

DHSSPS STRATEGY FOR CHILDREN IN NEED

Developing the Strategy

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Developing the Strategy

Part 1: Background

1. Introduction

1.1 The Department of Health, Social Services and Public Safety is committed to the development of a strategy for children and young people in need. It is intended that the strategy will be published for consultation. This consultation paper sets out the Department's plans for the development of the strategy and also makes a number of proposals as to the content of the draft strategy to be issued for consultation. Comments on this consultation paper should be forwarded to the address given on page 64 to be received by **3 November 2003**.

1.2 It is intended that this consultation paper will be supplemented by a series of workshops involving key players in the statutory and voluntary sectors. This is discussed further at Part 3 below.

2. Purpose of strategy

2.1 The purpose of the strategy will be to provide a coherent approach to the provision of services for children and young people in need. It is intended that the strategy will complement the broader strategy being brought forward by the Office of the First Minister and Deputy First Minister (OFMDFM). The OFMDFM strategy will encompass the needs and rights of *all* children and young people. The proposals put forward in this consultation paper relate to the provision of social services to children *in need*.

2.2 As an element of the wider range of initiatives designed to promote the rights and meet the needs of children and young people, the DHSSPS strategy will be founded upon the principles of the United Nations

Convention on the Rights of the Child and the Human Rights Act 1998. The intention will be to view the particular rights and needs of children and young people in need as integral to, and inseparable from, a wider approach to the rights and needs of all children and young people.

3. Why have a strategy?

- 3.1 The Executive's Programme for Government put children and young people at the centre of its vision for the future, with promoting the health and social development of children as a priority. The Department of Health, Social Services and Public Safety and the HSS Boards and Trusts make a major contribution to improving the health and social well-being of the population. The Department's responsibilities include ensuring the provision of appropriate health and social care services for all sections of the population.
- 3.2 In Northern Ireland, there are approximately 450,000 people aged under 18. This represents a higher proportion of the total population (28%) than in most regions of the European Union. Children in Northern Ireland experience a range of social and economic disadvantages. For example, 1 in 8 children lives in a lone parent family and over a quarter of children are the dependants of claimants of Job Seeker's Allowance and Income Support benefits.
- 3.3 At any one time around 2,500 children are looked after by a Trust; of whom 60% live with foster carers, 30% with a member of their own family and 10% in residential care. Many of these children have complex needs and a substantial proportion remain looked after by Trusts for several years.
- 3.4 In 1999/00 over £70m was spent by Trusts on family and child care services, equivalent to £156 per child aged under 18. One fifth of the total expenditure was on residential care and another fifth on foster care, with the remainder being spent on a wide range of work with

families and children. Although the range of services provided are not strictly like for like, it is estimated that expenditure per head of the under 18 population on family and child care services in Northern Ireland is about 25% lower than in England.

- 3.5 In relation to the care of children, the Department's policy is that, wherever possible and consistent with their welfare, children should be brought up and cared for within their own families. As some families experience difficulties in bringing up their children, duties are placed on HSS Trusts to provide a range of social services for children in their areas who are assessed to be in need. The service provided may be directed to supporting families in bringing up their own children. However, in other cases foster care, residential care or adoption may be more appropriate. Alongside duties to provide services to promote the welfare of children, HSS Trusts also have statutory responsibilities to protect children from harm.
- 3.6 HSS Boards and Trusts have a duty to take reasonable steps to identify the extent to which there are children in need in their areas and to provide services to make it possible for them to achieve the same level of physical, social and educational development as other children. HSS Trusts must carry out an assessment in respect of all children referred to them as potentially in need. Each year Trusts receive over 20,000 such referrals involving about 16,000 children. Trusts' responses vary according to the assessed needs of the children. Wherever possible, the aim is to equip parents and other carers to care for their children and to ensure that those children who are received into public care require such intervention. For those children who are taken into public care, the aim is to ensure that they are provided with high quality services which meet their assessed needs.
- 3.7 A number of questions arise in relation to how social services should carry out their duties to assess need and provide services in response to

that assessment. For example, what is meant by *need* and how is it to be assessed? What range of services should be provided? What balance should be struck between family support, residential care and the other services provided? Under what circumstances should social services intervene to protect children from harm? How should services be managed, resourced and monitored? What training support and guidance should be available to those involved in the provision of services?

- 3.8 Services for children in need are provided by HSS Trusts in collaboration with a variety of voluntary and other statutory agencies. A wide range of individuals from many professions and disciplines are involved in the provision of these services. Although social services have the lead role, it is important that the best use is made of available resources across all the statutory and voluntary agencies, professions and disciplines involved.
- 3.9 Substantial efforts have already been made in relation to many of the issues discussed above. These efforts include the creation of a Task Force involving senior representatives from the Department, HSS Boards and Trusts to take the lead in the development of residential care services. In addition, the four Boards have been engaged in the development of a strategy for foster care services. New legislation to address the needs of young people leaving care was passed by the Assembly in 2002. Other recent developments have included new inter-agency guidance in relation to the protection of children from abuse and a wide-ranging review of adoption services by the Social Services Inspectorate (SSI).
- 3.10 With regard to the planning of services, recognition has been given to collaboration between statutory and voluntary organisations. In 1998 Children's Services Planning was introduced to promote greater co-

ordination in the planning and delivery of children's services. Under Children's Services Planning arrangements, each HSS Board is required to review the services provided in its area; prepare a three-year Children's Services Plan (CSP) in light of this review; consult with statutory and voluntary bodies when reviewing and planning services; publish a CSP and keep it under review. Each HSS Board has established a Children and Young People's Committee (CYPC), chaired by its Director of Social Services, to facilitate consultation and the production of its CSP. A wide range of statutory and independent agencies is represented on the CYPCs, or on their sub-committees.

3.11 However, whilst significant work has been carried out, the Department believes that there is a need for a strategy which will provide a more coherent approach to the provision of services for children in need. Although much valuable work has been done, notably in relation to Children's Services Planning, there is no *comprehensive* strategy for children's social services. Crucially, there is no comprehensive system which supports effective planning across the continuum of services from family support, fostering, residential care, adoption, child protection etc. For example, whilst developments have taken place in relation to residential care, the relationship of these developments to the wider range of children's services is unclear. The Department believes that a strategy is needed which will help ensure that the range of services provided meet the assessed needs of children and families and that the services provided actually have the desired outcomes. The Department also considers it important that each of the services provided complement the others.

