in care both directly and indirectly must ensure that we are everything a good parent should be, offering a quality home and experience of childhood, ambition, hope for the future and demand the best of schools and services for these children. This is a hope and a vision shared by the many dedicated professionals and carers in the statutory and voluntary sector who work with this group of children. Unfortunately however, outcomes for children in care at present remain very poor. We must do better and while we have seen a number of improvements and investments targeted at children in care in Northern Ireland in recent years it is evident that we have a long way to go. This consultation paper sets
out how Government plans to meet this challenge. It establishes a vision for what services to children in care and on the edge of care should look like and sets out to realise this through ensuring the voices of children and families are heard, preventing children on the edge of care coming into care, promoting stability and permanence for children in care and improving services and outcomes for children who have left care.

5. The actions outlined in later chapters are the responsibilities of a number of Government departments and agencies for children in care. They are cross cutting in their impact, building on the targets set out in the 10 year Children’s Strategy (OFMDFM, 2006) which encompasses new investment, targets, new services, policy development and legislation.
CHAPTER 1: CONTEXT

Looked after children in Northern Ireland

1. The number of looked after children, in Northern Ireland, has remained relatively stable over the last decade at around 2,500 children (2,436 at 31st March 2006, DHSSPS, 2006a). As in England & Wales, a majority of these children are placed in foster care, although comparative figures from previous years indicate that the proportion is lower in Northern Ireland (58% in 2006) than equivalent figures for England (68% in 2006)). Over the past five years (2000-2005) the numbers of children in foster care in Northern Ireland has fallen by 11%. In contrast, the numbers of children placed with family have increased by 43% and those placed in residential care by 11%.

2. The length of time children spend in the care system varies and, at the 31st March 2006, over half (53%) had been in care for more than three years, almost 3 in 10 between 1 and 3 (29%) years and 1 in 5 for less than 1 year (18%). Since the millennium the proportion of children in care for 3 years or more in NI has decreased from 56.2% to 51.2% in 2005. Statistical information available on care leavers indicates that the average length of time spent in the latest period of care was approximately eight years for both young men and young women (DHSSPS, 2006).

Outcomes for Children in Northern Ireland

3. Children in care are one of the most vulnerable and disadvantaged groups in society. In later life they are more likely to be socially excluded than children from almost any other background. A report published by the Social Exclusion Unit highlighted that children in the UK who have been in care are disproportionately more likely to become teenage parents, be unemployed, end up in prison or become homeless (SEU, 2003).
4. Children and young people looked after in Northern Ireland experience similar difficulties as those in the rest of the UK. They have considerably poorer educational attainment and much higher rates of unemployment on leaving care than their peers (see Annex 1, Table 1). They are also more likely to have a statement of Special Educational Needs and to experience school suspensions and/or expulsions than school aged children who are not looked after. Girls are more likely than their peers to become pregnant in their teenage years and boys are more likely to receive a caution or a conviction than their peers.

5. Many children who are looked after in care or at risk of coming into care suffer from mental health problems. The Bamford review of mental health and learning disability (July 2006) calls for a model that prioritises and meets the needs of Looked After Children throughout Northern Ireland (see also Bamford review recommendations 30 and 31). In this strategy we set out our ideas on the creation of dedicated therapeutic and CAMHS services for children at risk of coming into care (Ch 4); children in care (Ch 5 and Ch 8); young people who have left care (Ch 9) and young people who have been adopted or who are the subject of special guardianships (Ch 5). A recently published research report on the mental health of looked after children ("Don't be So Formal, I'm Normal", VOYPIC, 2007) recommends that the emotional well-being needs of these children and young people is a central concept in assessment and care/placement planning. Instability in the lives of children and young people, lack of contact with their birth family, placement moves, change of schools and friendship networks are all factors, which affect their mental health and well-being.

6. A recent audit of government compliance with the United Nation’s Convention on the Rights of the Child commissioned by the Northern Ireland Commissioner for Children & Young People (Kilkelly et al, 2005) highlighted a range of issues and gaps in current provision for children and young people in care. Amongst them, these included the need for: increased advocacy services; increased placement choice; access to specialist services; flexible
contact with family members, in particular siblings; and improved health and educational assessments.

**Views of Looked After Children in Northern Ireland**

7. Many of the difficulties and gaps in service provision noted above are echoed by young people themselves. A recently published review of the views, experiences and aspirations of care experienced children and young people in Northern Ireland (McAuley & Bunting, 2006), based on 18 projects completed by VOYPIC between 2002-2005, supports this. Limited attention to emotional & mental well-being: lack of information about their birth family; limited scope for the development of long term relationships with social workers because of frequent staff changes; being able to feel safe at home and school: feeling wanted and secure in their placement; not wanting to be treated differently at school and not being bullied were all themes identified throughout the various projects and consultations (See Annex 1, Table 2 for summary). Lack of stability resulting from placement breakdown and necessitating changes of school was also identified as a key stressor.

**Recent Developments in the UK**

8. On the 9th October 2006 the Education Secretary Alan Johnson announced wide ranging reforms to improve the quality, range and choice of care for looked after children in the form of the consultation Green Paper ‘Care Matters’ (DfES, 2006). Very much a visionary paper, ‘Care Matters’, sets out a variety of proposals aimed at strengthening the corporate parenting role of local authorities; providing high quality placements which meet the needs of children and young people in the care system; improving educational experience and outcomes; providing a positive life outside school; and supporting the transition into adulthood (see Annex 1 for summary table). It also includes proposals aimed at providing earlier interventions and support for families where children are on the edge of care.
Developments in Northern Ireland

9. In recent years there have been a range of NI policy, legislative and funding developments, which have been aimed at, and impacted on, our population of young people in care. A number of these are looked at in more detail in other chapters. However, key developments already in place or underway include:

a) The Children Matter Task Force which has seen investment in a range of high quality provision of children’s homes developed to meet the needs of sub-groups of young people with different needs in NI;

b) The Children and Young People’s funding package which is delivering:
   • Funding to support the educational and developmental need of fostered children;
   • Independent advocacy services for children to support children in care;
   • Support to 25% of care leavers to enable them to continue living with their former foster carers until they are aged 21; and
   • Reconfigured front line child protection services to respond more quickly and effectively to referrals.

c) Enactment of the Leaving Care (Northern Ireland) Act 2002 which has delivered:
   • A personal adviser service established on a consistent basis across NI;
   • Joint commissioning with DSD of accommodation for (homeless) young people leaving care aged 16/17 to be in place by April 2007;
   • Common standards and practices across NI.

d) The strengthening of child protection arrangements through:
   • The development of a single assessment framework for NI;
   • Consistent structures for child protection services across NI including the move to a regional Safeguarding Board and creation of new Gateway teams;
• Structures and a new duty to co-operate underpinned by legislation;
• Common thresholds for service delivery across NI;
• Robust governance arrangements including improved standards of supervision; and
• Creation of Principal Practitioner posts.

e) An adoption strategy (DHSSPS: 2006b) which sets out new services and proposals for new legislation and the reorganisation of adoption structures in NI. These proposals include:
• A new legal framework which places the child at the centre of the adoption process;
• The provision of post adoption support services;
• The introduction of placement orders to provide greater security for children placed for adoption; and
• Special guardianship providing greater permanence for some children.

f) Developments to address the accommodation needs of young people outside care such as:

• New arrangements between NIHE and HSS Boards and Trusts for the joint commissioning of accommodation for 16 and 17 year olds who have left care;

• A Joint protocol between NIHE and HSS Boards for meeting the needs of homeless 16 and 17 year olds coming from outside of the care system; and

• A pilot project using family group conferencing with homeless 16 and 17 year olds and their families to try to address the issues which resulted in the young person becoming homeless.

g) The publication of a strategy for families and parents accompanied by the announcement of new funding for:
• Family Group Conferencing;
• Family therapeutic services;
• Mediation services;
• Parenting advice services;
• Mediation services;
• Services for children who are carers;
• Domestic violence services;
• Services aimed with dealing with children on the edge of crime; and
• More services targeted at parents involved with drug and alcohol abuse.

g) Developments in foster care such as:

• The introduction of national minimum foster care allowances from October 2006;
• The establishment of a 24/7 helpline for foster carers; and
• The establishment of regional arrangements for the recruitment and training of foster carers.

h) The OFMDFM Children’s Strategy (2006) and high level outcome measures underneath which all children’s policy is to be developed.

10. In the following Chapters, reflecting on the lessons available from research and our experience of practice in NI, we set out our ideas for the future, building on what has been achieved over the past few years. Many of the actions identified are not dependent on additional resources and an action plan will be developed to implement them as soon as possible. A number of key improvements will require significant additional resources and can only be implemented as resources are made available.
CHAPTER 2: A VISION FOR THE FUTURE

Introduction

1. The stabilising, protective and formative role of families in society and in the lives of children and young people is universally recognised. However, some families struggle to achieve this position without support and there is an ongoing need for intervention and preventative services to be available for these families. We must ensure that parents have access to the help they need, when they need it, in a non-stigmatising environment and allowing parents to be in control of solving their parenting difficulties while having access to the services to help them do so. In this regard we aim to deliver services consistent with Article 8 of the Human Rights Act protecting the rights of individuals to family life. However, we must also recognize that children within these families may suffer abuse or neglect. The arrangements, which we put in place, must protect their human rights including their right to life (Article 2). Despite our desire to support families, our responsibility to intervene to protect children from abuse or neglect, acting in their best interests, must take precedence. This includes, where appropriate, taking children into the care of the state where this is necessary even if this is only a short term measure, whilst other measures are put in place to re-establish the birth family as the most appropriate caring environment for children and young people.

2. Whilst protecting and supporting family life must remain a central focus of our efforts, it has to be recognised that some children for a variety of reasons will not be able to live with their parents and will need access to alternative forms of care and family life. Under the Children (Northern Ireland) Order 1995, the first duty of Health and Social Services Trusts, where children cannot live with their birth parents (looked after children) is to seek a home for them with their extended family. Where this option is not available the other alternatives for looked after children are fostering, adoption and residential care in statutory children’s homes. Many looked after children are able to return home after a short period of time in care and in 2005/06 40% of children discharged from
care had been looked after for less than three months. However, there are others who remain looked after in the medium and longer term.

3. The State does not intervene in family life unless it is absolutely necessary and it is considered to be in the best interest of the child. When it does it is bound by a raft of legislation such as the Children (Northern Ireland) Order 1995, Fostering and Adoption Regulations, United Nations Convention on the Rights of the Child (UNCRC), ratified by the UK Government in 1991, and the Human Rights Act 1998. This Strategy will continue to place the child at the centre of everything we do and uphold the principles of the UNCRC, Human Rights Act and all relevant legislative requirements whilst at the same time striving to ensure that children and young people experience the benefits of family life.

Strategic Context

4. In developing our vision for children in care we should ensure that our aims and objectives dovetail with those of the overarching OFMDFM Children’s Strategy (2006). This Strategy identifies 6 outcomes and indicators to help benchmark progress over the next 10 years. The outcomes are that children and young people should be:
   - Healthy;
   - Enjoying, learning and achieving;
   - Living in safety and with stability;
   - Experience economic and environmental well-being;
   - Contributing positively to community and society; and
   - Living in a society, which respects their rights.

5. Under UNCRC (and Section 75 of the Northern Ireland Act 2000) children and young people should have a voice and a role in the development of any policies or legislation that directly affects them. In recognition of this obligation
we plan to consult with sample groups of children and young people who have first hand experience of care.

6. The next few years will pose major challenges if we are to meet our statutory responsibilities for the care and protection of children in a climate of unprecedented structural change under the Review of Public Administration with increased emphasis on performance. Our Strategy will also be judged and implemented in an increasing environment of transparency under the scrutiny of the Minister for Children and Young People, the Northern Ireland Commissioner for Children and Young People, Regulators and an increasingly aware/well-informed public.

7. To meet all of the above exacting standards we must start from the premise that our goals for children and young people in care and in need, should be the same as the goals for their peers. Looked after children deserve a secure, happy and enjoyable childhood which provides a firm foundation for growth to adulthood, future independence and the opportunity to play a full part in society. If we are to improve the experiences of children in care and their outcomes we must have a vision and route map to achieve these.

Ensuring a Rights Perspective

8. The actions identified in this document have been developed with due regard to the commitments given by government under the UN Convention on the Rights of the Child. Government signed the UN Convention in 1991 and has drawn upon its Articles to underpin the development of policy for children and young people. In particular it has focused on the principle within the Convention that “the child by reason of his physical and mental immaturity needs special safeguards and care, before birth as well as after”.

9. In particular Articles 2 and 3 have informed the formulation of this policy with the best interests of the child being the primary consideration in both its development and implementation. Article 3 of the Convention emphasises
the need to ensure the child is given such protection and care as is necessary for his or her well-being, taking into account the rights and duties of his or her parents, legal guardians, or other individuals legally responsible for him or her. It must be emphasized that this Article along with the best interests of the child and Article 6 - the child’s right to life must be given primary consideration in all decisions affecting children and young people in care or on the edge of care. Other Articles within the Convention have also been taken into account in the development of the proposed policy this includes the other elements of Article 6 - the child’s right to maximum survival and development and Article 7 the child’s right to a name and identity.

10. Article 8 of the Convention emphasizes the child’s right to preserve his or her identity, including nationality, name and family relations and this has been reflected within the policy. As have the main tenets of Article 9 which reflect the right of the child who is separated from one or both parents to maintain personal relations and direct contact with both parents on a regular basis, except if it is contrary to the child's best interests. Article 20 also has particular relevance with its focus on the needs of children who require alternative forms of care and the desirability of continuity in their ethnic and cultural identity.

11. Particular emphasis has also been given to ensuring that Article 12 under the Convention, which is the child’s right to express their views in all matters affecting them and in particular for the child to be heard in any judicial or administrative proceedings affecting them. Further to the relevance of these particular Articles we have also paid attention to the application of Articles 23, 24, 28 and 31 which reflect the right to health, education, additional services and support for those children who have a disability and the child’s right to play, leisure and cultural activities. The policy and actions set out below, as a whole, seek to ensure that the commitment given to the rights of children has been fully considered by ensuring that the rights and best interests of children in care and at on the edge of care have been addressed throughout.
Setting Out a Vision

12. Our vision to improve the experiences and outcomes of children and young people in care is based on a number of key features:

a. **A vision based on family support** - early intervention and family support is key. As already highlighted, there will always be cases were children need to come into care. However, there are extended family networks who, with the assistance of the state, can help develop and support packages of assistance for some families in need so that children may remain in the care of their own family. We need measures to encourage extended family members to become involved and sometimes to help care for children who would otherwise become looked after. We must ensure that we have measures in place to engage extended families and to provide family support and targeted therapeutic services, which will prevent families spiralling into crisis resulting in children coming into care.

b. **A vision based on partnership** - This vision needs to be supported by partnership working and the involvement of key stakeholders. Firstly and importantly children and young people themselves, their parents and extended families, local communities, the voluntary and statutory sectors and Government Departments. We should develop mechanisms to promote partnership working such as the use of family group conferencing, joined up service delivery and building on the strengths of partners.

c. **A vision based on quality** - We must transform the quality of experience that children in care and those on the edge of entering or leaving care receive as well as the way in which the care system works for children. This includes putting the voice of children to the forefront of services and at the centre of reform. It also means finding new and innovative ways to support families to prevent children coming into care, ensuring children needing care are in the right placement of choice, for
whatever period is necessary and while in care have a positive experience. For those who remain in care for longer periods of time we must ensure that young people have stability of placement in safe and supportive environments in which they can thrive and that they do not leave care until they are ready to do so.

d. **A vision based on outcomes** - We must strive to achieve the best outcomes for children in care and leaving care in terms of education, health, life-skills, preparation for independence and adulthood. These must be the responsibility of various Departments and Agencies but we must also empower whoever is acting in the role of parent and there must be clear mechanisms to ensure important milestones are met. Stability and permanency of placement should be a priority as well as governance for corporate parenting.

e. **A vision based on integrated multi-disciplinary services** – The challenge is to reshape and re-focus our services, building on best practice and integrating all services that impact on the lives of children in and on the edge of care. Children and families should no longer be the recipients of multiple providers of service but rather should have tailored responses to meet their individual needs. This should provide a consistency of adults in their lives and reduce overall the number of professionals with whom they have to interact.

f. **A vision based on children speaking out** – Children in and on the edge of care remain some of our most vulnerable children and young people and require additional protections to ensure their voice is heard and their rights are protected and promoted. This means putting in place robust systems and services including independent advocacy, independent advisers and personal advisers ensuring, choice, consistency and appropriate representation.

g. **A vision based on an integrated approach** – The overarching OFMDFM 10-year Year Strategy for Children and Young People has
placed an onus on all Government Departments and Agencies to have policies and strategies in place to bring about real improvements in the outcomes for children and young people. The DHSSPS in conjunction with other Departments and agencies is responding to this challenge by developing a wide range of strategies such as the Family and Parenting Strategy and strategies on fostering, adoption and residential care. The work on these initiatives is, in many cases, well advanced or completed. The actions identified in this document will act as a supporting pillar to the OFMDFM Strategy ensuring an integrated, joined-up and consistent approach.

h. **A vision based on targets**- Each Government Department has a Public Service Agreement (PSA) and as part of its PSA the DHSSPS has a target to improve the life chances of looked after children. The DHSSPS also has a 20-Year Vision for the Health and Well-Being of the population of Northern Ireland 2005-2025 (DHSSPS, 2004) and there are long-term targets for positive outcomes for children and young people in this strategy such as 95% of young people in care should experience no more than 3 placements during any one continuous period in care and the proportion of young care leavers in education, training or employment at age 19 should be at least 75% of the level for all 19 year olds.

i. **A vision based on a pathway through care** – At the present time new structures are being put in place to establish gateway teams which will handle all referrals to social services based on a care pathway. Our objective is to build up other expert services and teams around this care pathway including:

   a) Family Support Intervention (Chapter 4);
   b) Looked After Children (Chapter 5); and
   c) Transition through to adulthood (Chapter 9).
These teams will work alongside other specialist teams focusing on foster care, residential care and adoption.

13. The Children and Young People’s Funding Package released additional monies in 2006 to improve outcomes for children and young people and those areas (fostering and residential care for example) benefiting from the fund have to deliver recognisable and achievable improvements over the next 2 years.