3.12 A strategy is needed to facilitate greater integration of work at Department, HSS Board and Trust level. A strategy is also needed which will promote the development of management information systems which will better identify the costs of services and the

outcomes in terms of benefits to children. Better management information is crucial if we are to make the best use of existing resources. Equally, better management information is needed to inform plans and priorities for the future development of services and the financial resources required to promote such development.

- 3.13 As noted at paragraph 3.4 above, Northern Ireland expenditure on family and child care lags significantly behind that in England. Future development here can only benefit from improved information on costs and outcomes. It is important that the deployment of current and future financial and other resources are linked to quantifiable improvements. Such an approach is considered essential if progress is to be made in tackling the resource and other issues which need to be addressed.

Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003

- 3.14 This Order includes provisions which place a statutory duty of quality on HSS Boards and Trusts for the services which they provide. The Order will establish a new independent body, the Northern Ireland Health and Personal Social Services Regulation and Improvement Authority with overall responsibility for monitoring and regulating the quality of health and social care services. The new legislation will introduce a common system of regulation based on minimum standards set out by the Department. These standards will have an impact upon services such as day care, residential care, fostering and adoption. The intention is that the standards will help to improve the quality of services. The Strategy for Children in Need will ensure that the standards in relation to individual family and child care services are firmly based within a coherent planning framework.

4. Child protection concerns and developments elsewhere

4.1 At a national level there have been a number of major inquiries into the abuse of children in public care in recent years: “People Like Us”, the Utting report into safeguards for children living away from home (1997) and “Lost in Care” the report of the North Wales Inquiry, chaired by Sir Ronald Waterhouse (2000). More recently (January 2003) the inquiry of Lord Laming drew attention to the failures of social services and the wider child protection system to prevent the death of eight-year-old Victoria Climbié in February 2000. Although these major inquiries were concerned with events in England and Wales, where different structures apply, many of the lessons learned are of relevance here. The new inter-agency child protection guidance referred to at paragraph 3.9 above has drawn on the Laming report and on case management reviews conducted in Northern Ireland.

Quality Protects initiative

4.2 A major outcome of the Utting report was the launch in September 1998 of the “Quality Protects” Programme in England. Amongst the priority areas addressed under Quality Protects are:

- increasing the choice of fostering, residential care and adoption placements for looked after children;
- increased choice for care leavers;
- improving assessment, care planning and record keeping and enhanced development of management information systems.

4.3 The Quality Protects programme includes the following key elements:

- setting new national objectives for children’s social services;

- promoting partnership between and within central and local government and between both the health service and the voluntary sector;
- establishing new guidance for local authority Councillors setting out their corporate parenting responsibilities;
- creating a new special grant for children’s services; and
- introducing Management Action Plans (MAP’s) for children’s services.

Republic of Ireland - Strategy for Children

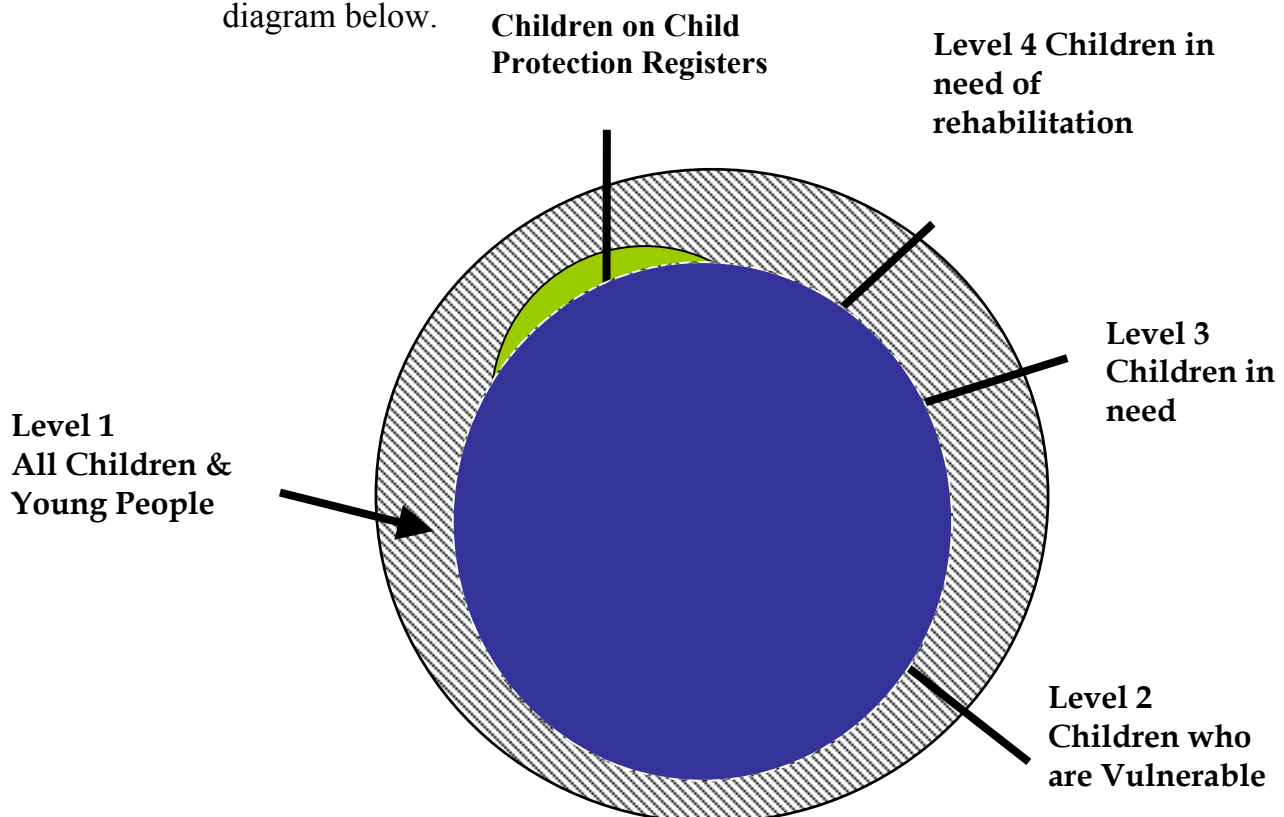
4.4 In November 2000 the Irish Government published a national children’s strategy “Our Children – Their Lives”. The 10-year strategy was drawn up on an inter-Departmental basis and sets an agenda for the development of policies affecting children from a “whole child” perspective. Much of the strategy relates to putting in place coherent structures to ensure that due regard is given to children’s issues across the spectrum of policy making. In broad terms “Our Children – Their Lives” will have an equivalent in Northern Ireland in the form of the over-arching strategy for children being brought forward by the Office of the First and Deputy First Minister which has been noted at paragraph 2.1 above.

Part 2: The Proposed Strategy

5. The proposed strategy in outline

5.1 In recognising that there is a danger of a proliferation of strategies and planning processes, it is intended that the strategy should, so far as is practicable, build upon work already in hand. Also, as already indicated, it is intended that the DHSSPS Strategy for Children in Need should complement the over-arching OFMDFM Strategy. Services for children in need sit within the context of services for all children (for example mainstream health, education, childminding, day care etc). Services for children and young people in need cannot be seen in isolation from these “universal services” – rather services for children in need build upon the universal services and the wider environment in which all children live. They should enable children and young people in need to enjoy the rights and opportunities which should be available to all children.

5.2 To place the DHSSPS Strategy in context regard may be had to the diagram below.



Based on the framework developed by *Hardiker et al*, the services for children and young people in need can be viewed as falling into four levels beginning with the services available for *all* children and

young people. The four levels are discussed further at paragraph 7.6 below. Issues regarding children on Child Protection Registers are discussed under paragraph 9.88 below.

5.3 Although many of the detailed issues which arise in relation to children's services are complex, the Department believes that the main features of the strategy should be readily understood. It is intended that the strategy will:

- **be based on a clear set of regional objectives;**
- **be based on a consistent approach to the assessment of need and planning of services;**
- **set out regional sub-objectives based upon an understanding of need, the financial and human resources required to provide services and upon improved management information on both the costs of services and outcomes for children;**
- **be based on collaborative work with other statutory bodies and the voluntary sector;**
- **build upon developments already in hand, including work carried out in relation to Children's Services Plans;**
- **be based on a clear understanding as to the responsibilities of those involved in the provision of children's services at all levels.**

5.4 In relation to the responsibilities of those involved in the provision of children's services, this has already been addressed in a Departmental circular *Role and Responsibility of Directors for the Care and Protection*

of Children. The circular sets out the types of information which are relevant to Boards and Trusts in the management of children's services.

- 5.5 It is intended that the strategy will be phased over three years. Pending the development of comprehensive arrangements in respect of needs assessment and management information, regional sub-objectives will have to be based on the best information currently available. To initiate this process it is intended to hold a series of workshops during the consultation period on this paper. This is discussed further at Part 3 below.

6. Regional Objectives for Children's Services

6.1 It is proposed that the strategy should be underpinned by a core set of objectives and that these objectives should focus on the *needs* of children and young people. It is intended that this approach will ensure that all service developments are appropriately based. **It is proposed that all services for children in need are related to one or more of these broad objectives and that the objectives are derived from those under the *Quality Protects* initiative in England. These objectives are as follows.**

- (a) To ensure that children are securely attached to carers capable of providing safe and effective care for the duration of childhood.**
- (b) To ensure that children are protected from emotional, physical and sexual abuse and neglect.**
- (c) To ensure that children in need gain maximum life chance benefits from educational opportunities, health care and social care.**

- (d) To ensure that children looked after gain maximum life chance benefits from educational opportunities, health care and social care.**
- (e) To ensure that young people leaving care, as they enter adulthood, are not isolated and participate socially and economically as citizens.**
- (f) To ensure that children with specific social needs arising out of disability or a health condition are living in families or other appropriate settings in the community where their assessed needs are adequately met and reviewed.**
- (g) To ensure that referral and assessment procedures discriminate effectively between different types and levels of need and produce a timely service response.**
- (h) To actively involve users and carers in planning services, and in tailoring individual packages of care and to ensure effective mechanisms are in place to handle complaints.**
- (i) To ensure, through regulatory powers and duties, that children in regulated services are protected from harm and poor care standards.**
- (j) To ensure that social care workers are appropriately skilled, trained and qualified and to promote the uptake of training at all levels.**

- (k) To maximise the benefit to service users from the resources available and to demonstrate the effectiveness and value for money of the care and support provided, and allow for**

choice and different responses for different needs and circumstances.

Comments are invited as to the appropriateness of these objectives.

7. Assessment of need and planning of services

7.1 Crucial to any strategy which addresses the issue of children in need are the mechanisms for assessing need and the planning of services at a strategic level. Equally important are the arrangements for assessing the needs of the *individual* child and the planning of individual packages of care to meet the assessed needs of the child. These are complex issues, and it is intended that a key feature of the strategy will be to promote a consistent approach to the assessment of need and planning of services which is child-centred.

7.2 The legal definition of “need” is set out in Article 17 of the Children (Northern Ireland) Order 1995. The Children Order states that a child is in need if:

- he or she is unlikely to achieve or maintain, or to have an opportunity of achieving or maintaining, a reasonable standard of health or development without the provision of services;
- his or her health or development is likely to be significantly impaired or further impaired without the provision of such services;
- or
- the child has a disability.

7.3 In relation to the provision of social services, Article 18 of the Children Order sets out that it is the general duty of social services Trusts to “**safeguard and promote**” the welfare of children who are in need. Trusts are required to promote the upbringing of children by their

families – except where this would not be in the best interests of the child.

- 7.4 The legal definition of need noted at paragraph 7.2 does not provide a list of circumstances in which a child may be considered to be in need. This is because the circumstances in which a child may be in need are varied and complex and to create a list would be restrictive and could create anomalies. The intention of the legislation is to provide a broad framework which focuses on the impact on the child of his or her circumstances. Whilst this broad legal interpretation of need is appropriate and ensures a child-centred starting point, it does require the development of operational approaches to needs assessment.

Children's Services Planning

- 7.5 Considerable work has been carried out through the Children's Services Planning process in mapping need and supply across HSS Boards' areas. A broadly similar approach has been adopted by all four CYPCs. Built on the framework developed by *Hardiker et al*, noted at paragraph 5.2 above, the approach suggests 4 levels of need, which are responded to by different types of services.
- 7.6 **Level 1** relates to the services available to the whole population e.g. mainstream education and health services, leisure facilities, parent and toddler groups etc. **Level 2** relates to services for vulnerable children. These are children who are disadvantaged and who would benefit from some extra help from a variety of agencies (e.g. schools, health, social services, police and voluntary organisations). **Level 3** relates to children assessed to be in need and covers those children and young people and their families who are experiencing chronic or serious problems for which a complex mix of services are needed. **Level 4** represents support for families, or individual children or young people, where the family has broken down either temporarily or permanently. In these cases the child or young person may be looked after by social services, in youth

custody or prison, or as a hospital in-patient due to disability or mental health problems.