14. Our vision must be ambitious and underpinning the actions required is our belief that our goal should be to:

- **Reduce the number of children and young people in care by 20%;**
  and

- **Improve outcomes for young people in care so that we at least double the proportion of care leavers who are in employment, education or training at age 19.**
CHAPTER 3: CHILDREN ON THE EDGE OF CARE

Introduction

1. One of the strengths of the recently published Green Paper (DFES, 2006) in England is its focus on the concept of children on the ‘edge of care’. It gives us a potential model for how we should organise services in order to ensure that families are supported so that fewer children come into care. In practice this means organising some services around this client group as part of an expanded family support service. This chapter looks at the needs of this group of children in Northern Ireland in more detail.

Children on the Edge of Care

2. There are roughly 2,500 children in care in Northern Ireland at any one time. At 31st March 2006 almost three in five children in the care population lived with foster carers, 13% in residential care and 25% were placed at home with their family (DHSSPS, 2006a). Whilst children in foster care span all age-groups, children in residential care are overwhelmingly aged 11 or over and children placed at home also tend to be older. Several hundred of the fostered children live in medium or long-term stable fostering placements with extended family or with non-kinship foster carers.

3. Many other children in care only stay in care for short, very often planned, periods although some of these will enter and leave care several times over a period of years. At the same time a significant proportion of children in residential and foster care experience many placements whilst they are in the care system. These are part of the population of children on the edge of care.

4. Outside of the care system is a group of children who also live on the edge of care i.e. children in need who are known to social services and who may need to be taken into care at any time. For the purposes of this paper we suggest that the children on the edge of care population includes the following...
groups of children and young people who are technically not in care but for whom there is a risk of out of home placement with strangers:

a) Children who, while living at home have unstable or fractious family relationships;

b) Children who enter and leave care several times during their childhood;

c) Children with siblings already in care; and

d) Children who are de facto not living at home because of problems and staying in a range of short-term accommodation with friends, neighbours and relatives.

5. The vast majority of children entering care come from this population. There are a further 275 children, many of whom have special needs, who have been adopted but whose adoptive families continue to receive vital support from social services on a routine basis and a further 220 former care experienced young people who are the subject of residence orders. For the purposes of this paper we also propose that these two groups should be counted as part of the on the edge of care population. Overall it is estimated that there are 2-300 children who are on the edge of care of whom around half are in care in NI at any one time.

6. The evidence we have shows that:

- With the right measures and services in place we could intervene earlier and provide better support for children in need and their families so that fewer children come into care;

- The care population and the population of children on the edge of care is not a homogeneous group but in fact consists of different smaller groups with differing needs for whom a variety of services need to be available;

- We have insufficient specialist intensive support placements and insufficient CAMHS services to meet the needs of children in care and on the edge of care;
• Many children in care who have special needs would be available for adoption if appropriate support and infrastructure was in place to support their long-term needs;
• We need to have more placement options and a more effective means of matching children with placements. Many placements fail because they are not the right placement for the individual child to begin with. This results in placement breakdown, which further adversely impacts on the child and sometimes resulting in foster carers deciding to withdraw their services; and
• The current system places children (and their potential new family) who are adopted, subject to residence orders or who might take up the special guardianship option when it becomes available at a potential disadvantage in terms of financial and other support compared to the support which is available to children in foster care. This is a disincentive to families to pursue these alternative forms of permanence even when they may be in the best interest of the child.

7. In addition to the population of young people on the edge of care there is also a large number of vulnerable young people who have left care (around 700 aged 16 years or over and less than 21 years) and their needs and challenges also need to be considered. Finding and managing a home, starting on the path to a suitable career, developing relationships and entering parenthood are major milestones in anyone’s life that can have major repercussions in later life. It is vital, therefore, that we also consider this vulnerable group and have appropriate support mechanisms in place to help them make the transition to independent living and help them make the right life choices. Younger children in care situations (12-16) also need to have the stability and security in going through the adolescence about what they are going to achieve, where they are going to live and other fundamental expectations of life once they reach the age of 18. The Children (Leaving Care) Act (Northern Ireland) Act 2002 aims to ensure that young people do not leave care until they are ready to do so, improve the assessment, preparation and planning for young people leaving care, provide better
personal support for young people after they leave care and improve the financial support available to care leavers. Working in the best interests of the child will be the firm basis for the current and future support we provide for young people who have recently left care and are making the transition to independent living, young people on the edge of care and those still in care. This approach should result in improved outcomes for children and young people and as a result help achieve and dovetail the aims and objectives of the overarching OFMDFM 10-year Strategy for Children and Young People.

8. Almost one-third of the care population have low level needs in terms of therapeutic or Child and Adolescent Mental Health Services (CAMHS) services. We also know that approximately one-third of the population in care have high level needs for CAMHS and other services and that this population includes a small number of young people who represent a danger to others and whose care package needs to reflect this. The current level of provision of specialist intensive support places and CAMHS services is not capable of meeting these needs of the care population.
CHAPTER 4: SUPPORTING FAMILIES AND PROTECTING CHILDREN

Introduction

1. Children in care consistently say that more should be done to prevent them becoming looked after and every possible option should be explored including approaching extended family members as possible sources of placement. We must be clear that when care is the right option to protect children and young people and prevent damage to their welfare, then they must enter care quickly and receive high quality support. However, it is also clear that there is much more that could be done to support children within their own families and enable them to stay there safely.

2. Intervening earlier and more effectively to keep children in their families will change the nature of care. It will take us towards a smaller population of children becoming looked after with only those who are most in need entering care. We want to have a debate on a new approach to care and a vision of how we can support children and families with care as only one tenet in that support. We want a vision of care that has:

- Fewer children in care;
- More children and young people who would spend time in care on a short term and planned voluntary basis as part of supporting children in their families; and
- A more proactive approach to achieving some form of permanence through adoption, special guardianship, residence orders or long-term foster care for those children who are unlikely to return home to their birth parents or extended families for those children and young people who are the subject of care orders [1066 at 31st March 2006, (DHSSPS, 2006)].
Learning the Lessons from Laming

3. Many people will want to be reassured that in developing this strategy we are taking account of the lessons learned from inquiries into cases here and elsewhere where children have died, been abused or suffered other serious injury or harm when statutory authorities failed to intervene on time to protect them. Lord Laming’s report (Lord Laming, 2003) following the death of Victoria Climbie contained 108 recommendations, 46 of which related to social care and included recommendations for improvement in child protection referrals, supervision, assessment, case allocation, service provision and closure. The Laming report highlighted a common lesson, revealed in similar cases of abuse over the previous 30 years i.e. the need to listen to children. It also highlighted the need to question decisions made by other professionals to enable children to be properly protected.

4. It can be very difficult to strike the right balance between supporting and respecting the rights and needs of families and protecting children to ensure that the statutory agencies intervene to take children into care only when this is necessary to protect the child and in the best interests of the child. Under Article 66 of the Children Order, Trusts have a duty to make enquiries to enable them to decide whether they should take action to safeguard or promote a child’s welfare. The welfare of the child must always be paramount and this over-rides all other considerations. This principle must be at the heart of any strategies, polices, procedures and services to safeguard children and must be at the heart of this strategy.

Protecting Children and Young People from Offenders

5. The next Criminal Justice Order will contain a legislative requirement on agencies in discharging their statutory responsibilities to work together and share information which will assist in the effective assessment and management of the risk that serious sexual and violent offenders in the community present to the public. Statutory provision will ensure that relevant
agencies such as police, probation, prisons and social services work closely together using a multi-agency approach to manage the risk posed by such offenders. It is essential that social services are in a position to play a full role in these new arrangements:

**Actions/Outcomes Required**

- We need to strengthen further the safeguarding arrangements within social services, to facilitate the introduction of new information sharing arrangements and to allow social services to participate fully as part of a new Co-located Public Protection Team.

**Identifying Risks and Problems Early and Effective Prevention**

6. There is clear evidence that identifying risks and problems earlier can prevent children having to come into care. Ongoing work to implement a single assessment framework and develop regionally agreed thresholds for intervention will help to address this issue. However, there is also evidence that we need to improve not simply our ‘identification’ of risk factors and the ability of practitioners to deal with this but also their ability to respond appropriately. Providing both universal and specialist services which meet the assessed needs of targeted groups of children, young people and families is key and the *Supporting Families Package* recently announced by government will help this process to happen. Firstly, by supporting parents and carers to seek advice and assistance through the provision of information and a 24 hr parent helpline and investment in parent advice and parenting services. Secondly where parents and children need specific help or have particular problems a number of services are now to be developed under the direction of DHSSPS, HSS Boards and Trusts and the NIO. These include:
• Developing further a family group conferencing approach to deal with family problems with a target of service provision of 700 families per annum;
• In conjunction with NIO developing a network of multi-agency teams that offer early intervention and prevention work with vulnerable young people aged 8-13 and their parents where the young person is on the fringes of getting into trouble with criminal justice agencies;
• Providing intensive one-to-one programmes using family therapists to support children in their family. This should be targeted to children who are at risk of coming into care; and
• For children who have particular problems, strengthening child contact centre provision, developing services to families of children affected by substance abuse (‘Hidden Harm’) and domestic violence and enhancing mediation services.

7. While these developments would significantly improve family and parent support services much more targeted services need to be developed if we are to make a significant impact on the lives of children on the edge of care and achieve a substantial reduction in the numbers of children in care.

Family Support and Intervention Services

8. We need to be aware that many children on the edge of care will enter care as a result of a crisis in their family situation. If we really want to reduce the number of children entering care then we must reshape and refocus services so that families have support and intervention before they reach crisis point and that where children have to enter care they can do so in a planned fashion. Government has already signalled investment in gateway teams which will be the first point of contact for families and children seeking help and support from social services. Practitioners in these teams will discuss with a family and children their needs and provide an initial assessment of the kind of services which could assist them. Robust and comprehensive
assessment will provide an opportunity for families and children to be listened to and will provide expert assessment of their needs which will be the key to accessing effective services.

**Actions/Outcomes Required**

- Establishment of multi-disciplinary family support and intervention services within each new Trust to provide services to families whose children are at risk of coming into care. They will also manage the process whereby children come into care and a range of services for children in care;

- Development of commonly agreed regional standards on the structure, format and remit of family support services and commonly agreed thresholds for moving cases between gateway and family support services based on a care pathway; and

- Additional specialist salaried foster carers to work in conjunction with dedicated residential facilities in each new Trust area and with professional staff to support the assessment of children on the edge of care and coming into care by family support and intervention services.

9. The overall emphasis will be on early intervention, and the provision of wrap around services for children to prevent the circumstances of families deteriorating to the point where children must come into care. If this does happen these teams will also have responsibility, working with a regional foster care service, for finding kinship placements or matching children with placements based on assessments.
The Importance of Family and Friends

10. Children and young people have indicated that where they can no longer live with their parents that their preferred option is to be cared for by other family members or close friends. The evidence suggests that this is not considered as a first option often enough and yet it also indicates that such placements with family and friends give children greater stability than other care placements. We also know that potential family or friends carers are deterred from coming forward by the process of seeking approval as a foster carer and their perception of the bureaucracy associated with becoming a carer. We want to offer more support to these ‘kinship’ foster care arrangements and where possible make these more flexible and sustainable.

11. Family Group Conferencing can offer an effective way of helping to identify kinship foster carers. It is also an effective way of finding other alternatives to care within the family circle. Under this model social workers organise discussions with family and friends of the child under the auspices of an independent convenor to consider alternative arrangements for their care to bring together the full resources of the family. Where extended families can develop their own care plan capable of meeting the needs of the family and children in need social services should support these. We want to encourage the use of this approach were possible and to enable more children to have access to placements with family and friends where appropriate. We recognize that a potential weakness of this approach is any lack of resources specifically available to social services to implement care plans developed by care extended families. In the recently announced supporting families package Government indicated its support for this overall approach and provided additional funding to develop elements of this service.

**Actions/Outcomes Required**

- Greater use of Family Group Conferencing in social services, recognising its pivotal role in the new family support and
intervention services and through a programme of training and events for social work staff;

- Expanded provision of family group conferencing;

- Guidance to ensure that all safe and appropriate alternatives must be explored, within reasonable timescales, before care proceedings are begun;

- Introduction of separate approval processes and standards for kinship foster carers reflecting the value of the close bond children may already enjoy with kinship carers, whilst retaining the key safeguarding elements of the approval process such as vetting;

- Changes to guidance and legislation to provide a greater degree of autonomy in-terms of the taking of everyday decisions to those family and friends who foster a child and to stranger foster carers looking after a child in medium or long-term care. These changes would be based on approval of the carer to undertake specific tasks and an assessment of the child when they are placed with that carer. The presumption however should be in favour of enabling foster carers to have this autonomy;

- Requirement through guidance and regulations that if a Trust’s outline plan for permanent care arrangements for a child, (which must be provided to the court), indicates that a child is not to be supported by family and friends it must be supported by an explanation why this is not appropriate. Copies must be provided to the child and their family (and legal representatives);

- By the end of the first six weeks in care Trusts should be able to demonstrate that they have explored the options of a family support package or a kinship fostering arrangement before placing
children into a mainstream residential home or non-kinship fostering arrangement;

- Develop a regional strategy which addresses the emotional health and well-being of children on the edge of care, in care or who have left care; and

- Enhance therapeutic family support services to meet the cost of packages developed by families through family group conferencing.

Therapeutic Family Support Teams

12. A key element of future family support and intervention services will be the creation of specialist intensive community based therapeutic family support teams. They will be outreach based teams working specifically with young people and their families with very complex needs and will be a key resource available to family support and intervention services. They will include out of hours provision, a skill mix in the team and short term supported therapeutic foster care aimed at children with behavioural and other difficulties on a planned basis. These teams will take responsibility for family support by directly providing or facilitating access to services.

Actions/Outcomes Required

- Expanded therapeutic family support teams; and

- Additional specialist therapeutic foster carers who will work alongside therapeutic family support teams to provide services on a planned basis to children in need on the edge of care.
Information Sharing and Co-operation

13. Information sharing and co-operation is crucial to the early identification of children in need and while the creation of multi-disciplinary teams could do much to address this it is also essential that other mechanisms are put in place to enable the sharing of information.

**Actions/Outcomes Required**

- Legislation to ensure that there is improved cooperation between agencies in the provision of family support services and services to prevent children coming into care.

Broader Health Needs of Children in Families

14. In recognition of the broader health needs of children we should develop community based nursing provision as part of the development of family support services.

**Actions/Outcomes Required**

- Enhanced children’s community nursing services;

- Enhanced school nursing provision to assist in improving the mental health of the school age population;

- Systematic use of Looked After Children (LAC) Planning and Action records as a means of providing a baseline assessment of health needs for children on the edge of care; and

- Systematic assessment of the psychological and emotional needs of children on the edge of care and Looked After Children.
15. These measures and new investment will go some considerable way to building on prevention services already provided by Trusts and are in line with what is envisaged in Schedule 2 of the Children (Northern Ireland) Order 1995. In terms of preventing family break up, identification of problems and diversion of children from care it is important that we identify and measure the effectiveness of our interventions.

**Actions/Outcomes Required**

- A training resource for practitioners to assist in the early identification of neglect at whatever the age of children or young people; and

- In conjunction with the HSSA and other Departments and Agencies evaluate by 2009 the impact and effectiveness of these new initiatives and investments particularly in relation to their impact on preventing children entering care and in facilitating their return to their birth families.
CHAPTER 5: ENSURING CHILDREN ARE IN THE RIGHT PLACEMENTS AND PROMOTING PLACEMENT STABILITY

1. This chapter looks at how we might improve the placement choice, stability and experiences of children in care. The importance of family life for children is internationally recognised, enshrined as a right in both the European Convention on Human Rights (ECHR) and the United Nations Convention on the Rights of the Child (UNCRC). It is of vital importance that all children experience stability and permanence within their family, as it is this which facilitates the development of positive attachments, resilience and the basis for their transition to independent living and adulthood. For most children, a stable family life is provided by the family into which they are born and in the previous section we have looked at how we can better support families to provide consistent care for children within immediate family and wider networks. Where children cannot be adequately cared for within these networks, however, it is imperative that we move swiftly to restore their sense of permanence, security, and normality in an alternative family environment.

2. For many children, care is a positive experience in their lives and foster carers and staff in residential units devote a lot of energy and commitment to the children they look after. However, we know that for some children in care this experience is not always the case, and sadly, too many children find themselves in placements which do not meet their needs. Of all children looked after for more than a year in 2002/03, over 20% had changed placement at least once: 14% had changed placement only once, 3% twice and 4% had changed placement three times or more (DHSSPS, 2006). We know that the lack of permanence and stability in the lives of children and young people who are in care can contribute to poor educational attainment, low self esteem, disruptive and challenging behaviours leading to a number of them coming into conflict with the law.

3. Our efforts will build on the work of the Children Matter Task Force and a number of specific initiatives and new practices designed to improve outcomes for children in care. These include development of the quality
standards for children in residential care and fostering agencies, innovative models of care such as the Barnardo’s Children’s House in Belfast and residential respite services to children and young people, the development on a pilot basis of a sub-regional intensive support unit and new approaches such as restorative practices aimed at preventing young people finding themselves in trouble with the police or coming into contact with the criminal justice system.

Increased Choice of Placements

4. It is important that for every child who requires to be looked there is a choice of placements which meet their needs. Fieldwork staff who need to accommodate children should have at their disposal a range of choices from which to secure a placement that is appropriate to the assessed needs of the child they are working with. This is particularly the case if children are to be consulted meaningfully about where they will be placed.