7.7 All 4 CYPCs are engaged in developing improved means of assessing need and measuring the outcomes for children of the services provided. In doing this, the objective has been to adopt a child-centred approach. Extensive work has also been done to bring together organisations, communities and individuals who have an important part to play in contributing to the assessment of need and in providing information as to outcomes. All CYPCs are engaged in activities designed to promote the involvement of children and young people in the CSP process. It is considered that work on assessment of need and on the development of a system to measure the outcomes for children of the services provided should be placed at the centre of the DHSSPS Strategy and should build on the CSP process.

7.8 In England, Management Action Plans (MAPs) introduced under the *Quality Protects* initiative are intended to provide:

- a readily accessible local plan for modernising children's services;
- a statement against which local authorities entitlement to grants will be judged;
- the basis for assessing and subsequent monitoring of progress in implementing Quality Protects;
- a source of information about further action to be taken regionally and/or centrally to secure the objectives of children's services.

7.9 The Department considers that the introduction of Management Action Plans here would create considerable overlap with Children's Services Plans and would not be consistent with the structures under which services here are provided. However, it is considered that some of the same principles should also apply to the planning of services in

Northern Ireland. Rather than introduce another set of plans, **it is proposed that, on the basis of an agreed set of Regional Objectives, the framework of CSPs should be realigned to:**

- **encompass the agenda set by these common Regional Objectives;**
- **inform regional sub-objectives;**
- **act as a tool in monitoring progress in achieving these objectives/sub-objectives once a set of performance indicators has been developed.**

7.10 It is suggested that such an arrangement would better integrate local and regional planning processes. In recognising the crucial local dimension to CSPs, the intention will be to enable greater support to be given to local planning and consultation, whilst ensuring that *regional* developments are better informed by needs assessment at local level.

7.11 To further support the model outlined at paragraph 7.9 - 7.10 above **it is proposed that there should be a Regional Forum for Children and Young People in Need designed to provide a mechanism for developing regional sub-priorities drawing on the work of CYPCs.** It is suggested that the Regional Forum should include representatives drawn from CYPCs and also representatives from groups and organisations representing children and young people. Although final decisions on resource allocation and prioritisation of objectives at regional level will rest with the Department, it is suggested that the Regional Forum will contribute to informing regional targets and the development of child care elements of future Programmes for Government and HPSS Priorities for Action.

7.12 As noted at paragraph 7.7 above, the four CYPCs are already engaged in programmes designed to promote the involvement of children and young people in the planning process. **It is proposed that the**

Department, in liaison with the four CYPCs, should develop models of best practice for the involvement of children and young people in planning processes.

Framework for the Assessment of Children in Need and their Families

- 7.13 The purpose of CSPs is to identify the broad range and level of need and to develop corporate inter-agency plans which involve the statutory and voluntary sectors and local communities. Alongside the need for this work at a strategic level within each HSS Board's area, there is the question as to how the individual needs of children and young people are to be assessed.
- 7.14 In 1997 the four HSS Boards worked together to draw up an agreed set of operational indicators of "need". The list set out illustrative categories for those children with predisposing factors which are likely to correlate with need. Since then, Boards and Trusts have been developing their own methods of needs assessment within the broad parameters of the legal definition of need described at paragraph 7.2 above. However, evidence from SSI inspections suggests that the quality of assessment varies greatly between and within Trusts and points to the need for an agreed assessment model.
- 7.15 The Department believes that a coherent approach to the assessment of need should lie at the heart of the strategy for children in need. In March 2000 a *Framework for the Assessment of Children in Need and their Families* was published in England by the Department of Health, the Department for Education and Employment and the Home Office. The framework is a comprehensive tool which provides professionals with a systematic approach to assessing whether a child is in need and determining what services should be provided for the child and his or her family.

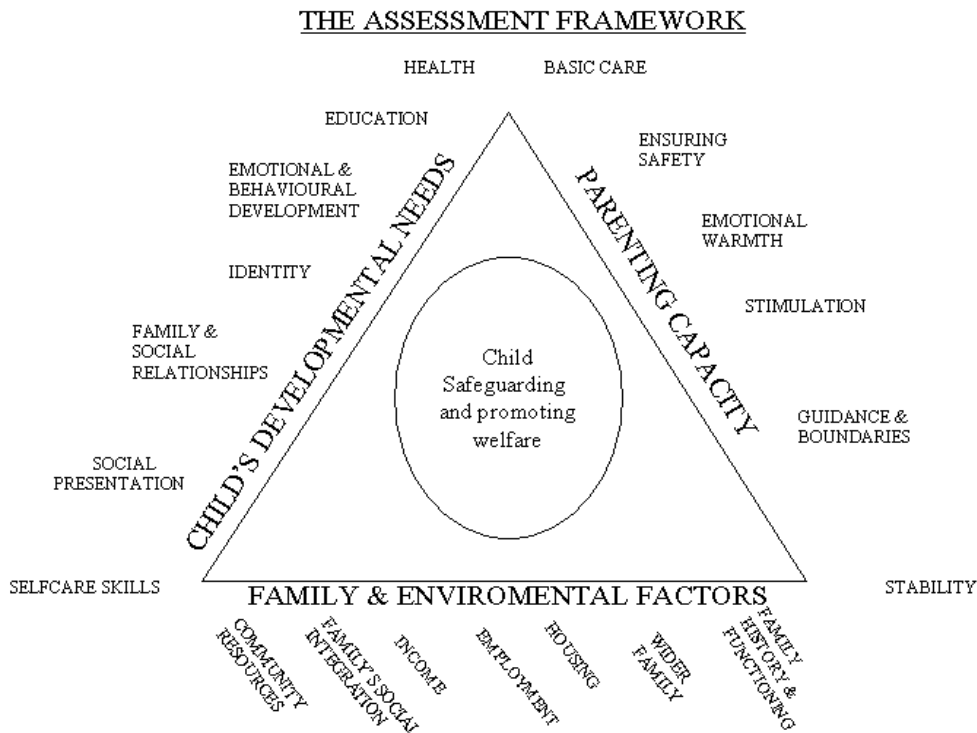
7.16 The principles of assessment of need are set out in the English guidance. This states that assessments should:

- be child centred;
- be rooted in child development;
- be located in the context of the child’s family (parents or caregivers and the wider family) and their local community or culture;
- ensure equality of opportunity;
- involve working with children and families;
- build on strengths as well as identify weaknesses;
- be inter-agency in their approach to assessment and the provision of services;
- be a continuing process, not a single event;
- be carried out in parallel with other action and providing services;
- be grounded on evidence-based knowledge.

7.17 This approach accords with the legislative context of the Children Order; in particular the child-centred approach to needs assessment and the emphasis on family support and inter-agency working which underpins much of the legislation. Also, the emphasis on equality of opportunity is not only consistent with the Children Order (note the definition of need at paragraph 7.2 above and the emphasis on “opportunity”) but also the broader Human Rights agenda.

7.18 Assessment of need is complex with numerous inter-related factors to be taken into account. It is not possible here to describe the DOH Framework in detail. However, the broad concept is of three inter-related systems or domains i.e. Child’s Developmental Needs, Parenting Capacity and Family & Environmental Factors. Each in turn

has a number of critical dimensions and the framework is represented graphically thus:



7.19 In terms of the individual child the framework recognises that each of the critical dimensions interact. As noted at paragraph 7.4 above, the legislative definition of need provided by the Children Order is designed to gauge the impact on the child of his or her circumstances. This requires careful assessment of *all* of the factors which impact on the life of the child, with the focus being on safeguarding and promoting the child's welfare.

7.20 In terms of the broader strategic development of services, the application of a systematic approach to assessment will help ensure that the services actually meet the needs of children. That is to say, the process is *needs driven* and does not categorise need in terms of existing services. Again, this is consistent with the spirit of the

legislation. The process of systematic assessment represented by the *Framework* would support the type of high level objectives referred to at paragraph 6.1 above. Consistency in the method of assessment is also likely to benefit other agencies working alongside social services and will help the courts in considering children's cases.

7.21 Accordingly, **it is proposed that the Department should develop guidance for the assessment of need building upon the work already being carried out under the CSP process and drawing from the Assessment Framework Model produced by DOH, to produce an Assessment of Need Model which will meet requirements in Northern Ireland.**

7.22 In addition, in order to assess the effectiveness of the services provided **it is proposed that the Department, in liaison with CYPCs should develop regional performance indicators.**

Integrated Children's System

7.23 In the longer term it is proposed that there should be a computerised integrated information system building upon the *Assessment Framework Model* outlined above and the Looking After Children (LAC) system which is already in place. Such a system, which is currently the subject of consultation in England, could form the basis of a comprehensive approach to the planning and delivery of children's services. The integration of the information obtained from the *Assessment Framework Model* and the LAC systems would allow for the collection of information from first contact with a child and his or her family until the case is closed.

7.24 The integrated information system, which is being proposed for England, is intended to generate information, including the costs of the services, which can be aggregated for strategic and management purposes. It is also intended that the system will be used to support inter-agency working, so that all providers of services will benefit from

a common approach to assessment, planning, intervention and carrying out reviews.

7.25 The DOH consultation paper on the Integrated Children's System also sets out, as an objective, a common approach to monitoring how well children and young people in receipt of services are doing. An understanding of "outcomes" is an important, though difficult, objective. The consultation paper issued in England proposes that there should be a common basis for understanding the developmental needs of children and how they are being met. The diagram reproduced at paragraph 7.18 above (which sets out three domains in terms of the Child's Developmental Needs, Parenting Capacity, Family & Environmental Factors and 20 associated dimensions) is proposed as the starting point for the development of a system against which outcomes might be measured.

7.26 It is clear that to move towards a model similar to the integrated children's system which is being proposed for England will take several years to develop. That is because the system being proposed there will build upon an established Assessment Framework and a computerised Looking After Children system; even then it is unlikely to be fully operative until the end of 2005. However, **it is proposed that consultation on an Integrated Children's System for Northern Ireland, to include agreed performance indicators, should be included in the DHSSPS Strategy.**

8. Development of regional sub-objectives

8.1 As noted at paragraph 5.3 above, it is proposed that there should be a set of regional sub-objectives linked to the regional objectives. These sub-objectives would be developed as part of a rolling programme for

improvement to services for children and young people to be reviewed annually. If agreement is obtained to the proposals at 7.9 - 7.11 above, the sub-objectives would draw on the work of the four CYPCs and the proposed Regional Forum for Children and Young People in Need.

8.2 To be considered as a regional sub-objective it is proposed that any service development must:

- relate to at least one regional objective;
- be supported by an assessment of need based on the best information available;
- show how the potential outcomes relate to the Assessment Framework model;
- be supported by information as to costs and staffing implications;
- set out the relationship to CSPs;
- set out the relationship to other service areas and any cross-cutting issues (e.g. residential care / fostering / family support);
- demonstrate effective use of existing resources, including those in the voluntary / community sectors.

The process would be intended to ensure best use of existing resources and to ensure that bids for additional resources are firmly based.

8.3 It is intended that, pending the implementation of the proposals at paragraphs 7.9 - 7.11 above and the development of detailed guidance on needs assessment proposed at paragraph 7.21, there will be an initial review of all major service areas. The intention would be to take stock

of the current position and to establish a first set of regional sub-objectives based on current information.

8.4 It is intended that this review will be carried out through a series of workshops covering the areas outlined below and that this review should be completed by the end of October 2003 as part of the preparation for the publication of a draft Strategy for Children and Young People in Need. The following paragraphs discuss current and proposed service developments and the need for these to be reviewed as suggested.

8.5 The purpose of the review will be to:

- ensure that the developments are in accord with the regional objectives proposed at paragraph 6.1 above;
- consider how the developments relate to the Framework domains and critical dimensions noted at 7.18 above;
- examine relationships between sub-objectives and whether account has been taken of the workforce and other implications;
- consider the contribution which might be made by the voluntary and community sectors to ensure that the best use is made of financial and human resources;
- consider the relationship between work at each Board's CSP and regional levels.

8.6 This process would permit the development of an initial set of regional sub-objectives based on work already in hand, while ensuring that the initial set of sub-objectives take account of the factors indicated above and are co-ordinated. The review would be conducted through a series

of workshops focussing on major service areas. The areas for review are set out under Part 3 below which provides a brief overview of the present position with regard to each service area.