5. Too many placements break down, there is a shortage of intensive support placements and there are many older young people who do not thrive in either a foster care or a traditional residential home environment. A range of new initiatives are needed. In particular, the issue of children being placed into residential children’s homes or foster care placements, which are not appropriate to meet their needs, must be addressed and Trust boundaries should not be a barrier in identifying the best possible placement for each child or young person coming into care. Our proposals require that we continue to develop a thriving, high-quality fostering service, which is the lynchpin of service developments for children who need care. We must also ensure that the transition from living at home to living in care is managed in a way sensitive to the needs of the children and is focused on addressing their needs at what can be a very difficult and confusing time for them.
Actions/Outcomes Required

• Children coming into care should remain for up to six weeks within dedicated children’s homes or linked specialist foster care placements ring-fenced for this purpose, unless an immediate family or kinship placement is available, so that children’s longer term needs can be fully assessed (ref above). This will also provide an opportunity to further explore family support or kinship arrangements;

• All children placed into mainstream residential homes or foster care should be placed on the basis of this matching process;

• Guidance on a process for matching children entering mainstream foster care or residential care with a carer or placement best suited to meet their assessed needs;

• All children coming into care should participate in a process designed to ensure that they understand their rights and the implications for them of being in care during their first six seeks in care;

• Working with NIO around residential homes develop problem solving and restorative approaches designed to keep children and young people out of trouble with the police;

• RQIA to report on an annual basis to the Department on the extent to which residential children’s homes work exclusively within their statement of purpose and where appropriate to set out what actions RQIA have taken during the year to enforce this requirement;

• Guidance on a foster parent/residential home carer handbook that documents key information about the child’s routines, (likes and
dislikes, favourite toys and important people in their lives). We should require that this handbook must be completed as part of the matching process and must be provided to the foster carer/residential home staff as part of the placement; and

- Placements into mainstream residential homes and stranger foster care should be planned and include arrangements for induction of the child into that placement.

Improving and Supporting Fostering

6. Fostering and family placements are where the bulk of children are placed in care in Northern Ireland accounting for 58% and 25% of children respectively with 13% being placed in residential care. A residential placement will best meet the needs of some children, but for the majority of children in care, placement in a family environment is the most suitable option. Through the use of Family Group Conferencing we believe that more children and young people could be placed with family and friends and when they are approved as foster carers they should be entitled to and receive the same allowances, support and training as a non-kinship fosterer. The starting point for any placement should be in the best interest of the child and the family and friend’s ability to provide such care with or without training or other support, provided the child’s safety is not compromised. An initial review of the legal context, applicable standards and existing practice indicates that legislative reform is not required to increase the percentage of children being cared for in kinship care. Improved Departmental guidance for assessment staff, seminar events on kinship care in Northern Ireland to highlight the emphasis on the value of such placements and monitoring of progress towards targets and scrutiny of practice in relation to placements are seen as ways of effecting improvements in the numbers of kinship carers.

7. Long term fostering can provide a placement where children can feel they belong and have a sense of family membership. A number of studies have
demonstrated that planned use of long term foster care can lead to placement stability and good outcomes for children (Thoburn 1991, Thoburn et al 2000, Beek and Schofield 2004). It is essential that we actively support and stimulate those carers who are prepared to take on the role of fostering especially long-term fostering. From discussions with a selection of foster carers with considerable and also limited experience, and from feedback from those in the field, we are aware that foster carers often feel marginalised in the decision making processes affecting the children in their care. They would welcome more responsibility as it would help normalise their long term association with the child. These decisions are very often low risk but are nevertheless referred to and made by a social worker. To improve the normality of family life for the young people in care we propose that part of the placement process for each child with a foster carer would include explicit decisions on whether or not to give the foster carer more delegated authority in the decision making processes for that child. In the case of family and kinship carers and of planned long-term placements the default position should be to grant this autonomy around as many of the areas listed below as possible with the agreement of the foster carer. In the event of disputes or the inexperience of some foster carers in making decisions, social workers would be on hand to resolve any difficulties. Examples of areas that could be delegated by a Trust to the carer with parental responsibility are:

**i) Social Care Issues**

- Going on holidays within the UK and Ireland;
- Foster children spending overnights with friends;
- Hair cuts;
- Ear rings;
- How the child refers to the foster parent i.e. mother, or by first name;
- Visiting friends; and
- Accessing additional support services.

**ii) Health Care Issues**

- Visits to Dentists for check ups (including giving consent to routine investigations and procedures);
Visits to opticians for check ups (including giving consent to routine investigations and optical care);

Visits to the Doctor for check ups (including giving consent to routine investigations, injections and procedures); and

Child receiving other routine injections or treatment.

### iii) Education

- Child’s attendance at after school clubs;
- Child’s attendance at school trips and outings;
- Meeting with school staff without a Social Worker being present;
- Meeting school staff to inform, advise and support staff in working with particular Children; and

- Completion of school forms without reference to Social Worker for signature.

8. There is a shortage of foster placements from both the statutory and voluntary sector providers and this is something the Department have been determined to address. Increasing our pool of foster parents has been an important target in the Secretary of State’s Programme for Government (NIO, 2005) with a target of increasing the number of foster carers from a baseline of 1178 in 2002 to 1500 by 2008. We want to make fostering appealing to ensure the recruitment of high calibre foster parents and to ensure that they are properly supported and retained. We have already announced a number of initiatives intended to support and underpin fostering which are being taken forward with HSS Boards and Trust to ensure that the additional funding which we have previously made available of £4 million in 2006/7 and £2 million in 2007/8 achieves real changes and improvements in foster care. Part of this funding, £1.2 million, has already been ring-fenced in 2006/7 to increase foster care allowances in line with National Minimum Foster Care Allowances. Work is also being taken forward on:
• A regional foster parent recruitment campaign in association with Trusts and voluntary sector providers. This will include advertising and a co-ordinated approach to help raise the awareness and profile of fostering;
• The development of a regional training strategy for fostering;
• Increasing support to foster parents through the creation of a 24/7 helpline for foster parents; and
• Seeking to regionalise aspects of the fostering service in collaboration with voluntary sector providers to maximise placement opportunities for children and young people.

9. We should strengthen foster care and the range of options available for the placement of children¹:

**Actions/Outcomes Required**

• Underpin the regional approach to recruiting and approving foster care by placing on a statutory basis the requirement for Trusts to:
  a) Collaborate in the recruitment and training of foster carers;
  b) Establish a single database of foster carers for all of NI against which the needs of young people coming into care can be matched; and
  c) Introduce a common set of arrangements governing the assessment of eligibility for payments of enhanced allowances and other ad hoc payments as well as the systems for the payment of allowances;

• Approved foster carers should have more autonomy in relation to everyday decisions about the children in their care as highlighted above;

¹ See also to the range of recommendations and proposals in paragraph 6 relating to fostering and the ‘Transition into adulthood’ Chapter.
• Additional specialist foster carers should be recruited as part of a new Intensive support fostering service working in conjunction with intensive support children’s homes in each Trust area as a single service for that Trust;

• Under the auspices of the Children Matter task force an alternative model of residential children’s homes should be developed, based on smaller units catering primarily for 16 and 17 year olds and setting out arrangements for a) assessment of need, b) services to be provided, c) Trust discharging of statutory responsibilities to these young people and d) regulation of these homes. A model for such a scheme would be to combine the best elements of supported accommodation with the safeguards inherent in a traditional residential children’s home. This would primarily focus on the needs of Looked After Children aged 16 and 17; and

• Dedicated CAMHS services for children in care, based on a multi-systemic therapy model.

Contact

10. In July 2005, VOYPIC consulted 160 care experienced children and young people through postal questionnaire and focus groups. When asked to list the three ‘big issues’ for children in care, 33% indicated that contact with family was the most important issue in their life, 29% stated up holding their rights and 29% stated being listened to / being heard. A significant proportion of the caseload of VOYPIC’s Advocacy Service relate to issues around contact, particularly contact with siblings, and also lack of information as to why contact with birth parents cannot be facilitated.

11. Children from a care background are usually removed from birth families following abusive or neglectful circumstances; therefore contact with parents
may not be in the best interests of the child, but this should be clearly explained to the child so that they can begin to understand and accept the decision. Contact with siblings and significant others should be viewed and considered separately from contact with birth parents. Siblings often grow up together in care and have significant bonds and relationships that they generally wish to continue.

12. Foster carers may lack confidence and information about looked after children and child/sibling contact arrangements and so should receive information and training to allay any concerns and to assist them in facilitating and maintaining contact arrangements. Contact should be facilitated in venues that provide a fun, friendly and engaging environment and adequate resources in terms of both finance and personnel should be allocated.

13. Looked After Children will often have established links with birth families networks or other siblings in care. Contact with birth family can be a way of helping a child come to terms with their circumstances and receive information about their identity and family history. Under current arrangements:

- Courts should not make a Care Order until a care plan has been prepared by a HSS Trust and considered by the court within an agreed timescale.
- In developing the care plan, HSS Trusts must consider whether there should be contact with, not only birth parents, but also siblings, grandparents, extended family or other significant people in the child’s life. There should not be any presumption that contact should not occur.
- The care plan should explicitly address contact arrangements, taking account of with whom the child has contact (parents, grandparents, siblings, previous carers), the type of contact, frequency and duration of contact. The plan should also state what support and resources will be put in place to facilitate and maintain child centered contact
arrangements, including child friendly venues, travel arrangements, and activities.

- The Statutory LAC Review should provide an opportunity to appraise contact arrangements and give due consideration to the child’s views and opinions.
- For young people moving through care towards independent living, the Pathway Plan should also address what support and resources the HSS Trust will put in place to maintain current family contact arrangements or for some young people re-establish contact.
- Where contact with birth parents or significant others may not be in the best interests of the child, the child’s care plan should give details as to why contact cannot be facilitated, and shared with the child in a manner appropriate to their level of understanding.

14. Whilst some professionals suggest that research into the benefits of contact is inconclusive, this should not deter HSS Trusts from giving contact arrangements due consideration and seeking the views and opinions from the children and young people at the heart of the issue.

**Actions/Outcomes Required**

- Development of a specific assessment, dealing with contact, linking to the common assessment framework which is to be implemented across all new Trust areas;

- Guidance on family group conferencing should cover the issue of contact when children are coming into care; and

- To address the significant shortfall in research into contact arrangements for looked after children the Department should commission a contact outcome study in order to produce evidence on the effect of contact. Such a study should examine a representative sample of sufficient size to detect significant differences between groups of young people, contact
arrangements, and should take account of who has contact with whom (parents, grandparents, siblings, previous carers), the type of contact, frequency and duration of contact.

Care Planning & Reviews

15. The Children (NI) Order places a duty on Trusts to ascertain the wishes and feelings of the child and give these “due consideration, having regard to his age and understanding” when making decisions about his or her care. However not all children are active participants in their care plan, or are aware of what their care plans details. Whilst there has been notable progress in recent years in relation to young people’s involvement in decision making processes, it is not consistent across the region. Young people want to have a more active and meaningful role in their care planning. Care planning and the statutory review process are the key vehicles for decision making within the care system. However the sometimes rigid and inflexible nature of the current system precludes the effective participation of children and young people.

Actions/Outcomes Required

• A review of the existing LAC process should be commissioned. This review should address:
  - Preparation and planning;
  - LAC forms;
  - Procedures;
  - Social Work Report;
  - Effectiveness and compatibility of care plans and pathway plans for older population of young people in care;
  - Content and process of reviews;
  - Contents of Plans;
  - Timescales; and
  - Young people’s engagement.
**Older Sibling’s Involvement in Care Planning**

16. Often older adolescents, prior to their entry into care, have taken a caring role for younger siblings. However, once in care there is no formal process for enabling these young people to participate in care planning for younger children. The review should consider how their involvement could be best facilitated.

17. In the meantime children and young people want to have a meaningful and valued input into the development of their care plan and key decisions made about their lives. HSS Trusts have a responsibility to ensure that children within their care are afforded every opportunity to devise their own future plans; make their views known in a child friendly environment; have those views and opinions taken into account and receive clear information on decisions made and subsequent actions.

**Actions/Outcomes Required**

- Redesign documentation used in the planning and review process, as part of the review set out above, to ensure that it encourages children to record information that is important and relevant to them and informs them of decisions and plans made, in a manner appropriate to their age and understanding; and

- New guidance should be developed, containing comprehensive information on care planning, the review process and the participation of children and young people in decision making which must be shared with all young people during their induction period when entering care. This guidance will require that children and young people are:
  - Invited to engage in creative child centred planning e.g. Person Centred Planning, Listen To Me (Helen Sanderson Associates);
- Afforded adequate time with key/social workers to prepare for reviews;
- Consulted about those who are attending a review and the venue in which it is held;
- Empowered to speak openly at their reviews; and
- Informed of decisions and action plans made in respect of their care.

**Independent LAC Chairs**

18. Some HSS Trusts have employed Independent LAC Chairs. This function enables an independent safeguard for children’s rights and objective monitoring of a child’s care plan.

**Actions/Outcomes Required**

- This approach should be adopted by all Trusts; and

- A regional training strategy should be developed to ensure a consistent approach across all Trusts areas.

**Permanence and Adoption**

19. The introduction of legal adoption established an important service and has made it possible for children, whose parents are unable to care for them, to become permanent members of new families. Adoption has been shown to be successful in providing stable alternative outcomes for children who would otherwise spend their childhood in the care system. It therefore has an important part to play if the right to family life is to become a reality for all children.
20. Where it is clear that a child will not be able to be cared for as part of birth family networks within a reasonable timescale, social services should, at an early stage, consider adoption as a preferred option. The DHSSPS circular ‘Permanency Planning for Children: Adoption – Achieving the Right Balance’ issued in May 1999 highlights the need to focus on securing permanence for looked after children from the point at which they become looked after and ensuring that there is a firm plan for achieving permanency at a very early stage. It established the clear expectation that adoption would be formally considered as an option in care planning for looked after children.

21. It is, therefore, essential that adoption is located in the mainstream of children’s services and is fully integrated within the continuum of options for children. This is a key objective of the Department’s adoption strategy, ‘Adopting the Future’ (DHSSPS, 2006), which proposes a range of measures to modernise the legislative and procedural arrangements for adoption in ways that reflect current trends in adoption practice and modern values as they relate to families, and most importantly the welfare, needs and rights of children. Among the measures outlined are proposals to enhance adoption support services, in recognition of the needs of looked after children and families today. It also includes proposals to enhance permanence for children by encouraging the use of dually approved carers and recognising the role of long term foster carers as prospective adoptive parents for the children in their care.

Other Routes to Permanence

22. There are other children however, who cannot return home and for whom adoption is not suitable, but who would benefit from greater legal permanence to enhance their sense of belonging and provide a greater degree of normality in their family life. We want to ensure that the range of options for permanence is sufficient to accommodate the individual circumstances of all of these children.
23. There have been major steps taken in recent years to promote permanence for children looked after through supported residence orders and initiatives to enable children to remain with carers post 16. However, unless there are exceptional circumstances, residence orders only last until the child is 16. In recognition of this, ‘Adopting the Future’ (DHSSPS, 2006) proposed the inclusion in the Children Order of a new legal order, 'Special Guardianship', expected to be used where the relationship between a child and their carer could benefit from increased security. The order will differ from a residence order in a number of significant ways:

a) It is anticipated that birth parents will not be eligible to apply for a Special Guardianship Order but that foster parents who have cared for a child for a year will be eligible to apply, thus distinguishing it from a residence order application by a foster parent which has differing and higher criteria;

b) The effect of the Order will be give the applicant parental responsibility for the child which can be exercised to the exclusion of others with parental responsibility;

c) Courts may give leave for a child to be known by a new surname or to leave the UK for 3 months; and

d) Importantly, children who qualified for leaving and aftercare support prior to a special guardianship order may continue to qualify for this advice and importantly regulations will prescribe the circumstances when Trust will continue to provide financial support to the foster parents. This is intended to facilitate foster parents to continue to look after the child without suffering financial disadvantage as result of the Order.

Supporting Permanence

24. The support arrangements across the permanence options for children in care are inconsistent, overly complex and may run counter to promoting placement stability for young people. The 2001 SSI report of statutory
adoption services, “Adopting Best Care” (DHSSPS, 2001) found inconsistent use of adoption allowances which may discourage, particularly former foster carers, from pursuing adoption. Similarly, Special Guardianship Orders, like Residence Orders, are private law orders which carers must feel confident and supported in taking forward. As with any permanent placement for vulnerable children, it is essential that carers are adequately prepared and supported in this role and that professionals and the courts ensure that such placements are in the best interests of the young people involved. We must also recognise that the support needs of children in care who go on to become subject of these orders will not immediately cease because the order has been granted. For children to benefit from the stability they need to develop and function effectively as adults, it is essential that the full range of permanence options for children are underpinned by appropriate support for carers. Consequently where financial considerations are an issue, no barrier should be placed in the way of this as an option to secure permanent arrangements for children.

**Actions/Outcomes Required**

- ‘Permanence’ should be reaffirmed as a principle in the Children Order, to which agencies and courts must give due consideration in decisions on any aspect of the care of a child for which an HSS Trust has parental responsibility;

- Introduce a statutory requirement, and amend children order guidance, so that a plan for permanence is completed at the child’s second review (3 months after first), outlining actions and timescales and steps taken to minimise instability should the initial plan not succeed;

- Regularise foster care, adoption, residence order and special guardianship allowances so that there is no financial barrier for carers to move through the options, where appropriate, to offer greater stability for children and young people;
• A range of permanence support services, including therapeutic and leaving and after care support (where appropriate), should be available to care experienced young people and their carers, across all permanence options, so there is no disincentive for carers in continuing to care for children as their needs change; and

• Raise the age for residence orders up to 18.

25. Given the need to ensure that the wishes, feeling and best interests of children are protected in relation to special guardianship applications:

**Actions/Outcomes Required**

• Extend the role of the Guardian ad Litem service to provide an independent view to the court as to the child’s wishes and feelings in relation to these applications.

**Bridging Fostering and Residential Care**

**Bail Fostering**

26. While some children with additional problems get involved in criminal activities we want to do everything to keep young people in care from the criminal justice system. Sadly too many of our care population find themselves in trouble with the law and this is something that we wish to tackle through a range of measures in this strategy. Where possible, we want to avoid young people in care entering criminal justice institutions from care settings. The Youth Justice Agency with an emphasis on restorative practices will play an important role. Where young people need to be accommodated other than in their placement we should look at promoting innovative practice including specialist fostering initiatives such as Bail fostering being taken forward by NIO, Youth Justice and Extern.
Actions/Outcomes Required

- Extend arrangements recently announced in the family support package to provide services targeted at children on the edge of criminality;

- Amend the provisions of the Criminal Justice (Children) (NI) Order 1998 so that care orders are no longer suspended when a young person is sentenced to a juvenile justice centre order;

- Work with NIO to see how best to integrate these initiatives seamlessly into mainstream fostering arrangements and to ensure that these foster carers have the opportunity to participate in training alongside other foster carers and that the same conditions and payments apply;

- Link the operation of the bail fostering service into arrangements for the reception of young people coming into care and the matching of children with foster and residential care placements by family support and intervention teams and to ensure that procedures and processes within both sets of arrangements are consistent with each other; and

- Evaluate the effectiveness and outcomes of this scheme and others with a view to promoting regionally best practice and service development.

Residential Care

27. Residential care will always be the placement of first choice for some children who cannot for a variety of reasons be accommodated in foster care. Residential care is a service provided for some of the most vulnerable
children and young people in the looked after population. Meeting the needs of children in residential care is a complex process which places demands and pressures on residential staff. Residential child care staff require appropriate skills, training, support and supervision, this along with good team work between fieldwork staff and managers has been proven to effect positive care experience and outcomes for children and young people. We propose;

**Actions/Outcomes Required**
- The integration of residential child care, including secure care, within the wider child care system; and
- Placement choice within the residential sector so that places are accessed on the basis of assessed need, rather than a placement of last resort.

**Workforce Issues in Residential Child Care**

28. Research tells us that the employment of qualified staff is not a predictor of better outcomes in residential child care. Training is necessary but is not, on its own, a sufficient condition for good practice. Nonetheless the profile of children and young people entering the care system and the assessed emotional and psychological needs of those who are placed in residential care indicates that the levels of skill and knowledge required within the residential childcare workforce should not be under estimated. Research is also clear about the positive influence on all aspects of care experience of clear knowledge and sensitive leadership within the residential sector.

**Actions/Outcomes Required**
- Reduce the number of children living in most residential children’s homes to a maximum of four children per home and to plan future developments of new or replacement homes on this basis;
• Work with residential child care staff, managers and key stakeholders to review the staffing and qualification requirements within residential child care. Consider these requirements in the context of wider European models of service delivery and the requirement for the recruitment of other professions and disciplines to complement the role of the social worker within residential child care;

• Work with training organisations and residential managers to develop a training and support facility which is specific and appropriate to residential child care. The training programme will focus on those areas identified in the Committee for Health, Social Services and Public Safety Report 2002; and

• Consider the further implementation of national occupational standards for children’s residential services managers to underpin a managers award within Northern Ireland.

29. The Children Matter taskforce initiative has ensured investment in a continuum of differential residential provision and to ensure a mixed economy of provision from statutory small scale children’s homes, assessment units and accommodation provided by the voluntary sector. We must ensure that at all times we strive to ensure quality experiences for children in residential care and that we continually build on some of the excellent practice that exists in our residential homes.

30. Recent inspection reports and user feedback surveys have highlighted the negative care experiences of some children and young people in residential care.

**Actions/Outcomes Required**

• Advocacy arrangements should be introduced for all looked after children and ensure that all children who make a complaint or
representation under the Children (Northern Ireland) Order 1995 are provided with an advocate.

31 Responsibility for the regulation and inspection of children’s homes has now passed to the new Regulation and Quality Improvement Authority (RQIA) under the Health and Personal Social Services (Regulation, Quality and Improvement) (NI) Order 2003. The Order also placed a statutory duty of quality on the HPSS. We want to ensure that children in residential units are receiving the best experiences possible as well as having access to innovative practice.

**Actions/Outcomes Required**

- The RQIA to advise the Department by March 2009 as to the quality of residential care in Northern Ireland, adherence to statements of purpose, on examples of good and innovative practice and areas where improvements need to be made. Specifically in relation to:
  - The strengthening of safeguarding arrangements for children in residential care;
  - Pre admission planning to residential childcare places;
  - The consistent role and function of residential referral and placement panels;
  - Care planning for children in residential care; and
  - Recording practices in residential childcare.

**Independent Reviewing Officers**

32 Fundamental to ensuring options for permanence are pursued at an early stage for children in either fostering or residential care is the role of independent objective review. We have indicated in “Adopting the Future” that new legislation will require the appointment of Independent Reviewing Officers (IROs) to monitor the care plans of looked after children. The presence of this function will ensure an independent safeguard for looked after children, especially those whose parents are unable or unwilling to take action, if children’s rights are being breached by Trust inaction in the
implementation of care plans. This role will also include looking at and promoting options of permanency.

**Actions/Outcomes Required**

- Independent reviewing officers should be appointed in each of the new HSS Trusts, in advance of the implementation of new legislation, to build effective practice in this area.
CHAPTER 6: CORPORATE PARENTING

Introduction

1. When children enter care, social services, heath and education providers assume a huge responsibility on behalf of society for their welfare and future well-being. Trusts and professionals who work with children in care should exercise their corporate parenting role responsibly to ensure the very best outcomes, the same outcomes they would wish and expect for their own children.

2. All children need the stability of adults in their lives and children in care are no different. They have repeatedly indicated that they want consistency of adults in their lives. This chapter looks at how we might better address these issues.

Ensuring Corporate Parenting for Children in Care

3. The HPSS is in a period of rapid change to structural arrangements in both the delivery and commissioning of services. It is important that children in care remain a key priority in the new health and social service structures.

   Actions/Outcomes Required
   - Revise and re-issue Departmental Circular No CC3/02 – Role and Responsibilities of Directors for the Care and Protection of Children to all Chairs, Chief Executives and Board Members of the newly formed Trusts to clearly specify and identify their corporate parenting responsibilities.

4. In addition, it will be an expectation of the new HSSA that performance management arrangements will be in place to ensure accountability for the improved outcomes of looked after children. The Department will also ask the Regulation and Quality Improvement Authority (RQIA) as part of its social and
People Around Children

5. Children through the course of their childhood will have contact with a variety of people and professionals. For most children their parents will often assume a coordinating facilitating role in this contact but this may not be this case when children become looked after. In addition for children in care some of these adult contacts are unique to their placement or move to independent living: Residential care staff, foster parents, social workers, personal advisers and independent visitors. We are proposing therefore to ensure that the vast majority of children in care, subject to paragraph 4, will have a more limited number of key persons who will exercise responsibility for them, primarily:

- Their social worker;
- Carer and key worker whether in residential care or foster care; and
- Independent adviser discussed further below.

6. Children in care have complex health needs, many of them as a result of a disability.

**Actions/Outcomes Required**

- The creation of a lead healthcare professional role.

7. This role could be taken by a doctor, health visitor or children’s community nurse, psychologist or allied health profession. They will take a coordinating role for Trusts in ensuring that the health or disability needs of a child in care are taken account of. We should expect Trusts to support the creation and nomination of such positions and ensure appropriate training is provided to staff undertaking this co-coordinating role in health.
A Consistent Parenting Role

8. The Department wishes to find ways of promoting innovation, good practice and quality outcomes for those who work with children in care. Within frontline child protection we are creating new ‘gateway’ teams with a strong focus on assessment and regional learning and practice improvements. Likewise, we would like to encourage the development of specialism and expertise in working with children in care. Social workers need to have the freedom and space to work with this group of children to enable the building of long term relationships with them and their families where they can be also be advocates for the child’s interests. As part of any new arrangements, the Department will ensure that social workers and other key professionals working with children in care are offered training in advocacy and human rights.

**Actions/Outcomes Required**

- Create specialist looked after children teams in each Trust with multidisciplinary membership. These dedicated teams would take on the following specific functions in order to ensure that Trusts discharge their statutory responsibilities to looked after children:
  - Provide or enable the provision of appropriate practical and emotional support to looked after children e.g. mentors, advocates, independent advisers;
  - To keep informed of each young person’s progress and well being;
  - Ensure assessments are completed and updated in partnership with children, parents and carers and where appropriate on a multi-disciplinary basis;
  - To liaise with other Statutory and Voluntary agencies and coordinate the provision of services to children in care e.g. mental health services;
  - To advise, assist and enable the development of care plans;
➢ To facilitate young people’s participation in planning and review processes plans e.g. engaging with person centred planning approaches;

➢ To engage in direct therapeutic work with children and young people who require counselling as a result of pre-care and/or in care experience;

➢ Devise models of practice for co-working with members of the Leaving and after Care Team/ Sixteen Plus team to ensure the provision of services to young people to prepare for adulthood;

➢ Referral of young people to Throughcare Transition Teams (16+ service) at age 13;

➢ To participate in the development and continuous review of Pathway Plans;

➢ To engage with relevant agencies who deliver personal development, life skills or independence training programmes;

➢ Provide a support service to children who are subject to residence orders or special guardianship orders;

➢ Promotion of permanency planning for children and young people;

➢ To facilitate contact arrangements with birth family and significant others;

➢ Act as the main point of contact for children and young people in care;

➢ Support young people in accessing education, training and employment; and

➢ Ensure each young person has a personal education plan.

➢ Amend existing requirements for statutory visits to reduce the frequency of statutory visits from monthly to once every two months for children and young people who have been placed for one year or more with a kinship carer; and
• Introduce a statutory requirement that staff within these dedicated teams must ensure that statutory visits involve them in arranging outings or activities with the child in care on a one-to-one basis to ensure that they have the opportunity to build relationships with young people in their care and to ensure that young people in care feel free and have the opportunity and confidence to raise their concerns and issues directly with the team member.

9. Part of the Government’s Green Paper for England (DFES, 2006) looks at how funding and budgets can be devolved to front-line staff. Too often children in care face considerable bureaucracy around getting additional funding for normal activities or specialist services. These may include sporting and leisure activities, travel, school holiday activities, driving lessons, extra tuition etc. The Department would like to see how best to increase the freedom for social workers to address the needs of children in conjunction with the children themselves and in the context of transparent standards and financial controls. In Chapter 4, paragraph 11 we outlined proposals for areas of parental responsibility to be given to foster carers and other recommendations that would improve the carers experience. We would encourage Trusts to make appropriate use of the flexibility within the legislation to effect such changes as this would allow social workers more time to concentrate on more crucial issues, reduce bureaucracy and enhance the role of carers.

Provision of Information for Young People

10. The provision of timely and effective information for young people is essential at all parts of their time in care but especially at admission where they are coping with many emotions at a sensitive time in their lives. We should ensure that young people are adequately informed about care and the contract that the state has as corporate parent with them.
**Actions/Outcomes Required**

- Regional young person friendly guidance should be developed, which sets out commitments from the State in the form of an agreement with the young person, which specifies their rights and entitlements through all aspects of their time in care. This will encompass their care pathway from point of first contact through to independent living.

**Care Plans**

11. One of the key processes to facilitate good outcomes for children in care is their care plan. This is a key statutory document that sets out the type of support and care they should receive and includes details such as their activities, sporting and cultural expressions. The care plan is a living document which should be considered and revised at each of the child’s regular review meetings. Children may not know what is in their care plan and it may need to be more frequently updated. Independent reviewing officers have an important role to play in ensuring the quality and appropriateness of care plans and that statutory guidance is complied with.

**Actions/Outcomes Required**

- Revised guidance to Trusts on the creation, management and use of children’s care plans and what their contents should be such as including the positive activities in which young people have chosen to take part;

- Care plans for all children in care must set out their long term ambitions, how to achieve these, be agreed with children and young people themselves relevant to their age and understanding; and
Consider the implementation of child centred planning approaches, for looked after children using tools such as lifestyles planning, mapping and pathways which will be introduced into statutory LAC review processes in keeping with the findings of the review undertaken by the Children’s Commissioner into child centred planning (2006).

Independent Advisers

12. Most children are fortunate enough to have significant adults in their lives: parents, family members, teachers etc who act as mentors, role models and on occasions, advocates. Not every child is fortunate enough to develop these relationships but for children in care we believe every child should be facilitated to have this type of mentor. Not only will this person offer befriending, support and advice to young people, they will do it from a position of independence from the care system.

13. The Children (Northern Ireland) Order 1995 like the Children Act 1989 in England and Wales introduced a duty on social services to provide an Independent Visitor for every child in care who had little contact with their birth parent. These are often volunteers who offer a befriending service to children who have infrequent contact with their parents and whose role is set out in both the Children Order and regulations. The role of the Independent Visitor was debated recently by Northern Ireland MPs during the passage of the Miscellaneous Provisions (Northern Ireland) Act 2006. The Minister Paul Goggins, MP gave a commitment that he would look at this matter further. Some very good practice exists in Northern Ireland where the current provisions in Article 31 of the Order establish a floor not a ceiling for provision and some Trusts have extended the access to Independent Visitors more widely through their care population and often use an independent provider.

14. We believe that there is huge potential to develop this role that goes beyond children’s contact with their parents. It could provide children with an
independent source of advice, encouragement and where a child wishes it, advocacy. Research with children in care has shown how much they value the role of the independent visitor. We wish to consult on renaming the current independent visitor scheme and extending its remit to that of Independent Adviser. Clearly the role of independent advisor will be different for each individual child and it will be up to them to decide the role their Independent Adviser will play in their lives. For some this will be a short term relationship, for others an enduring one where the advocate will continue to have contact into adulthood and independence. We therefore seek views on:

• Whether to review the independent visitors scheme under Article 31 of the Children Order including for example giving consideration to renaming the scheme to “independent advisers” and introducing some degree of advocacy as a clear element of the role;

• How best to offer an independent adviser to a wider group of children in care and the role that they might play;

• How this role would be integrated into existing provision of advocacy services and whether it could be extended to encompass the personal adviser role for a child who leaves care; and

• Whether independent advisers and/or personal advisers should be configured as a new unitary service delivered independently of the statutory sector e.g., by the voluntary sector.

Access to Advocacy Services

15. Some children in care will need additional help in seeking independent advocacy services; this may be to make a complaint about their care, seek information about their rights, or in applying for benefits. Government see access to a range of advocacy services as an important protection for a child
or young people in care and have ensured additional funding for regional services through the Children and Young People funding package. We intend as part of the forthcoming Adoption and Children legislation to introduce a statutory requirement for social services to secure the provision of independent advocacy services for looked after children who wish to make representations or complaints under the Children Order. We wish to seek views on:

- **Whether it is necessary or desirable to legislate for greater provision of advocacy to make it available to all children and young people in care.**
CHAPTER 7: EDUCATION

1. A good education is the key to a positive future. For an education to be good it must take a holistic view of the child and pay equal attention to the social, emotional, physical and intellectual development needs. While a school does play a major role in meeting these developmental needs, it cannot do it alone. All children should enjoy their time at school, take full advantage of all the learning opportunities available and in the process achieve success. For this to happen, we must recognise the relationship between the home, school and recreational environments as influences for a positive or negative outcome for any child. Any approach to improving the educational outcomes for looked after children must have at its core a recognition that the child is an individual, that the child must be engaged in learning and that home, school and out of school offer co-ordinated and supportive opportunities to learn.

2. Looked after children are some 0.03% of the overall school going population. As a group they are not homogeneous, they include the spectrum from young people who are doing well at school through to those who have disengaged totally from any form of learning. Collectively they are more likely to underachieve and under perform and are disproportionately represented in statistics about expulsion, suspension and poor attendance rates. In 2002/03 information collected about looked after children indicated that some 90% remained in the same school for the year; 90% were not involved in any formal disciplinary process; and 90% had acceptable or better attendance at school. These figures indicate that many looked after children have a settled school placement and that there is a stable foundation for further improvement. Further analysis of the data collected and anecdotal evidence from the sector indicates that there are around 120 young people with very complex needs. Clearly any action to improve educational outcomes for the looked after population will have to be sufficiently flexible and responsive to cater for the full range of needs.
3. In the last 5 years there have been a number of initiatives within the education sector aimed at improving educational outcomes for looked after children. In the North Eastern Education and Library Board, a Looked After Children Team of 2 dedicated Education Welfare Officers was established. These Officers deal with all referrals of looked after children made to the Education Welfare Service (EWS) and provide training for schools’ staff on care matters and training for social services’ staff on education. In the Southern and South Eastern Education and Library Boards a resource handbook about education has been prepared to assist foster carers, social workers, teachers and all those involved with looked after children. In Western education and Library Board a joint protocol on the education of young people who are looked after by WHSSB and educated within the Board area was agreed in 2003. Under the LACE (Looked After Children in Education) Projects, materials have been developed for use in schools with staff and pupils around care and its implications. Currently LACE is piloting programmes to promote cross agency working on behalf of looked after children in two Trust areas. Under the Children and Young People Funding Package resources are available for staff to provide support to carers in residential settings. It is now time to consolidate all of these various initiatives into a single approach across the region and to build on the learning to establish an effective support service within education for looked after children.

4. We propose an approach to achieving improved educational outcomes for looked after children which is underpinned by four key strands:

- Empowerment of Education Services to support looked after children;

- Foster carers/ key workers will be supported to engage with schools as other parents do;
• The sharing of information about a child’s care status will be informed by the best interests principle and respect for privacy; and

• Equal access to the full range of learning opportunities available.

**Looked After Children – A Dedicated Educational Support Service**

5. Under Article 46 of the Children (NI) Order 1995 Social Services are required to notify the relevant Education and Library Board when a child becomes looked after. Sharing this information is essential if a looked after child’s progress in education is to be tracked. Schools must refer pupils whose attendance drops below an agreed threshold and are required by law to notify the Board when a pupil is suspended. Early intervention to prevent problems becoming entrenched cannot be assured if the pupil support services at Board level are not aware that a child is looked after.

6. All looked after children should have a personal education plan commencing at the time they enter pre-school settings. The preparation of such a plan will require an assessment of the child’s potential drawing information from all relevant sources – the school, carers, the child and the social worker - and setting of realistic achievable targets which promote self belief and provide experience of success. This plan should also include opportunities for learning and development through after school activities – such as extended schools, statutory and voluntary sector youth clubs, clubs and personal development schemes such as Duke of Edinburgh and XL. Implementation of this plan needs to be monitored and it needs to be reviewed at regular intervals to ensure that it continues to be relevant and fit for purpose.

7. It is important for a looked after child to make positive progress in education that those caring for him or her are aware of how the education system works, what support is available in school and have the confidence to ask for support when necessary. It is also important that relevant staff in the school have an understanding of the care system and their role in promoting a positive
educational outcome for the child. Training is a key to ensuring this mutual understanding and fostering co-operation in the best interests of the child.

8. If the education sector is to be in a position to support and monitor the progress of looked after children, then additional resources will be required. The implementation of the new structures in Social Services and Education following from the Review of Public Administration (RPA) provides an opportunity to focus on the needs of these children and to ensure a consistent service across Northern Ireland.