Part 3: Building on current services and developments

9. Review of major current services and developments.

- 9.1 As indicated above it is intended that the initial set of regional sub-objectives will be based on a review of the current position. Paragraphs 9.7 – 9.90 below outline the key service areas. The comments made in relation to the key service areas are not intended to be a comprehensive discussion of all the issues; these are too varied and complex to be fully addressed in a paper of this nature. Rather, the purpose is to highlight what appear to be the key issues and to pave the way for the more detailed consideration in a series of workshops. Each workshop will focus on a specific key service area and further more detailed papers will be available to assist with the consideration of the issues.
- 9.2 A major problem to be addressed relates to workforce planning. In all of the service areas discussed below, the availability of suitably qualified staff is crucial to the development and improvement of services. In considering any development or improvement of services, regard must be had to the fact that appropriately trained staff are likely to be in short supply over the next few years and that plans for any service development will need to be closely aligned to training programmes. Where the need for additional staff is identified, this will of course have to be factored into training plans.
- 9.3 Equally important is the support given to staff in carrying out their tasks. Work with children and young people can be very rewarding, but it can also be very demanding and stressful. Any strategy for the improvement of services must be designed to provide staff with the necessary skills and support. A clear child-centred approach to services will also have a positive impact on staff. A clear sense of purpose, allied to measurable outcomes for children in each of the service areas discussed below, can only be of benefit to the recruitment, retention, support and training of staff.

9.4 **It is proposed that work undertaken in developing regional sub-objectives is used to inform regional plans for the recruitment and retention of qualified social work staff in particular. This work should be initiated and informed by the review of services and should be kept under review as future regional sub-objectives are developed.**

9.5 It is also important that the guidance to staff relating to the provision of services for children is not only comprehensive but also accessible. The report of Lord Laming referred to at paragraph 4.1 above drew attention to deficiencies in the guidance available to staff. To a large extent the problems referred to by Lord Laming related to outdated local guidance. In Northern Ireland the commencement of the Children Order in November 1996 was accompanied by the issue of extensive guidance and regulations. This included guidance on a range of professional and other issues and was the result of an extensive programme of consultation with statutory and voluntary agencies. More detailed policies and procedures were then developed at local Board and Trust level.

9.6 The guidance issued by the Department in relation to the Children Order extends to several volumes. There have been some concerns that the quantity of guidance may in itself be a problem. Therefore **it is proposed that the Department carries out a review of existing Children Order guidance with a view to making it more concise and accessible.**

Family Support & Early Years Services

Context

- 9.7 The Children (NI) Order 1995 places considerable emphasis on providing support for children in need and their families, to ensure that as far as possible parents are enabled to bring up their own children. For families who need some support, early intervention can help to prevent longer-term problems and may reduce the need for more intrusive or sustained services. However, whilst the scope of the DHSSPS Strategy relates to children in need, it is regarded as essential that the specific family support services covered in the Strategy are integrated with the wider range of services and take account of other environmental factors affecting children in need.
- 9.8 Reference is made at paragraph 5.1 above, to the fact that services for children in need sit within the context of the range of services provided for all children, that is the universal services such as mainstream health, education, childminding, day care etc. Such services are viewed as the best way of addressing children's needs, as they are universally available and there is no stigma attached to accessing them. The primary purpose of universal services is to positively promote the development and wellbeing of children. The existence of effective universal services is, however, also likely to contribute to a reduction in the likelihood that children may need to access more specialist services to meet their particular needs.

Current Issues

- 9.9 The diagram at paragraph 5.2 shows that services from the universal service level through to those for children in need of rehabilitation overlap; services provided must, therefore, support and complement each other. In the review of residential child care services in Northern Ireland, *Children Matter*, published in 1998, a view of family and child support services was presented which presented the various services in

terms of a see-saw to demonstrate the inter-dependency of child welfare services – family support – diversionary programmes – foster care - residential care. The various types of service do not exist in isolation, they are linked and inter-dependent. Where there is a movement in one service area there has, therefore, to be compensating movements in the range of other types of provision if a balanced child welfare system is to be maintained.

- 9.10 The importance of good early years services to children's development, and as a means of providing support to families, is recognised in *Children First*, the childcare strategy published jointly in 1999 by the then DHSS, the Department of Education and the (then) Training and Employment Agency. That strategy set an agenda for action which seeks to improve day care and early education services by increasing the level of provision, improving quality and making day care more affordable. An Inter-Departmental Group is overseeing implementation of the agenda established by *Children First* at regional level on Early Years and at HSS Board level by the multi-agency Childcare Partnerships.

Major developments and Issues

- 9.11 The *Sure Start* programme was introduced in July 2000, 15 schemes were then established, increasing to 23 by 2001. This early intervention programme is available to all families with children aged under 4 in targeted communities, which have high levels of social and economic disadvantage. The aim of *Sure Start* is to improve the life chances of young children in these areas by better preparing them for entry to formal education, supporting parents as they care for their children and earlier identification of the health or special needs of children. By March 2002 the target set in the Programme for Government to give 16,000 children aged under 4 and their families access to services

through the *Sure Start* programme was met. This means that 16% of all children aged under 4 have the opportunity to participate in these schemes. It is the Department's intention, during 2003/04 to further extend access to 19,000 children through the establishment of new schemes or the expansion of existing provision. The Department also intends, resources permitting, that the *Sure Start* programme should continue to operate at this level for the foreseeable future. Work is currently under way to establish evaluation mechanisms for the *Sure Start* programme in Northern Ireland.

9.12 *Investing in Early Learning*, which the Department of Education and this Department in 1998 jointly issued, was a recognition that the roots of educational under-achievement can develop in the early years. It sought to ensure that the learning experiences enjoyed by children in their pre-school was of a high quality and available in both the daycare and education sectors. This pre-school expansion initiative of the Department of Education has enabled playgroups to acquire funding for children in their pre-school year. The programme of work in these playgroups is informed by the *Curricular Guidance for Pre-school Education*, which is also used within nursery schools. Now more than 50% of playgroups receive funding to enable them to provide an educationally rich environment for children in their pre-school year. This development has done much to expand provision for children. It has also contributed significantly to improving the quality of provision, to a recognition of the value of daycare and to enhancing the status and training of those working with young children.

9.13 Outside the context of early years services, there is a variety of family support services available, ranging from family centres run by HSS Trusts to programmes aimed at equipping parents with the necessary skills to care for and protect their children. Although family support may be delivered through the statutory agencies, this is an area where

the voluntary and community sectors make a major contribution. Not only do the voluntary and community sectors offer the opportunity to reduce pressures on statutory services provision and the consequent demands on scarce staff and other resources, they also have the ability to develop innovative support services and the potential to draw on the experience of volunteers.