**Actions/Outcomes Required**
- Looked After Children (LAC) Teams should be based in each of the new Health and Social Services Trusts. Each Team would be led by a Senior Education Welfare Officer and be staffed by 2 Education Welfare Officers and a Youth Worker and each Team will have access to dedicated time from an educational psychologist. The Team would be tasked to –
  
  o Track the progress of looked after children within education;
  o Deal with all referrals to EWS of looked after children because of concerns about attendance;
  o Prepare, maintain and monitor implementation the personal education plan for each looked after child;
  o Liaise with the child’s school in line with agreed arrangements; and
  o Provide training for social services, foster carers, staff in residential settings and schools’ staff.

9. This new support service will be a bridge between the home and the school and staff in the Team will act as the ‘key education worker’ for an assigned child. This service will incorporate staff already working in support of looked after children.
**Actions/Outcomes Required**

- Co-location of the Education LAC Team with their counterparts from the Social Services Trust and active exploration of the use of a joint team model.

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**Foster Carers and Key Workers – Engagement with Learning and Schools**

10. Parents have a key role in improving educational outcomes for children - they are the first and prime educators of their children. Research with looked after children who achieved educational success has identified a number of common factors in their care histories, including having a foster parent or carer who valued education and having access to books and learning facilities at home.

11. Parents who value education demonstrate this to their children on a continuous basis – by asking what went on in school today, showing an interest in homework, assisting with project work, making suggestions, encouraging participation in school activities, responding to school requests for information, returning permission slips promptly and attending school events. Parents take time to consider the big decisions such as choice of school and choice of subjects, parents will take advice from a range of sources and when appropriate will discuss and agree the decision with their child.

12. The State as the corporate parent must ensure that children in care receive adequate support in their care setting. Foster parents and key workers should be enabled and empowered to behave in the same way. Simple things like signing a permission slip for a school trip without reference to a social worker - and the consequent delays - can make a difference to the child feeling fully included in class activities on an equal footing with their peers and the carer feeling that their role as first educator being fully recognised. Action set out elsewhere in this document cover decision making by carers and
implementing these will assist with ‘normalising’ the parenting role in respect of schooling.

13. Carers should have the confidence to engage with the school and to actively promote the benefits of education with the child in their care. Appropriate training and support should be available directly to carers in a way that is responsive to their needs and those of the child. Support structures for foster carers and key workers in residential settings are in the process of being established through the Fostering Achievement Scheme and staff based within the Education and Library Boards. There have been many local initiatives to support carers around aspects of education with positive outcomes, this work needs to be consolidated and made universally accessible.

14. Creation of a learning environment at home is important by way of reinforcing the value of education and the fact that is not an activity confined to school – this means ready access by carers to educational equipment, resources and where appropriate out of school educational support for the child in their care. The Fostering Achievement Scheme has trail blazed as an opportunity for foster carers to access educational equipment and resources such as computers and out of school support in the form of tutoring. Under the Children and Young People Funding Package resources have been made available to ensure that all children in residential settings have access to computers. Some tutoring schemes for children in residential settings have been piloted with very positive results. These initiatives need to be developed and consolidated as a common feature of support available to carers.

**Actions/Outcomes Required**

- Develop training and support for foster carers on the benefits of education, particularly pre-school education;

- Develop training and materials in partnership with carers which will inspire and equip them for their role as prime educator;
• Actively ‘market’ the benefits of training and the importance of their role as first educators with foster carers/key workers;

• Ensure access for foster carers/key workers to further training around child development and educational matters which is appropriate and convenient;

• Expand coverage of the ‘Fostering Achievement Scheme’ to cover all looked after children aged 2 or more who have been in care for at least six months including previously looked after children for whom allowances are still being paid and where the young person is now the subject of an adoption, residence order or special guardianship and also to care leavers up to age 21; and

• Provide additional out of school educational support for children in residential settings as part of a personalised educational plan.

Sharing Information About A Child

15. Local research with looked after children has identified that they have very real concerns around sharing of information about their care status. They do not necessarily want anyone in a school to know that they are looked after or the reasons why this situation has arisen. They do not wish to be identified as looked after by teachers or pupils and want to be treated the same as other pupils.

16. Schools on the other hand consider that without information about a child’s care status they cannot respond appropriately when difficulties arise. The decision to share information with a school should be informed by what is in the best interests of the child. On balance the view is that at least one senior person in the school should be aware of a child’s circumstances. Any sharing
of the information beyond that single person should follow from a decision which is demonstrably in the best interests of the child.

**Actions/Outcomes Required**

- The LAC Team should be notified by Social Services when a child becomes looked after. A member of the LAC Team should advise the school;

- In each school there should be a named contact person who will be advised of the situation and who will normally be the Principal. This will ensure that the education of the looked after child is given appropriate focus and that input to personal education plans is provided when needed.

- The decision to share information beyond the named contact should be made after a discussion involving the named contact, the social worker/carer, a member of the LAC Team and the child when appropriate. This discussion should determine the member(s) of school staff to be told, the reasons for sharing the information, what information will be shared and by whom; and

- A protocol for sharing and managing information about a looked after child should be in place between the LAC Team and schools.

17. A number of children have also expressed concerns about the presence of school staff at LAC Reviews, particularly when the discussions relate to their personal circumstances. Children have said that they feel overwhelmed by the presence of so many adults and of not being in control of their situation. Arrangements should be put in place which respect the child’s right to privacy, minimise the number of persons who know of their full circumstances and reduce the number of persons needed at a LAC Review.
**Actions/Outcomes Required**

- The scheduled LAC Reviews should automatically consider the child’s progress at school;

- In advance of the scheduled LAC Review there should be a discussion about progress with the personalised education plan between the child, the foster carer/key worker and the assigned member of the LAC Team. If appropriate this discussion can include school staff and take place at school. A progress report with any changes to the personalised education plan should be prepared for the LAC Review; and

- The report should be presented at the Review by the carer and the child with the help of LAC Team member if this would be helpful.

**Equal Access Learning Opportunities And Additional Support**

18. A key decision for any child is ensuring that they attend the right school. When a child is placed in the right school the educational experience will be positive and the likelihood of problems with attendance and discipline minimised. Children who enter the care system should remain in their current school unless there are overriding reasons for a change. Assistance with transport is available to enable a school placement to be sustained.

19. Change should only occur at the usual transition points, from pre-school into primary school and then into post primary school. Parents when choosing a school for their child will take account of child’s abilities, aptitudes and needs and will assess possible schools against these. Important considerations will be the curriculum on offer, the pastoral care system, opportunities for after school activities, the school’s ethos and the location of the school relative to the family home. All of these considerations are equally valid for a looked after child and should inform the choice made by the foster carer or the
corporate parent in consultation with the children and after visits to schools and taking advice. The introduction of new transition arrangements for post primary school should assist this process with the availability of the Pupil Profile.

20. Where a child requires a school placement outside the normal transition points, the same process should be followed. Assistance is available to carers from the LAC Team to identify schools with vacancies and to prepare a case for a variation in admission numbers if necessary. Placement in a boarding school can also be considered.

21. There are many other children in schools who could be considered disadvantaged, albeit for different reasons. The school based support systems to address the additional educational needs of pupils should be accessible and work effectively for any child experiencing difficulties, regardless of home circumstances. The way in which schools provide for additional educational needs is currently under review. The outcome will have a major impact on the level of skill within schools and the breadth and depth of pastoral care provision in the longer term. Within the current school year, various developments funded through the Children and Young People Funding Package – extended schools, counselling support for pupils in post primary schools and the development programme for designated teachers for child protection – will impact on the quality of support available to all children experiencing difficulties in school.

**Actions/Outcomes Required**

- Foster carers, key workers and the child will be given additional assistance by the LAC Team in selecting the right school and ensuring the considerations at paragraph 19 are fully explored with the child;
• Admission to the agreed school will be facilitated by a recognition of the needs of looked after children in schools’ admissions criteria and variations in schools’ admissions and enrolment numbers;

• Looked after children should be prepared for changes of school by the assigned LAC Team member and at the transition to post-primary school a programme based on the PAM (Primary Attendance Matters) project materials should be used; and

• Where additional educational needs are identified the assigned LAC Team should work with the foster carer/key worker to secure the appropriate support for the child in their care.

22. There are some young people in care with very complex needs or in secure accommodation with the result that a place in a mainstream school is not the right option. Across the region it is estimated that around 120 young people of post primary age are in this category. Most of these young people are placed in alternative education programmes and as a group they are disproportionately represented in this type of provision. ETI reports do confirm that young people benefit from the less formal approach, the small numbers, higher staff ratios and the tailor made educational programmes used in these settings and do re-engage with beneficial learning.

23. Alternative education provision normally ceases at compulsory school leaving age and the expectation is that young people will transfer to a training programme or to further education. In the case of looked after children this ‘normal transition’ stage can be yet another disruption to their education. In order to maintain care placements beyond age 16, continuity of educational provision should be sustained.
Actions/Outcomes Required

- A policy on extending alternative education placements beyond compulsory school leaving age, particularly for young people in care, should be prepared and implemented.

Progression

24. The actions set out so far describe a school system in which looked after children are supported to reach their potential. However, it is not just at compulsory school age that looked after children need special attention. Looked after children are also less likely to go on to further education and training post-16 than their peers. We have already made a specific pledge to double within 15 years the number of care leavers in education, training or employment at age 18. This will not happen without also addressing the further education sector.

25. Looked after children need appropriate advice and assistance to access opportunities in further education or training, particularly when they may have missed substantial parts of their school education. For some, that will mean picking up again or developing the basic skills they need just to get started. In Northern Ireland, while we have not gone down the route of replicating the GB Connexions service, the Department for Employment and Learning (DEL) Careers Information Advice and Guidance Service provides an impartial service to young people (and adults) through a network of 96 professionally qualified Careers Advisers. The Careers Service has developed and implemented a Social Inclusion Policy, driven by the eight principles in the GB Connexions Careers Guidance model, that focuses on addressing the needs of young people facing, or vulnerable to social exclusion including young people in care or leaving care and who are most in need of guidance. Careers Advisers support these clients in making informed decisions about options in education, training and employment. The Careers Advisers role is to build, maintain and sustain an effective guidance relationship which values and respects the client and where each client is encouraged and supported to achieve their potential within education, training and employment. DEL
recognises the value of an interagency approach and is looking at partnerships and protocols with relevant agencies to ensure the Careers Service is able to support more effectively the needs of all vulnerable young people.

26 We see that better improvements can be delivered for children through specialist teams who who have direct input from health and education. This applies also to the important role of Careers Advisers. DEL’s Careers Service currently work with Looked After Children’s teams/services on a regional basis to develop appropriate referral arrangements that will ensure that all young people in care and leaving care have appropriate and timely access to impartial and professional Careers Information Advice and Guidance. For example, in partnership with Include Youth, DEL Careers Advisers provide access to vulnerable young people on the Give and Take Scheme who have multiple barriers to education, training and employment and who are at risk of social exclusion.

**Actions/Outcomes Required**

- **Careers Advisers should continue to work closely with Looked After Children’s teams/Services in each of the new Trust areas. These Advisers will work with both children and their families as well as staff in the Trust who work with children in care to promote better awareness of education, training and employment opportunities. This joint working approach should also assist in ensuring a higher profile of careers planning in Care Plans and reviews.**

27. It is important that young people in or leaving care are given every opportunity to reach their full potential and contribute to society. This includes making a positive contribution to the local economy. Invest NI works with the Prince’s Trust NI (PTNI) and provides funding for the PTNI Business programme. This involves working with 16-30 year olds who have struggled at school, have been in care, are long-term unemployed or have been in trouble with the law.
The objective is to provide the target group with opportunities to develop self-confidence, fulfil their ambitions and contribute to the community through self-employment.

**Actions/Outcomes Required**

- In developing the PTNI Business Plan for 2007/08 to 2009/10, Invest NI should explore opportunities to develop their work with PTNI further to ensure maximum outreach to disadvantaged youths, and in particular, those in and leaving care.

28 It is essential that we promote and develop the skills of young people in care to enable them to progress in their transitions to adulthood and future careers. Improvement in literacy for young people and their families is also a key to improving better uptake of future job and training opportunities. We wish to build on such work as DEL’s Essential Skills programmes (the Northern Ireland equivalent of the GB Skills for Life programmes) aimed at 16 + age group. To achieve this we propose to:

**Actions/Outcomes Required**

- A promotional strategy to target children aged 16 + in care and their carers to raise awareness of good essential skills and signpost them to provision;

- The communication skills needs of children in care aged 16+ should be addressed through targeted training provision identified through the Professional and Technical Training Provision to be introduced in 2007; and

- Work with the Learning Skills Development Agency (NI) to develop flexible family literacy and numeracy packages for children and their carers.

29. FE colleges place great emphasis on the welfare of students. In addition to Child Protection policies, all FE colleges have in place pastoral care arrangements for students and comprehensive policies to deal with a range of
issues that can have a bearing on educational performance such as personal safety and protection, alcohol/drugs or solvent misuse, mental and sexual health to name but a few. Carecall is used by a number of colleges to provide a 24/7 counselling service for students and a Counselling Forum has been established within the sector as a vehicle for staff to share and develop best practice. The Student Charter outlines information and facilities available for students including support and counselling services and details what students can expect from the Institute and vice versa.

30. It is important that FE colleges track the progress of children in care and care leavers. It is essential if we are to improve the outcomes for these young people that we know how well they are doing and what kind of extra support would help improve their situation. This points to the need for closer working relationships between DEL, its delivery partners and DHSSPS to ensure that the welfare of children in care and care leavers is appropriately tracked and monitored. The primary focus will be on FE colleges, but will have relevance also to other non-statutory training provision.

**Actions/Outcomes Required**

- **Improve the collection of data on children in care in FE colleges in consultation with children social services and DHSSPS. DHSSPS should publish these as part of its Key Indicators document; and**

- **Engage with the Learning and Skills Development Agency on the development of an appropriate evaluation measures to assist colleges to measure the effectiveness of the support they are giving to children who are in care.**

31. We know that FE colleges have played an essential role in offering another opportunity for learning to those who have not always done well through the traditional school system. However it is important that the needs of care leavers are fully understood by the FE Sector.
**Actions/Outcomes Required**

- Commission through LSDA, a pilot on pastoral support to help FE providers better meet the personal needs of children in care/care leavers;

- Introduce training, led and delivered by LSDA in conjunction with DHSSPS, to all new and existing FE college principals on the needs of looked after children; and

- Develop in conjunction with Queen’s University Belfast and Ulster University a Continuing Professional Development Module for Essential Skills tutors to help them meet the need of children (16+) in care.

32. As children in care are so vulnerable to missing parts of their schooling, it is essential that our system is flexible enough to support them in re-integrating and in sustaining learning. FE Colleges already apply flexibility in the provision of courses.

**Actions/Outcomes Required**

- Explore the possibility of more flexible start dates for young people in care who want to obtain qualifications in FE settings; and

- Look at the evaluation of the Pre-Apprenticeship Programme focused on preparing young people for apprenticeships with a view to maximising for young people in care its planned roll out in extended pilot format from September 2007 and ensuring maximum benefit is gained.

33. The Student Charter in place in FE is a form of contract between the student and the college. There is also student representation on the Governing Bodies of all FE colleges. We should act to give children in the care system a stronger voice in the FE sector.
**Actions/Outcomes Required**

- FE colleges should cover children in care and care leavers in their annual College Development Plans; and

- The remit of the FE Equality Group, chaired by DEL should take full account of young people in care when advising colleges on matters relating to equality and good relations;

There has been some concern that the Education Maintenance Allowance (EMA) is being taken into account in the financial support being offered to care leavers. Arrangements are already in place to ensure that EMA is disregarded in relation to entitlement to benefit. We need to ensure clarity and consistency.

**Actions/Outcomes Required**

- Guidance to social services making it clear that the provision of the Educational Maintenance Allowance should not be used as a basis for reducing the level of financial support provided by social services.
CHAPTER 8: LIFE OUTSIDE SCHOOL AND CARE

Introduction

1. Looked after children deserve to enjoy a well-rounded and fulfilling childhood that meets the 6 outcomes in the OFMDFM Children’s Strategy (2006). This was emphasised in the Children and Young People’s funding package (DENI, 2006) elements of which are designed to build on existing support for foster carers, foster children and children in residential care. Additional funding has been provided by government in supporting and equipping foster parents to discharge their role effectively as first educators through the establishment of a team of development workers and access to annual credits to facilitate tuition or a specific education or development need. But this is only a start, we must do more.

2. It is the responsibility of the State in the role as Corporate Parent to deliver improvements for looked after children and the responsibility of government departments, agencies and statutory bodies to work together to achieve this.

Actions/Outcomes Required

• Legislation to ensure that there is a duty on bodies to cooperate with local Trusts to achieve this aim.

3. As has been shown, many looked after children have more complex needs then their peers. Despite progress being made by the introduction of the Children Order and Leaving Care Act, looked after children have much poorer outcomes than their peers. For example, young men and women who leave care are between 5 and 6 times more likely than their peers to become a parent at an early age.

4. As Corporate parents we must support looked after children to flourish and fulfil their potential. Some looked after children will have suffered abuse or neglect. We must ensure that our important focus on safeguarding does not obscure other important elements of their lives. Looked after children have
the same aspirations for enjoyment and fulfilment in their lives and we must ensure that these aspirations are achieved.

5. Research has shown that like other disadvantaged young people, looked after children are less likely to participate in sports and leisure activities. They may need special help and assistance to avoid risky behaviours that may be related to their life experiences prior to becoming looked after. So that looked after children can enjoy and benefit from well-rounded experience we must ensure that they have access to a range of activities and experiences outside of care. There must be a willingness and leadership from those with corporate responsibility for looked after children to make these things happen.

Enjoying and Achieving

6. Having things to do and places to go can make an important contribution to the lives of children and young people who are looked after helping to improve educational achievement, emotional and mental health as well as increasing confidence, self esteem and enjoyment of life. The role of Youth Work, in helping young people develop their social and personal skills, is relevant to all young people in Northern Ireland. It is an important form of non-formal education which makes a distinct and vital contribution to the development of young people. It is particularly relevant to those at risk of disengaging from society; those who become disaffected at school, those at risk of offending, those who will end up as non-stakeholders in their own community. Without effective intervention, the outcomes for these young people are poor compared to their peers; however, youth workers engaging with some of the most troubled children, are helping them to achieve much better outcomes.

7. Being a corporate parent should mean more than ensuring a child is provided with safe accommodation. Corporate parenting should encapsulate the desire to meet the needs of these children both materially and developmentally/spiritually. Agencies acting as corporate parents should view looked after
children as children first and ensure that they get equal access to services available for children and young people.

**Actions/Outcomes Required**

- Examine Section 6 of the Education and Inspections Act 2006 in England in terms of its applicability in Northern Ireland to looked after children. This Act has placed a statutory duty on local authorities in England to secure access to positive experiences for young people, consulting with them regarding providing information on positive activities.

8. In addition, we should encourage all Trusts and fostering agencies to ensure that they proactively remove any unnecessary barriers to young people participating in age appropriate outside activities that are not part of the care system. This should include participation in youth activities, uniformed and non-uniformed and sporting activities, community work and volunteering activities. This should be done in conjunction with young people themselves, considered at each review and recorded in the child’s care plan. Engaging with the youth service is voluntary, its benefits should be made known to young people in care and the positive experiences promoted but ultimately it will be up to the young person to take part or not.

**Actions/Outcomes Required**

- Improved outside activities for looked after children. This would include community based wrap around services for children in care. These services would include the provision of the following interventions:
  - Peer education schemes;
  - Prevocational and volunteering opportunities;
  - Provision / Access to counselling services;

- Require Trusts and foster agencies to ensure that welcome packs are developed and provided for all looked after children and their
carers setting out and sign posting the types of activities and volunteering opportunities that are available in the locality;

- Ask the RQIA to provide a view to Department about the social and non-formal education activities of looked after children, by March 2008, picked up through their ongoing inspection of residential children’s homes and foster care agencies. This will provide a baseline for future measurement;

- Require that Trusts and Boards, as part of the role as corporate parents, review, in particular, the access of looked after children to activities outside the care system such as sporting activities, membership of youth clubs, attendance at youth clubs, young people engaged with a youth worker either detached youth worker or in school, opportunities for volunteering etc; and

- Ensure that Trusts, fostering agencies and Education and Library Boards are aware of the work of the Paul Hamlyn Foundation ‘Right to Read’ programme and provide checklists for social workers and foster carers on improving access to books and libraries for looked after children.

**Being and Staying Healthy**

9. As a result of their trauma and experiences before coming into care many looked after children will have additional health needs including emotional and behavioural problems which require an effective health care system and response to enable them to participate further in outside activities. This is particularly the case for older school-aged children who are in care and who have do not have the same contact with the health visiting service. Research in GB has shown that over 50 % of young people in care have an emotional or mental health problem disorder, which is often not recognised or treated.
This is likely to be even higher in Northern Ireland given increased levels of socio economic deprivation etc. Research supporting this was conducted in Craigavon and Banbridge Trust where 60% of the young people in the care of the Trust had diagnosable mental health problems. We want to improve the heath needs and outcomes of looked after children. Government is currently looking at the recommendations in the Bamford Review (RMHLDNI, 2006) and will make further announcements about CAHMS services. As part of this, we should look particularly at the needs of looked after children.

**Actions/Outcomes Required**

- The creation of a named health professional to coordinate the heath needs of looked after children;

- The physical location of a nurse in each Trust to provide expertise and advice on: the health needs of Looked After Children, health promotion for children, foster carers and residential staff. They would also ensure that the health needs of children are being met as part of their regular reviews and Care Plans, provide tailored health advice, and act as point of liaison with the school nurse and child’s named health professional where one exists; and

- As part of ongoing work to develop a single assessment framework for children, to develop a linked module, which explicitly addresses the mental health needs of children and young people.

**Promoting Sexual and Emotional health**

10. We urgently need to address the discrepancy between looked after children and their peers in relation to teenage pregnancy rates. As indicated earlier, young females who have been in care are 6 times more likely to be a parent than their peers at aged 19 and males 5 times more likely to be a parent. Raising the self-esteem, sexual education and life expectations of young
looked after children should minimise the need for them to turn to early sexual experience. A decrease in teenage conceptions and early parenthood can be achieved by training carers and social workers to support young people in care to avoid early sexual activity, advising them on contraception and supporting their emotional development.

**Actions/Outcomes Required**

- Through Boards and Trusts, ensure that residential staff and foster carers receive specific training on how to support young children and young people in care to avoid pregnancy and early sexual activity and what support may be available to young girls should they become pregnant; and

- In conjunction with the Department of Education, provide guidance to both carers and schools setting out responsibilities for offering sex education to looked after children as well as suggesting effective techniques for offering this education and responding to questions from children.

11. Building on the recently announced £500k to provide services to teenage carers we propose:

   **Actions/Outcomes Required**

   - Further enhancement of these services.

**Avoiding Alcohol and Substance Abuse**

12. It is well recognised that looked after children are at greater risk than other children of becoming involved in substance misuse and of developing problematical misuse. Early identification is essential to prevent problems escalating.
**Actions/Outcomes Required**

- Introduce a regional initial assessment tool across all sectors, so that young people can receive appropriate support and interventions; and

- Ensure appropriate access to addictions services for young people through improved and enhanced protocols and communication.

13. Identification and assessment of the young person’s overall needs is not a stand-alone activity. Nor does it begin necessarily on admission to care. The introduction of Understanding the Needs of Children in Northern Ireland (UNOCINI), which has been supported by the Department as part of its reform Implementation programme with greater emphasis on a multi agency assessment, should help to facilitate this. We want however to improve the ability of foster carers and residential staff to recognise and respond to signs of substance abuse.

**Actions/Outcomes Required**

- Provide training to foster carers and residential staff in identifying and responding to substance abuse; and

- Ensure all looked after children and their carers have access to appropriate substance misuse programmes supported by relevant training.

14. Where substance abuse is identified as being a concern for a child in care the advice should be sought from the nursing adviser about the range of appropriate interventions. These can be taken forward in conjunction with the child or young person in their care plan and regular reviews. Where more intensive intervention is required, the lead health care professional should take the co-ordinating role in managing the range of specialist health or psychological based interventions. Targeted and co-ordinated support may be required for a range of problems which may be exacerbating the young
person’s substance abuse such as family contact, placement stability, school attendance and mental health problems.

Avoiding Crime and Anti-Social Behaviour

15. Many children in care exhibit challenging behaviours, often as a result or reaction to the circumstances which led them into care. It is important that residential staff and foster cares are trained in dealing with difficult behaviour and care plans need to set out how these issues should be managed.

16. It is important for both children and carers to have clear structured strategies in place for managing behaviour including de-escalating challenging behaviour and in the circumstances when the local police become involved in difficulties. There can be occasions when police get involved in the problems in relation to looked after children that would not occur when the problem occurred in a family context. Schedule 2 of the children order requires that Trusts take reasonable steps to reduce the need to take criminal proceedings against children.

Actions/Outcomes Required

• Ensure that approaches to managing behaviour including the use of restorative justice and family group conferences methodology, are built into training for residential staff and carers;

• Require all residential homes to have a clear management strategy for managing violent, challenging or anti-social behaviour;

• Develop a protocol with the Youth Justice Agency for the care planning of young people in custody; and
• Develop a regional protocol with the PSNI, drawing on existing good practice, on residential homes working with local police and how and when the police should be involved.

17. Research shows that looked after children in NI are much more likely to find themselves in custody and this is also a feature of studies in England and elsewhere.

18. Many of the measures in the strategy are designed to improve the outcomes of looked after children and will contribute we hope to a reduction in those who end up in custody. However when a looked after child find themselves in trouble with the police and in custody, the role of the corporate parent still prevails. While this is clear with children who are subject to a care order, this is not always the case in respect to children who are looked after voluntarily under Article 21 of the Children Order. Given that the thrust of legislation and practice is to ensure that care orders are a matters of last resort, many more children are being cared for in voluntary arrangements and these children in care are owed certain duties by Trusts every bit as much as those accommodated under care orders. We want to improve the support they receive.

**Actions/Outcomes Required**

• Require, via regulations, that Trusts carry out an assessment of the needs of these young people in their care on a voluntary basis who enter custody of the youth justice agency or the prison service. The expectation is that these children will continue to be supported as a child in care on leaving custody;

• Ensure that Trusts in conjunction with the Youth Justice Agency provide young people in care aged 16 or over who are in custody with support and preparation for adulthood. This includes plans as with other looked after child in terms of leaving and after care support; and
• We would welcome views on the best way to ensure co-ordination, pooling of funding and joint commissioning of services to this small group of young people leaving custody and care.
CHAPTER 9: TRANSITION TO ADULTHOOD

Introduction

1. For young people in care the care system must provide not only a positive living environment but also a bridge into adult life. It must be recognised that every young person needs continuing help to make a smooth transition to adulthood. Most young people, as part of growing up and maturing towards adulthood, do so with the continued love, support and care of their parents. Most young adults outside of care enjoy a range of support including financial support from their families. At a basic level they will have somewhere safe where they can continue to live until they are ready to live independently and once having left home they have somewhere to come home to and caring supportive adults to turn to in times of need. Such support often remains in place far beyond the difficult stages of achieving independent adult status. We should demand no less for our young people whilst they are in our care and beyond as they progress into adulthood.

2. The Children (Leaving Care) Act 2002 strengthened and enhanced the statutory responsibilities of HSS Trusts to young people who have left care. These provisions make explicit, in legal terms, the responsibilities of Trusts, in fulfilling their role as the corporate parents, to looked after young people once they turn 18. Young people in care, by virtue of their pre care experiences and subsequent separation from immediate / birth parents can endure significant trauma, experiencing a real sense of loss and isolation. These are not experiences, which their peers will typically encounter. In addition, young people outside care, are not preoccupied during their later adolescent years with making decisions about where they will be living prior to or once they become 18 and what their relationship might be with the adults who cared for them whilst they were growing up.

3. Too many of our young people are leaving care before they are ready to do so. At 16 and 17 most young people are facing new though normal transitions and challenges and are thinking about future education and training
opportunities rather than having to contemplate leaving ‘home’ and possibly moving to independent living. Young people themselves point out their fears and anxieties about this and that often they feel that they are made to leave care too soon with inadequate preparation. Outside of care, few young people actually really leave home at 18 and in reality this is staged into early adulthood and beyond where family contact plays an important part of living independently.

4. The average age for leaving home is 22 in Northern Ireland but for many care leavers the move to independent living happens much earlier in their lives. Most recent data shows that looked after children in Northern Ireland are 10 times more likely to leave school with no qualifications as the general population of school leavers and school leavers were five times more likely to leave with 5 GCSEs A*-C or higher. Care leavers in Northern Ireland have poorer employment outcomes than non care peers and in one study were 5-6 times more likely to have become parents at aged 19. DSD statistics reveal that 60 care leavers presented as homeless and were awarded Full Duty Applicant Status during 2005-2006. In addition to facing the challenges of independent living, for some young people in care they do so with additional complex needs that compound these challenges. Results from studies in GB in relation to the mental health of looked after children showed much higher rates of mental health problems across the 5-15 year age groups. Small scale local studies point to similarly high levels of need, for example, Teggart and Menary (2005) in a study in the Craigavon and Banbridge HSST suggested that up to two thirds of Looked After children aged 11-16 potentially had diagnosable mental illnesses. (Mullan, C & Fitzsimons, L 2006). The SSI Report “Promoting Independence” (DHSSPS, 2000) highlighted, in its review of services for young people leaving care in 2000, the need to create a more robust and coherent framework for meeting the complex needs of this population of young people through:
- a range of supported and semi independent accommodation to enable young people to move along a continuum of support towards greater independence in the community.

- the development of a range of supportive social networks which would address the impaired ability of young care leavers to maintain and sustain relationships, support their integration into society and ensure continuity of support to enable a successful transition to adulthood.

- the availability of flexible approaches to supporting young people entering educational or vocational courses which would compensate for gaps in educational attainments

**Improving Outcomes**

5. For too long we have used the language of young people leaving care between 16-18. We need to rethink our philosophy, language and approach to supporting this group of young people towards adulthood by ensuring that our approach is underpinned by principles of:

- Promoting continuity and stability where possible;
- Preserving bonds and links with significant adults /carers / peers;
- Supporting young peoples transition to adulthood in keeping with their developmental needs and readiness to assume the responsibilities of adult life; and
- Promoting the concept of interdependence in recognition that many young people will continue to need formal / informal support into adulthood and beyond.

6. We have begun work to ensure improved outcomes for young people leaving care through the application of a number of measures:
- The Programme of Government 2002-2005 (Northern Ireland Executive, 2002) included a commitment to increase by 15% the number of children leaving care with recognised education and vocational qualifications;

- The DHSSPS Public Service Agreement has set a target, by September 2007, children who are looked after attend school for 85% of the days they are required to attend; and

- Enactment of the Children (Leaving Care) Act (NI) 2002 which came into effect in 2005. The Act in conjunction with the Children Leaving Care Regulations provide for a range of new leaving and aftercare support for all young people aged 16 who have been looked after by a Trust for 13 weeks since their 14th birthday. The Act introduces a number of new measures including robust needs assessment and Pathway Planning arrangements, additional support for young people through the provision of Personal Advisers, new entitlements to financial assistance and the provision of vacation accommodation during holidays from further and higher education.

7. The Children and Young People’s Funding Package (DENI, 2006) announced by the Secretary of State on 7th March 2006 builds on these initiatives by reducing inequality and the differentials experienced by children and young people from the most disadvantaged backgrounds. Funding measures aimed at improving the life experiences of looked after children and those moving to independent living and included support for young people who are not ready for independence to remain living with their foster carers and to encourage more young people leaving care to continue in education or training.

8. It is hoped that the combined effect of these initiatives coupled with developments set out in this strategy will see an improvement in the outcomes for looked after children. We propose to measure the effectiveness of these interventions.
**Actions/Outcomes Required**

- Develop a series of outcome measures in line with the six high level outcome statements within the Children and Young Peoples Strategy to benchmark improved outcomes for young people who leave care;

- Develop regional standards for leaving and after care service provision which will be published in 2007 and used as a basis for ensuring quality services for young care leavers; and

- Commission a longitudinal study to assess the impact of interventions and measures on improved outcomes for young people leaving care in line with the 10 year Children and Young People’s Strategy (OFMDFM, 2006).

**Infrastructure and Service Provision for Young People Transitioning to Adulthood**

9. Current service delivery models for young care leavers operate a variety of approaches to supporting young people’s transition to adulthood. These approaches tend to emphasise leaving care at 16 with the introduction of dedicated leaving care staff/personal advisers. Whilst well intended they do not readily support the kind of ethos or philosophy that needs to underpin leaving care services and which build on cornerstones of early and timely preparation for adulthood, continuity, stability and support. For some young people the introduction of leaving care services in this way raises anxieties and expectations about leaving care before they are ready to do so and inadvertently creates instability and uncertainty for young people and carers alike.

10. We also know from research, experience and from what young people tell us that the needs of young care leavers are frequently multi faceted and that a
range of supports and interventions are required well beyond the point of leaving the statutory care of social services in order to effectively meet the full range of material and psychosocial needs. Frequently the type and level of support that many young care leavers require in post care life fades quickly leaving them isolated and even more vulnerable.

11. In earlier chapters we identified the range of measures we aim to introduce to support young people better during their care experience. We intend to ensure that supports such as continued access to health professionals including those with expertise in mental health, remain available to those young people who continue to require them during and after the throughcare process. Continued access to coordinated specific support based on assessed needs and aimed at promoting the emotional health and well being of young people leaving care is fundamental to assisting young people manage their transition from care and furthermore to enabling them to avail of and sustain other elements of support such as housing, training, employment or education. We intend to ensure that appropriate, effective and accountable services are in place to assist young people throughcare and in aftercare by strengthening current leaving / aftercare services in each of the Trusts and by making sure that young people leaving care have access to a more independent source of personal support through the Personal Adviser service entitlement.

**Actions/Outcomes Required**

- **Build on current leaving and after care service infrastructures and the expertise that exists within them in working with adolescents to replace leaving and aftercare teams with ‘Throughcare Transition Teams’ that are holistic, integrated and young person centred. Such Teams would work with all young people aged 16+ in care or who have left care and would have an extended and strengthened remit to include: preparation for adulthood for looked after young people from age 13, continuing support to young people with complex needs up to age 25 who are deemed to require a more**
gradual transition towards adulthood in keeping with their developmental needs;

• Introduce wrap-around services for young people who are leaving care. This additional provision would seek to continue the range of coordinated interventions afforded to looked after young people by including the provision of diversionary activities to assist young people to build and maintain all important social and recreational networks and interests, as well as providing specialist support in relation to complex emotional/mental health needs, disability and act as a bridge between children’s services and adult services. These services would include:

➢ Development of Community Based Wraparound Care and Support Services to enable young people in the medium to high tiers of need to sustain stable living arrangements with family, carers, significant adults or in housing related support services within the community. These services include the provision of the following interventions:
  o Peer education schemes;
  o Prevocational and volunteering opportunities;
  o Provision / Access to counselling services;
  o Mental Health Specialist input to actively support the emotional well being of young people exiting the care system through provision of a CPN / SW grade to each Leaving / Aftercare service;
  o Creation of dedicated planning and transition workers to assist young people with mild, moderate and severe disabilities, specifically those young people with mild / moderate learning difficulties who do not meet the threshold for adult disability services yet who require life long support;
  o Building on existing Floating Support Services to provide for young people aged 16 / 17 to remain at home and to prepare for independent living and adult life; and
Development of special therapeutic supported living arrangements for young people with severe / complex needs who cannot be safely or suitably supported within any of the current housing related support services in Northern Ireland. This initiative would require the development of a new stream of specialist living arrangements, which would provide tailored, hands on therapeutic care and support to meet individual needs. In addition specialist support to other young people with high level needs.

- Ensure that Throughcare Transition Teams work closely with other statutory and voluntary service providers to ensure coordinated multi agency working in the effective delivery of essential support services such as housing, training, employment, education, finance to eligible, relevant and former relevant young people, including those who may be in custody;

- Review arrangements for the delivery of the personal adviser service with a view to locating it within the independent adviser scheme; and

- Through Guidance and legislation amend existing practice so that eligible and relevant young people aged 16 or 17 cannot be discharged from care against their wishes.