9.14 Many families experience particular difficulties when their children reach adolescence, by which time most families have ceased to have routine contact with services such as health visiting and parenting groups. School is most likely to provide an opportunity for the earlier identification of adolescents' problems. Some young people's situation would benefit from earlier involvement at family support level. Such an approach would also contribute to reducing the pressures on other services, including secure accommodation. It is suggested that there is a need for greater partnership working between schools and HSS Trusts and that a joint approach is needed to develop parenting support programmes specifically designed for parents of adolescents.

9.15 The creation of a coherent approach to family support, which covers the broader range of services for children and their families remains, however, a major problem. There is a need at regional level for an integrated family support strategy based upon better information as to the effectiveness of different approaches in securing good outcomes for children. While there are clear regional objectives for services for looked after children, e.g. residential care and fostering, there is no comprehensive approach to family support. Although work is currently being taken forward at CSP level to develop an integrated approach to family support, this is yet to be mirrored at regional level.

9.16 It is proposed:

- **that DHSSPS, in liaison with CYPCs should develop a Regional Family Support Strategy, which will complement other services for children in need and their families and be integrated with universal service provision; and**
- **that parental support for families with adolescents presenting with behavioural problems should receive priority.**

9.17 Comments are invited as to whether there are already effective models for programmes which could be introduced for enhanced support to families with adolescents.

Children Looked After

- 9.18 Included in level 4 of the range of services illustrated in diagrammatic form in paragraph 5.2 above are services for children looked after. Currently there are some 2,500 looked after children. As already noted, around 60% of looked after children are in foster care; 30% are placed with parents subject to a care order which is monitored by the Trust and 10% are in residential care. The preferred option is that, where possible and consistent with their welfare, children in need should be brought up by their families – with support from Trusts and other agencies as necessary. However, some children and young people require accommodation and care provided by social services.
- 9.19 Looked after children require different services to meet their varying needs. This requires the provision of a range of placement options. There must also be a degree of spare capacity built in at all levels of the system to ensure a timely response to emergency situations, either when a child comes into public care or when an existing placement breaks down. The lack of appropriate forms of care can result in children living at home at increased levels of risk, or children being placed in homes unable to meet their assessed needs.
- 9.20 The balance to be struck between family support services and services for looked after children is of the utmost importance. As already noted at paragraph 9.9 above, there is an inter-dependence between the different types of services with changes in one part of the continuum impacting upon other services. Some children are looked after in foster or residential care for relatively short periods, but lack of family support services will reduce options for a return to family life. Similarly, current reductions in the number of foster carers are placing additional pressures on an already hard-pressed residential care system.

Foster Care

Context

9.21 Foster care is the core service for looked after children, providing placements for 5-6 times as many children as residential care. There are, however, increasing difficulties in recruiting and retaining foster carers. An SSI inspection of foster care in Northern Ireland (*“Fostering in Northern Ireland: Children and their Carers”*, 1998) found:

- an insufficient supply of fostering places which meant that choice of placement was not an option;
- high levels of placement disruption;
- recruitment levels of foster carers being insufficient to address the annual level of foster carer turn over;
- fostering teams under-resourced to undertake the recruitment, selection, training and support functions associated with sustaining Trusts’ fostering services.

Current Issues

9.22 The situation has not changed since then. At present the numbers of foster carers being recruited is not sufficient to compensate for the numbers who are leaving the service. Difficulties in maintaining foster care as a viable service for children are not unique to Northern Ireland. Changes in family and work patterns and the role of women in society make it difficult to recruit foster carers. Efforts to retain existing carers are also at times thwarted by the limited support available to them from HSS Trusts. Fostering teams need to be staffed to enable them to promote fostering and recruit foster carers as well as enhancing the

support and training provided to existing carers in order to enhance retention rates.

- 9.23 The substantial effort to address the shortfall in provision in the residential care sector in recent years has already been noted. Investment in foster care would also serve to reduce pressure on the residential care sector, as these services are inter-dependent within the wider child welfare continuum of care. Work is needed to ensure that the developments in both foster and residential care are closely co-ordinated to ensure the correct balance of each is available to make placement choice a reality in practice.

Major Developments

- 9.24 In 1999 the *Code of Practice for the Recruitment, Selection, Training and Support of Foster Carers* and the *UK National Foster Care Standards* were launched to support the recruitment and retention of foster carers and to inform a common approach to managing and delivering fostering services across the UK. During 2001 the Department undertook an audit of fostering services against the UK National Fostering Standards to determine the current quality of the service provided and to enable an action plan to be developed to address identified weaknesses in the existing system. While HSS Trusts generally reported that they were meeting the standards, resource constraints were identified in relation to progressing work on a number of areas, particularly in relation to the training of both staff and carers and in developing advocacy and after care services. The provision of comprehensive written guidance material for foster carers was also identified as an unmet need.
- 9.25 To promote fostering services, Priorities for Action 2002/03 required HSS Boards and Trusts to ensure that by March 2003 they meet in full

three of the UK National Standards, which were deemed to be crucial to the management of fostering services:

- Standard 3 relating to care planning;
- Standard 14 relating to supervision, support, information and advice for foster carers; and
- Standard 19 relating to management structures.

The Department proposes to continue to work systematically over the next few years to promote full compliance with the standards.

9.26 In Northern Ireland the four HSS Boards in association with the Fostering Network are involved in developing a regional strategy for foster care services. Some matters highlighted in developing the fostering strategy include:

- most (61%) of foster carers are aged 40-60, with 20% under 40;
- 37% of children aged under 4, have had 4 or more placement moves and over 1/3 of all children had 9 moves or more;
- respite was given as the reason for 23% of moves, breakdown of placement and “planned moves” accounted for 7% and 61% of moves respectively;
- of those children in care longer than three years, 30% had more than 16 placements;
- there is evidence of an acute shortage of short and long term foster places;
- spare capacity exists only in the area of respite care because most people are in full-time employment or have other commitments which prevent them providing a full-time placement.

- 9.27 An analysis carried out in June 2002 revealed that 73% of foster carers are volunteers who are paid only fostering allowances, with 27% paid either enhanced allowances or professional fees. Although payment is not the only factor governing the recruitment and retention of foster carers, it is recognised that economic realities are such that, for many people, staying at home to care for foster children is not a viable option without more appropriate funding arrangements being in place.
- 9.28 Payment of foster carers cannot be considered independently from other matters. If the principle (referred to at paragraph 6.1(a) above) that children should be attached to carers capable of meeting their needs is to be a reality, it is essential that foster carers are appropriately trained and supported in their role. This includes recognising the need to identify key skills, which all foster carers require and the specialist training required by some carers to meet the needs of particular groups of children.
- 9.29 A further issue which needs to be considered is the Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003, referred to at paragraph 3.14 above. The standards to be applied under the Order will focus on the outcomes for children and young people of the services provided. They will complement the UK National Foster Care Standards, by focusing on various aspects of the management of the fostering services provided. Whilst the policies aimed at supporting families in bringing up their children and promoting permanency planning (see paragraphs 9.55 – 9.59 below) may lead to a lower demand for foster care, it is envisaged that foster care will remain the major source of placement for looked after children in the longer term. Action is, therefore, needed to increase the number of foster care places and to improve the quality of foster care services.