Continuing Care and Provision of Suitable Living Arrangements

12. We want to ensure that young people have access to a suitable range of living arrangements in post care life. We also want to offer young people the same opportunity that other young people have to remain in a family setting so that they can continue to live with their carers beyond 18, thereby building on the recently introduced arrangements, under the Children and Young
People’s Funding Package (DENI, 2006), for young people to continue to reside with former carers up to 21 years of age.

**Actions/Outcomes Required**

- Double the numbers of young people availing of the former foster carers scheme.

13. We intend to make sure that as far as is possible finance is not a factor for the young person in making choices about staying with their foster parent. For some children remaining with their foster parents after leaving care, there is the possibility of funding to the young person being taken into account in calculating carers’ benefits. The DfES in England in the Care Matters Green Paper (DFES, 2006), have indicated their intention to removing such barriers.

**Actions/Outcomes Required**

- Ensure parity of social security arrangements through the Social Security Agency.

14. We noted in Chapter 5 how we aim to review the provision of residential childcare provision to create more responsive models of residential childcare arrangements for 16 / 17 year olds to ensure that young people are assisted to remain in their care placement until they are ready and prepared to leave. For some young people, remaining in care with a foster family or residential facility is not an option. One option for this group of young people that bridges care and the achievement of stability in a living arrangement of their choice in the community is transitional supported living arrangements. Our shared goal with DSD is to redress poor outcomes for young people that arise from inappropriate placements of young people post care, which can culminate in breakdown of living arrangements and may result in homelessness in adult life. There are some very innovative models of supported accommodation projects for young people developed in Northern Ireland in partnership with Trusts, Supporting People and the providers sector. Furthermore, sterling work has already been undertaken under the Children Matter initiative to
mobilise Trusts to develop 5 year Accommodation and Support strategies to identify and quantify the type and range of services needed to assist young people achieve independence in the community. We propose to further build on this work in partnership with other stakeholders.

**Actions/Outcomes Required**

- Issue regional good practice guidance on joint working between HSS Trusts and NIHE on interface working arrangements to meet the accommodation and support needs of care leavers;

- Pilot a regional supported lodgings model to address specific gaps in current supported living arrangements;

- Commission a regional overview of supported housing accommodation for care leavers, best practice and anticipated needs;

- Develop regional standards and regulatory monitoring arrangements for ensuring the provision of “suitable” supported accommodation for care leavers; and

- Under the remit of the regional Children Matter Task Group and in partnership with Area Supporting People Partnerships commissioning the development of future suitable supported accommodation provision in line with the regionally agreed service continuum model.

**Early Preparation for Adulthood**

15. For young looked after people and those who leave care their greatest concerns relate to the provision of practical help and assistance, learning to cope with isolation, maintaining relationships and sustaining supportive
networks. These basic life and social skills are fundamental for all children and particularly for those who may wish to live independently sooner than their peers. Most young people learn these skills and develop resilience as part of normal family life. For young people in care, developing these skills and coping abilities should be an inherent part of all children’s care plans and significant others in their lives should be supported to deliver on these initiatives. Preparation for adulthood in line with Leaving Care Guidance should address three broad aspects including:

- Enabling young people to build relationships with others (formal, informal and sexual relationships)
- Enabling young people to develop their self esteem (including knowledge of personal histories, that of their families, cultures and communities)
- Enabling young people to acquire practical and financial skills and knowledge

**Actions/Outcomes Required**

- Put in place dedicated transition workers as part of the Throughcare Transition Teams who will be responsible for supporting carers and young people to ensure early preparation for adulthood from aged 13 years and equally create and establish important, sustainable relationships with young people that will transcend structural barriers by remaining in place as the young people journey into adulthood and into the Throughcare Transition Service;

- Ensure that Trusts engage with Health Promotion Units to audit needs and provision and contribute to the development of relevant training programmes and information;

- Require that Trusts develop training packages for carers on the development of life skills, including the role of carers and
residential care staff in the development of both teaching these skills and ensuring they are integrated into their care plans for children and young people; and

- Ensure that all looked after children have access as they need it to mentoring/peer education programmes designed to improve self-esteem and their practical life skills.

Financial Support

16. Despite new funding through the Children and Young People’s Funding Package (DENI, 2006) and new measures in the Children (Leaving Care) Act to facilitate transition to independent living, support can vary from Trust to Trust and may not always be adequate.

Actions/Outcomes Required

- Ensure extra money for the child trust fund accounts of young people in care in line with proposals being taken forward in England. This will ensure an extra £100 per year for every child who spends a year in care and provide an additional asset to them on leaving care; and

- Establish regional good practice guidance, in partnership with SSA, on young people’s entitlement and pathways to financial assistance.

Continuing in Education, Employment and Training

17. As already noted outcomes for young people in care in later life are poor. We wish to strengthen opportunities for young people leaving care to engage in education, training and employment which will build on the new approaches
and initiatives to improve educational attainment of young people in care as outlined in chapter 7. With the right support the destination of these young people can be improved significantly.

**Actions/Outcomes Required**

- Issue a regional Good Practice document on joint working between the Careers Service, leaving care teams and education sector to ensure early engagement and support to young people making choices about education, training and employment options; and

- To put in place improved linkages between Transition Teams and the team of Careers Advisers identified to deal with young people leaving care and up to the age of 25.

18. This approach would provide continued access to expert careers advice and guidance and continued lead professional support for those who need it. In addition we want to examine and research innovative practice models that afford young people opportunities to make successful transitions from care and into the world of education, training and employment that take account of the need for prevocational opportunities. These opportunities should recognise young people’s starting points and thereby provide the kind of flexible, extended and creative first steps that some young people need to enable them to engage in more mainstream education and training, or assist them in accessing employment options.

**Actions/Outcomes Required**

- Examine and research innovative models locally and more widely which are designed to address and meet the prevocational, training, employment and education needs of young care leavers;

- Monitor the effectiveness of the soon to be launched Training for Success Professional and Technical Training provision that has been developed to address a variety of barriers to employment,
including personal development issues, such as those experienced by young people leaving care; and

- Encourage Trusts to look at creative ways in which they can offer young people in their care the chance to experience volunteering opportunities and a work environment, helping prepare them for the transition to adult life.

We would also welcome your views on the kind of options and interventions that could be developed to support young people’s engagement in training, employment and education.

Increasing Participation in Higher Education

19. It is essential if we are to improve outcomes for looked after children that we set ambitious targets for them in terms of access to higher education. As mentioned earlier children in care are 10 times more likely to leave school without gaining any formal qualifications. Young people in care face significant barriers to entering higher education, not least for some, lower self-confidence, poor self-esteem, and dealing with the disruption and emotional turmoil in the events that led them into care. In addition to this and unlike their peers they do not have the safety net of family to fall back on for financial assistance during their course. Furthermore as they do not have a family home to return to on completion of their studies they face the dual challenge of seeking employment and securing accommodation, which is compounded by the cumulative debt accrued by virtue of undertaking their studies. It is essential to breakdown these barriers and challenges to entering and sustaining higher education.

20. The University and College Admissions Service (UCAS) are planning to introduce a tick box on the application forms so that applicants coming from a care background can be identified at the start of the admissions process and the right support can be arranged both during the admissions process and
once they begin their course. Government expect that the data is used by higher education Institutions (HEIs) to monitor progress in attracting and retaining students from a care background.

21. Government reforms of student finance already means that every young person entering higher education from care currently receive a non repayable maintenance grant of £3,265 i.e. the maximum available and, when charged the full tuition fee and in receipt of the maximum maintenance grant, a non-repayable bursary of at least £305 a year. Young people will also have access to loans to meet tuition fees and livings costs and will not be asked to pay back anything until they are working and earning in excess of £15,000.

**Actions/Outcomes Required**
- Ensure that trusts and their care and leaving care teams are made aware of young care leavers entitlements in higher education.

22. Research has shown however that looked after children finish higher education with an average of £2,000 more debt than their peers. DEL works closely with the Education and Library Boards, the Student Loans Company, Higher Education Institutes and the National Union of Students- Union of Students in Ireland to ensure that students are fully informed of the financial and other support and advice available to mitigate difficulties. We need to provide further incentives and support children in care to enter higher education.

**Actions/Outcomes Required**
- Introduce a bursary, requiring Trusts to provide 75% contribution towards the full cost of tuition fees for all young people in care who go on to higher education;

- Give young people a choice of vacation accommodation, through allowing more young people to remain with carers, in
accommodation in their own Trust area or to remain in University accommodation; and

- Encourage young people to take part in the Aim Higher programme, attend university open days, summer schools and other 3rd level outreach work.

We would also welcome your views on the feasibility of introducing a bursary to provide additional financial support to young people in higher education to meet the costs of tuition fees.

23. We should work in conjunction with DEL to support universities and colleges in Northern Ireland to ensure that imaginative outreach programmes designed to raise the aspirations of the most disadvantaged young people towards further and higher education are accessible to children who need the greatest encouragement and support, including children in care in NI. Examples include the University of Ulster Step Up Programme and the Fast Track Initiative developed by the Belfast Institute of Further and Higher Education.

**Actions/Outcomes Required**

- Encourage universities and colleges in NI to have a member of staff in post with expertise in supporting care leavers;

- Encourage universities and colleges to offer new undergraduate mentoring support from older students;

- Discuss with universities and colleges how to improve provision of information on bursaries, hardship grants and other financial support available to young people leaving care; and

- Encourage universities and colleges to acquire the Quality Mark developed by the Frank Buttle Trust, which recognises HEI’s that demonstrate a commitment to supporting and increasing the
number of young people entering and succeeding in HE after being in care.
CHAPTER 10. DRIVING REFORM

1. This paper establishes a challenging agenda for change and reform of how we care for vulnerable children who may need to access care services. We hope these actions will divert some children from care, by intervening earlier, through more responsive services and a greater emphasis on supporting parenting. For those children who need care for whatever period, we want to make their experience a positive one and ensure that in transitions to adulthood that their time in care lays a firm foundation.

2. Following consultation we intend to establish a Project Management Board, under the auspices of the Regional Health and Social Services Authority, appointed by the Minister. It is intended that this will oversee the implementation of the Care Matters Strategy within the new post RPA Trusts. The Board will report directly to the Minister on progress and will contain relevant representation from government departments, the HSSA, Trusts and key stakeholders in the voluntary and community sectors. It will establish arrangements to take account of the views of other stakeholders, particularly children and young people in care and their families. The Project Management Board will exist for an initial 3 years after which continuation will depend on the progress and success of the new arrangements. Following this period the DHSSPS will continue to monitor progress and the effectiveness of the Care Matters Strategy and continue to work with colleagues in the statutory, voluntary and community sectors to ensure that real benefits extend to our population of looked after children.
CHAPTER 11. HOW TO RESPOND

How to Respond

If you wish to comment on the ideas and actions contained within this document please send your comments in writing to the address shown below. We would be pleased to receive general comments as well as comments on any of the specific ideas or actions which we have put forward.

This consultation document can also be viewed on the childcare section of the DHSSPS website: http://www.dhsspsni.gov.uk/child_care/carematters

How to Respond

If you wish to comment on the proposed strategy, please complete and return the response document which may be found at the back of this document or may be downloaded from the website above.

As we may get a lot of responses, it would be helpful to keep your reply as brief and concise as possible and consider composite replies if you belong to an organisation.

When responding, please ensure your email, fax or letter includes the following information:

• your name, organisation (if relevant), address and telephone number;
• whether your comments represent your own view, the corporate view of your organisation, or the view of a group or team within your organisation;
• your specific comments on this document;
• your comments in relation to the equality impact and human rights implications; and
• any general comments you wish to make.
Freedom of Information Act 2000 – Confidentiality of Consultations

The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the DHSSPS in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or be treated as confidential. If you do not wish information about your identity to be made public please include an explanation in your response.

This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Secretary of State for Constitutional Affairs’ Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the Department’s functions and it would not otherwise be provided
- the Department should not agree to hold information received from third parties “in confidence” which is not confidential in nature
• acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

For further information about confidentiality of responses please contact the Information Commissioner’s Office (or see web site at: http://www.informationcommissioner.gov.uk/).

It would be helpful if response documents could be submitted electronically to:

Email: carematters@dhsspsni.gov.uk.

Alternatively, response documents should be sent to:

Care Matters Consultation
Child Care Policy Directorate
Room C3.23
Castle Buildings
Stormont
BT4 3SQ

Fax: (028) 90522500

Closing date
Please send your comments by: 12th June 2007

If you have questions about this consultation or would like more copies please contact: Fergal Bradley (028 90522792) or Brenda Conlon (028 90765610).

Thank you for reading ‘Care Matters in Northern Ireland: A bridge to a better future’. We look forward to your views.
CHAPTER 12: EQUALITY IMPACT ASSESSMENT

Policy Screening

1. Any new Government policy is required to be checked in relation to its impact on equality of opportunity and the promotion of good relations, compliance with the Human Rights Act 1998, compliance with the Government’s “New Targeting Social Need” Policy and impact on rural areas.

2. This policy impacts on all looked after children, young people and their families and carers, including those who are on the edge of care. Care Matters in Northern Ireland is designed to promote equality of opportunity to health and social services and other statutory provision for this vulnerable group based on need, irrespective of class, creed, colour, ethnic background, ability or disability.

3. The strategy aims to provide a strong focus and impetus for all the key stakeholders in the statutory and the voluntary sector as well as carers involved in the many aspects of performing parental responsibility for looked after children and young people and those at risk of becoming looked after (on the edge of care) with the express aim of improving outcomes for this group. The document will contain actions and indicators to help monitor progress towards achieving the outcomes. The outcomes will be consistent with those high level outcomes in the overarching OFMDFM Children’s Strategy and related departmental strategies.

4. An Equality Screening exercise was carried out by the Department against the categories set out in Section 75 of the Northern Ireland Act 1998. The publication of Care Matters in Northern Ireland is considered to be a very meaningful and positive step forward that will not have an adverse impact between persons in the Section 75 categories i.e. of different religious belief, political opinion, racial grouping, age, marital status or sexual orientation; or between men and women generally; or between persons with
a disability and persons without; or between persons with dependents and persons without. It is not regarded as a contentious policy as it is aimed at improving health and social services and other provision and delivery for all children and young people in care or on the edge of care, a group universally recognised as a very vulnerable and often disadvantaged element of society. The policy will be applied across all areas of Northern Ireland and will not disadvantage or adversely impact on rural areas.

5. While this strategy is aimed at improving and developing services and provision for a specific population group (looked after children and young people, their families and carers and those on the edge of care) it does not follow that this will have a negative impact on other groups. Improvements will be sustained through existing financial resources and additional funding but not at the expense of services for other groups. It is considered that having an inclusive, cohesive and coherent set of actions that supports this vulnerable group will, in the long-term, be cost effective and have positive benefits for all sectors of the community and not just the immediate target groups. Helping to stabilise existing family units at risk and supporting children and young people who become looked after, particularly those with complex and emotional and physical needs, should have a corresponding positive spin-off for the rest of society. The DHSSPS in common with Government departments and agencies has responsibility to care for all the population and there are parallel strategies and policies covering services for those not included or targeted by this document.

6. In developing “Care Matters in Northern Ireland”, due emphasis was placed on mainstreaming services for looked after children and young people with a physical, sensory or learning disability. The Framework will also promote the implementation of the United Nations Convention on the Rights of the Child (UNCRC) and be consistent with the requirements of the Human Rights Act and this will enhance and complement the requirements of Section 75 requirements.
Consultation

7 The Department plans to consult with representative groups of children and young people from a mixture of urban and rural backgrounds with experience of care and the document was scrutinised and approved by, the DHSSPS Management Board, the Minister and other Departments, prior to public consultation.

Conclusion

8 This strategy seeks to bring about improvements to service provision and delivery for all our children and young people in care or on the edge of care, their families and carers by setting new challenges and encouraging new and innovative ways of working in a cohesive and collaborative manner in the future to improve their outcomes and quality of life. Implementation of the strategy should have a positive effect on the outcomes for the target population without detriment or negative impacts on other population groups. Consequently, a full Equality Impact Assessment is not considered necessary for this policy.

9 Regardless of our efforts to meeting equality requirements you are, of course, most welcome and encouraged to raise any issues or comments you have around the equality agenda. Any comments relating to equality arising from the public consultation exercise will be fully considered and addressed.
REFERENCES


DENI (2006) Budget 2006-08 Children & Young People’s Funding Package. DENI: Belfast


DHSSPS (2001) Adopting Best Care: Inspection of Statutory Adoption Services in Northern Ireland. DHSSPS: SSI: Belfast


**ANNEX 1: STATISTICAL ANALYSIS**

**TABLE 1: KEY STATISTICS ON OUTCOME FOR LOOKED AFTER CHILDREN IN NORTHERN IRELAND**

**Participation in Education**

- 22% of the 1,263 school aged children looked after by HSS Trusts in Northern Ireland at 30th September 2003 had a statement of SEN compared with 27% of the same group in England, and 4% of the total school population in Northern Ireland.

- 9% of looked after children of school age were suspended from school in 2002/03, compared with 1.7% of the total school population in Northern Ireland.

- A further 1.7% of these school-aged children were expelled in 2002/03, slightly higher than the figure for the same group in England (1.1%) and much higher than the rate among the total school population in Northern Ireland (0.02%).

- 10% of children looked after for at least 12 months missed 29 or more days of schooling in 2002/03.

**Placement/School Change**

- Over 20% (3184) of children looked after had changed placements during the year ending 30 September 2003, slightly lower than for 2002, when 22% of children had changed placements during the year.

- For 2002/03, 14% had changed placement once, 3% had changed placement twice, and 4% had changed placement three times or more.
Over 9% (116) of children looked after had changed schools in 2002/03 (excluding changes from primary to secondary school), which is slightly lower than the 10% in 2001/02.

Contact with Criminal Justice System
- 96 (10%) of the 986 looked after children aged 10 & over in NI were cautioned or convicted in 2002/03, compared with 10% of looked after children in England, and 1% of all children in Northern Ireland. Of those convicted, almost two thirds were boys (66%).

Care Leavers Educational Attainment
- There was no improvement in the proportions of care leavers gaining GCSE’s between 2002/03 and 2001/02. Only 11% of young people left care with 5 or more GCSE’s at grade A*-C, and a further 26% left with 1-4 GCSE’s grades A*-C. This compares to 14% and 22% respectively of young care leavers gaining these qualifications in 2001/02.

- The proportion of care leavers (11%) achieving 5 or more GCSE’s grades A*-C or higher compares very badly with that of all Northern Ireland school leavers, 59% of whom attain these grades.

- Care leavers in Northern Ireland are 10 times more likely than school leavers in general to leave without gaining any qualifications at all. Half of all care leavers (51%) left without gaining any qualifications, compared to 5% of all Northern Ireland school leavers.

Care Leavers Involvement in Education, Training and Employment
- 57% of care leavers whose economic activity was known were in education, training or employment. Again this compares poorly to that of all 16-18 year olds in Northern Ireland (91%).

- The unemployment level among these young care leavers was 30%, 6 times the rate among all school leavers in Northern Ireland (5%) in 2001/02.
Disability
- Almost a fifth (18%) of 171 young people who had been in the care of Northern Ireland Health and Social Services Trusts at 1st April 2001 and who reached their 19th birthday during the year ending 31st March 2004. These young people were coping with a disability. Eleven percent had a learning disability.

Parenthood
- More than one in four (28%) of young women had at least one child. This proportion is more than six times higher than that for young women in the general population, of whom less than 1 in 20 (4.5%) have had a child before their 20th birthday (29).
- Among male former care leavers, 5% had already become fathers. Five young people had two children.

HSST Contact with Care Leavers
- HSS Trusts were in contact with almost three quarters (72%) of these young people, although for 9% this contact was only once every six months or less. The contact rate was lower than that for Councils in England which had an ‘in touch’ rate of 85% with former care leavers in the same year.

Accommodation
- Of care leavers with whom Trusts were still in touch, almost a third (31%) were in supported lodgings, semi-independent transitional accommodation or Foyer accommodation at their 19th birthday; just over a fifth (22%) were living with previous foster or adoptive carers or families; and a slightly smaller proportion (19%) were with parents, relatives or friends. A few young people were in community or NHS establishments (3%) or in custody (2%). The remaining 23% of those with whom Trusts still had contact were living independently.
TABLE 2: SUMMARY OF VIEWS OF YOUNG PEOPLE IN CARE IN NORTHERN IRELAND

- Young people in care want respect for their rights. More specifically they want:
  - To be consulted and kept informed in a meaningful way
  - To have access to private space in foster or residential care
  - To feel safe, to feel wanted by foster carers and to get placements which match their needs and where they can stay long-term
  - Not to be identified as looked after by teachers or other pupils
  - To be treated the same as other pupils and have school stability
  - To have personal and birth family information kept confidential and shared only on a need to know basis
  - To be kept informed as to what is happening with their birth family, in particular siblings
  - To have a social worker who will be with them long term
  - To have someone to talk about their feelings about moves, school, contact with birth families etc.

- Emotional & mental well-being: this appeared to receive little attention and there was a strong sense of these young people struggling with huge issues about their early life and their relationships with their family on their own. The consultations with young people revealed glimpses of a sense of isolation, loneliness and depression. At the extreme end of the spectrum self harm can be an issue and the young people directly connected their extreme behaviour with unresolved feelings. However, the response to their behaviour appears to be largely behaviour management.
• **Relationships with birth families:** this was a core concern and no matter what else happened in their lives, most looked after children needed to know about their birth family. Where information was not forthcoming they worried about their parents and siblings.

• **Relationships with social workers:** the young people viewed this as really important and many wished to develop a long-term relationship with a social worker. Constant changes precluded the development of such a relationship and there was a strong sense of a lack of direct work with this group.

• **Feeling safe at home and school:** the young people raised concerns about bullying in both environments, particularly in residential care and were keen to see policies developed. At school being identified as looked after often led to them being bullied. They had a strong desire to be treated the same as any other pupil and there were concerns about personal information about themselves and their birth family not being kept confidential by teachers.

• **Stability:** Frequent school moves as a result of placement breakdown greatly contributed to the stress experienced by these young people. The difference between schools and the work and the need to establish a whole new set of friends were key difficulties.

*Source: McAuley & Bunting (2006)*
### Table 3: Summary of Proposals Set Out in the Green Paper, ‘Care Matters’.

#### The role of the corporate parent

**Aim:** to address the lack of a consistent adult in the lives of children in care the  
**Proposals include:**

- Exploring the feasibility of piloting new independent ‘social care practices’, small independent groups of social workers who contract with the local authority to provide services to children in care;
- Piloting the use of individual budgets for each child in care to be held by their lead professional – the social worker;
- Clarity over the role and use of care plans; and
- A revitalisation of the independent visitor scheme in order to provide ‘independent advocates’ for children in care.

#### Better placements

**Aim:** to reform the placements system, improving the number and quality of foster carers and ensuring that children are only placed in residential children’s homes which meet high standards of care.  
**Proposals include:**

- Introducing a tiered framework for foster placements to respond to different levels of need, underpinned by a new qualifications framework, fee structure and national minimum standards;
- Piloting for younger children the use of intensive foster care with multi-agency support;
- Improving the recruitment of foster carers through specially tailored recruitment campaigns;
- Extending use of specialist foster care for children with complex needs; and
- Introducing new regional commissioning units to secure better value for money and introduce placement choice for children.

#### A First Class Education

**Aim:** to improve educational experience and outcomes for children in care
### Proposals include:
- A ‘virtual head teacher’ in every local area responsible for driving up the performance of schools in relation to children in care;
- Providing local authorities with the power to direct schools to admit children in care, even where the school is fully subscribed;
- An enhanced entitlement to free school transport to ensure that where children do move placement they do not necessarily also need to change school;
- Better support in school to prevent exclusions of children in care; and
- A dedicated budget for each social worker to spend on improving the educational experience of every child in care.

### Life outside school
**Aim:** Ensuring that children in care have access to all the other types of positive activities and support which children generally tend to enjoy.

Proposals include:
- Encouraging local authorities to provide free access for children in care to all their facilities including leisure centres, sports grounds and youth clubs;
- A new model of comprehensive health provision for each child in care;
- Better training for a range of professionals including paediatricians on how to work with children in care;
- Improved access for children in care and their foster parents to Children’s Centre provision; and
- Enhanced opportunities for them to participate in stimulating and rewarding personal development activities and volunteering.

### The transition to adult life
**Aim:** to abandon a system where young people are forced to leave care as early as age 16. and adopt an approach which continues to support them as long as they need it; an approach which ceases to talk about ‘leaving care’ and instead ensures that young people move on in a gradual, phased and above all prepared way.

Proposals include:
• Piloting a veto for young people over any decisions about moving on from care before they turn 18;
• Providing a top-up to the Child Trust Funds of young people in care;
• Creating more supported accommodation for older young people; and
• Introducing a national bursary for young people in care going to university.

Making the system work
Aim: to introduce accountability framework which works with the grain of the forthcoming Local Government White Paper to ensure that failure for this group of vulnerable children is identified and addressed.

Proposals include:
• Asking Ofsted to carry out a regular inspection of how each local authority is meeting the educational needs of children in care;
• Introducing an annual national stock-take by Ministers of the progress of children in care;
• Expecting every local authority to set up a ‘children in care council’;
• Making Independent Reviewing Officers more independent; and
• Making the education of children in care one of the DfES’s key national priorities for local government.

Children on the edge of care
Aim: While most of the proposals in the Green Paper are aimed at children who are already in the care of the local authority, it also recognises looks at interventions aimed at preventing children from needing to come into care in the first place, and resettling them with their families after being in care (where that is the best option for the child).

Proposals include:
• New research on identifying and responding to neglect;
• Testing out a model of intensive whole-family therapy aimed at keeping families together where possible;
• Improving the links between adults’ and children’s services in order to ensure that professionals working with either group see the family as a whole
• Creating a National Centre for Excellence in Children’s Services in order to identify and spread evidence-based solutions to the problems experienced by families whose children are on the edge of care.

• Launching a national debate on the future of care, exploring who care is for, whether there are any groups of children for whom care is not an appropriate response and what we want the population of children in care to look like in the future.
Care Matters in Northern Ireland – A Bridge to a Better Future

Response Document

March 2007
CONSULTATION QUESTIONS

Please respond to the consultation document by e-mail, letter or fax.

**Before** you submit your response, please read the pages 111-113 of the consultation document on the confidentiality of consultations. The document will give you guidance on the legal position about any information given by you in response to this consultation.

Responses should be sent to:

e-mail: carematters@dhsspsni.gov.uk

Care Matters Consultation
Room C3.23
Castle Buildings,
Belfast,
BT4 3SQ

Fax: 02890 522500

Responses must be received no later than **15th June 2007**.

(Please tick a box)

I am responding: as an individual on behalf of an organisation

Name: ______________________________________________

Job Title: ______________________________________________

Organisation:______________________________________________

Address: ______________________________________________

Tel: ____________________________ Fax: ____________________

Email: ______________________________________________
INDEX TO RESPONSE FORM

WE WOULD WELCOME VIEWS ON ALL ASPECTS OF THE STRATEGY. HOWEVER, IF YOU HAVE A
PARTICULAR INTEREST ON ONE AREA AND DO NOT WISH TO COMMENT ON THE WHOLE DOCUMENT, FEEL
FREE TO COMPLETE ONLY THOSE SECTIONS OF INTEREST TO YOU.

Chapter 1: Context Pg. 4

Chapter 2: A Vision for the Future Pg. 4

Chapter 3: Children on the Edge of Care Pg. 5

Chapter 4: Supporting Families and Protecting Children Pg. 6 - 8

Chapter 5: Ensuring children are in the right placements and promoting placement stability Pg. 9 - 12

Chapter 6: Corporate parenting Pg. 13 - 15

Chapter 7: Education Pg. 16 - 18

Chapter 8: Life Outside School and Care Pg. 19 - 21

Chapter 9: Transition to Adulthood Pg. 22 – 24

Human Rights Pg. 25

Equality Implications Pg. 26 – 27

Additional Comments Pg. 28
Chapter 1: Context

1. Do you consider that Chapter 1 (Context) successfully identifies the context of care provision in Northern Ireland? (Please tick)

YES NO

If you have any further comments, please outline below.

Chapter 2: A Vision for the Future

2. Chapter 2 identifies two ambitious key goals to underpin Government’s vision for the future of care provision in Northern Ireland (para. 14). Do you believe that these are desirable and achievable? (Please tick)

YES NO

If you have any further comments, please outline below.
3. Do you consider that Chapter 3 successfully identifies the needs of children on the edge of care? (Please tick)

YES  NO

Please comment on what you think should be added or removed and state the reasons why.
Chapter 4: Supporting Families and Protecting Children

4. Chapter 4 outlines a range of actions aimed at supporting families and protecting children. Please indicate whether you support the actions in the following areas:

a) Protecting children and young people more effectively by strengthening safeguarding arrangements (at para. 5);

YES  NO
If you have any further comments, please outline below.

b) Further developing family support and intervention services (at para. 8):

YES  NO
If you have any further comments, please outline below.
c) Maximising the potential for children to benefit from family and friends placements (at para. 11):

YES  NO
If you have any further comments, please outline below.

---

d) Enhancing therapeutic support for children and families with very complex needs (at para. 12):

YES  NO
If you have any further comments, please outline below.

---

e) Strengthening early identification of children in need through information sharing and co-operation (at para. 13):

YES  NO
If you have any further comments, please outline below.
f) Better meeting the health needs of children (at para. 14):

YES          NO

If you have any further comments, please outline below.


g) Evaluating the effectiveness of these initiatives (at para. 15):

YES          NO

If you have any further comments, please outline below.


Chapter 5: Ensuring Children are in the Right Placements and Promoting Placement Stability

Chapter 5 emphasises the importance of ensuring that children are in appropriate and stable placements. Please indicate whether you support the actions in the following areas:

a) Ensuring adequate placement choice for children and young people (at para. 5)

YES  NO

If you have any further comments, please outline below.

b) Further strengthening foster care and the range of placement options for young people (at para. 9):

YES  NO

If you have any further comments, please outline below.
c) Ensuring appropriate consideration and assessment of children’s contact needs (at para. 14):

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If you have any further comments, please outline below.

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d) Maximising the extent to which children and young people are able to effectively participate in care planning and reviews (at para. 15-17):

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If you have any further comments, please outline below.

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e) Increasing the number of independent LAC Chairs (at para. 18):

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If you have any further comments, please outline below.
f) Supporting the promotion of a permanence ethos for looked after children (at para. 24):

YES NO
If you have any further comments, please outline below.

---

g) Expanding the role of Guardian ad Litem to deal with Special Guardianship applications (at para. 25):

YES NO
If you have any further comments, please outline below.

---

h) Avoiding entry to criminal justice institutions for looked after young people (at para. 26):

YES NO
If you have any further comments, please outline below.
i) Enhancing residential child care and address workforce issues within this sector (at para. 27-31):

YES  NO

If you have any further comments, please outline below.

j) Ensuring effective monitoring of Care Plans (at para. 32):

YES  NO

If you have any further comments, please outline below.
Chapter 6: Corporate Parenting

6 Chapter 6 seeks to ensure that all professionals effectively exercise their role as corporate parent for children in care. Please indicate whether you support the actions in the following areas:

a) Emphasising and prioritising the responsibilities of corporate parenthood (at para. 3):

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If you have any further comments, please outline below.

b) Better co-ordinating the health needs of children in care (at para. 6):

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If you have any further comments, please outline below.
c) Facilitating consistency in corporate parenting (at para. 8):

YES NO

If you have any further comments, please outline below.

---

d) Providing effective and timely information to young people (at para. 10)

YES NO

If you have any further comments, please outline below.

---

e) Enhancing the effectiveness of care planning (at para. 11):

YES NO

If you have any further comments, please outline below.
We would also welcome views on the following issues raised in Chapter 6:

f) How best can we increase the freedom of social workers to address the needs of children in the context of transparent standards and financial controls (see para. 9)?

Comments

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g) How can we develop the role of Independent Visitors (see para. 12-14)?

Comments

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h) Is it necessary or desirable to legislate for greater provision of advocacy to make it available to all children and young people in care? (see para. 15):

Comments
Chapter 7: Education

7 Chapter 7 looks at how we can enhance the educational achievement of looked after children. Please indicate whether you support the actions in the following areas:

a) Creating dedicated education LAC teams in each of the new HSS Trust areas (at. Paras. 8-9):

YES  NO
If you have any further comments, please outline below.

b) Better assisting foster carers and key workers to engage with learning and schools (at para. 14):

YES  NO
If you have any further comments, please outline below.
c) Ensuring an effective balance in terms of sharing information on looked after young people with and within the education sector (at para. 15-17):

YES NO

If you have any further comments, please outline below.

---

d) Providing equal access to learning opportunities and additional support for children and carers to better meet the educational needs of young people (at para. 18-23).

YES NO

If you have any further comments, please outline below.
e) Paragraphs 24-34 consider how best to assist looked after children to access opportunities in further education and training. Are these measures sufficient to achieve a step change in outcomes for young people in and leaving care?

YES

NO

If you have any further comments, please outline below.
Chapter 8

8 Chapter 8 highlights the need for improvements in services outside school and care provision to enhance the lives of young people in care. Please indicate whether you support the actions in the following areas:

a) Ensuring that other statutory agencies co-operate with HSS Trusts to deliver improvements for looked after children (at para. 2):

YES	 NO
If you have any further comments, please outline below.

b) Assisting young people to enjoy life and participate in activities outside the school and care environments (at para. 7-8):

YES	 NO
If you have any further comments, please outline below.
c) Improving the identification and co-ordination of the health needs of looked after children (at para. 9):

YES          NO
If you have any further comments, please outline below.


d) Promoting the sexual and emotional health of looked after young people (at para. 10):

YES          NO
If you have any further comments, please outline below.


e) Avoiding alcohol and substance abuse amongst looked after young people (para. 12-13):

YES          NO
If you have any further comments, please outline below.


f) Helping looked after children avoid crime and anti-social behaviour (at para. 16-18):

YES          NO

If you have any further comments, please outline below.

Comments


g) We would also like to seek views on the best way to ensure co-ordination, pooling of funding and joint commissioning to young people leaving custody and care (see para. 18)

Comments
Chapter 9

9 Chapter 9 identifies how all young people need support in making the transition to adulthood and outlines a range of actions which seek to meet the additional needs of looked after children during this important time. Please indicate whether you support the actions in the following areas:

a) Improving outcomes for young people leaving care (at para. 8):

YES   NO

If you have any further comments, please outline below.


b) Developing the infrastructure and services for young people making the transition to adulthood (at para. 11):

YES   NO

If you have any further comments, please outline below.


c) Providing access to suitable living arrangements, including remaining with carers (para. 12-14):

YES  NO

If you have any further comments, please outline below.


d) Preparing young people for adulthood (para. 15):

YES  NO

If you have any further comments, please outline below.


e) Improving financial support for young people leaving care (para. 16):

YES  NO

If you have any further comments, please outline below.


f) Assisting young people leaving care to continue in education, employment and training (para. 17 and 18):

YES  NO
If you have any further comments, please outline below.

g) Increasing participation in higher education (para. 21-23).

YES  NO
If you have any further comments, please outline below.

h) We would welcome views on the feasibility of introducing a bursary to provide financial support to young people in higher education to meet the costs of tuition fees (see para. 22):

Comments
10. Do you think that the document promotes human rights? (Please tick)

YES  NO
Comments

11. Are there any aspects where potential violations may occur? (Please tick)

YES  NO
Comments
12. Are the different needs of the different Section 75 groups of people adequately addressed by the actions? (Please tick)

YES  NO

Comments

13. Are you aware of any evidence, either qualitative or quantitative, that the actions may have an adverse impact on equality of opportunity or on good relations? (Please tick)

YES  NO

If yes, please comment on what you think should be added or removed to reduce or alleviate the adverse impact.

Comments
14. If you feel the adverse impacts cannot be alleviated within the strategy outlined, please suggest alternatives that could be considered to reduce the adverse impact.

Comments

15. Could the strategy better promote equality of opportunity or good relations? (Please tick)

YES          NO

If so, please outline how.
ADDITIONAL COMMENTS

16. Are there any other issues you would wish to see covered by strategy? (Please circle)

Comments

17. Do you have any other comments, which you think might be relevant to the development of the strategy?

Comments

THANK YOU FOR YOUR COMMENTS