9.30 In driving forward this agenda, account will need to be taken of the work undertaken by the four Boards and the Fostering Network, the *Code of Practice for the Recruitment, Selection, Training and Support of Foster Carers* and the *UK National Foster Care Standards*. Any plan for the development of foster care will also have to take account of the standards to be developed under the Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003. The regional target for expanding fostering services is the provision of 50 additional places by March 2004. This is a very modest objective; a much more substantial effort is needed to address the supply problems currently being faced in relation to foster care. In view of the importance of fostering to the looked after population it is suggested that a regional plan which is equivalent to, and which will complement that produced by the *Children Matter* Task Force is required. The

Regional Fostering Strategy produced by the four HSS Boards and the Fostering Network aimed to:

- ensure that HSS Trusts have access to enough foster carers to meet the needs of Northern Ireland's looked after children population;
- retain all foster carers who have a contribution to make to the needs of looked after children.

Proposals

9.31 The Regional Fostering Strategy report confirms the SSI findings in 1997 that foster care is still not delivering acceptable levels of stability for a large number of children and many children appear to be drifting inappropriately in short-term placements. Key issues need to be addressed not only in terms of the number of available places, but also

in relation to the quality of the service provided. **Accordingly, it is proposed that:**

- (a) the Department in liaison with HSS Boards, Trusts and Fostering Network develops a three year, costed plan for the development of foster care to address the issues raised in the Regional Fostering Strategy relating to the recruitment, training, support and retention of foster carers;**

- (b) the plan takes account of the standards to be applied under the Health and Personal Social Services (Quality, Improvement and Regulation) Order 2003.**

Residential Care

Context

9.32 Residential care is a valuable service in its own right which should be accessed according to the assessed needs of children. It is a low volume, high cost service. Residential care accounts for about 10% of looked after children, but almost 20% of all expenditure on family and child care services. In 1997 the Health and Social Services Committee of the then DHSS asked the Chief Inspector SSI to undertake a review of children's residential services. The background to this request was:

- the commencement of the Children Order in November 1996;
- the transfer of the care units within Training Schools sites to the residential children's homes sector;
- rapid changes within the voluntary children's home sector which saw a major, unplanned retraction of places provided by this sector;

- the emergence of a range of difficulties within children's homes which suggested that control had been lost in some homes.

9.33 The resulting report of the review, *Children Matter* 1998, noted that:

- there was an insufficient number of places to meet demand;
- the existing stock of children's homes was dated and on occasions institutionalised and needed to be upgraded or replaced;
- that the future model of residential provision should be small and domestic in scale and efforts were required to remove existing services from campus sites;
- admissions to children's homes were generally not informed by either the home's Statement of Purpose and Function or an assessment of the child's needs;
- children's homes were not sufficiently differentiated to enable them to be accessed appropriately on the basis of the assessed needs of those accommodated within them;
- the lack of both adequate and specialist residential child care provision resulted in a range of inappropriate placements for children with psychiatric needs, those with a disability and those at risk of offending.

Major developments

9.34 In June 2000, the then Minister of DHSSPS established a Ministerial Taskforce to drive forward the agenda set in the Action Plan and recommendations contained in *Children Matter*. The Taskforce in June 2001 published its Phase 1 plan for the regional development of residential provision. Phase 1 aimed to establish 77 new places and replace 70 existing places by March 2003, to increase the total number

of residential places to 409. By January 2004, it is expected that 77 additional and 40 replacement residential places will be available. Implementing Phase 1 of *Children Matter* has required an investment of £16m for capital developments and over £4.6m in additional revenue expenditure.

- 9.35 Phase 2 of the Regional Plan is currently being developed and will include plans to develop a range of specialist units to complement and underpin the expansion in the number of places provided under Phase 1. This will include a specialist residential unit for children with severe emotional and psychological problems, the capital costs of which are being met from Executive Programme Funds.

Secure Accommodation

- 9.36 In a small number of cases it is necessary to restrict the liberty of children and young people who are looked after. Secure accommodation is intended to restrict a child's liberty and its use is therefore strictly controlled so as to ensure compliance with Article 5 of the European Convention on Human Rights. Under Article 44 of the Children (NI) Order secure accommodation can only be used where the child or young person:

- (a) has a history of absconding and is likely to abscond if he or she is not placed in secure accommodation; ***and***
if he or she absconds is likely to suffer significant harm; ***or***
- (b) is likely to injure himself or herself, or other persons, if not kept in secure accommodation.

It is important to note that secure accommodation may not be used as a punishment or for any purpose which does not come within the terms of Article 44. Secure accommodation is not an end in itself. Any child or young person subject to secure accommodation is "looked after" and all

other duties of Trusts to safeguard and promote his or her welfare continue to apply.

9.37 Currently there are 15 places in the secure accommodation units at Lakewood, Bangor. The shortage of other more appropriate forms of residential care for children with particular needs has resulted in increased levels of demand for secure accommodation. A review of secure care was carried out by SSI, in conjunction with the Education and Training Inspectorate, in 2002. The review report, *Secure Care* (2002), found:

- shortfalls in residential child care places, both in terms of number and type of facility, resulting in ongoing high levels of demand for secure accommodation;
- inadequacies within the child and adolescent mental health services at community and inpatient levels and also within secure accommodation resulting in delays in acquiring an assessment of children's needs and the inappropriate placement of some children within secure units;
- the existing commissioning arrangements creating the potential for differential admission thresholds for admission to secure accommodation, across the HSS Boards' areas;
- for secure accommodation to operate effectively it requires to be underpinned by a range of family support and residential and foster care services;
- a clear need for earlier identification and treatment of children who are at risk of suspension or expulsion from school, or who run away from home/or care, or children experimenting with solvents and/or substances;

- currently there is no mechanism in place for HSS Trusts to report to their Trust Boards on a regular basis on the discharge of their statutory duties, or safeguarding arrangements established to ensure a child's well-being is promoted when a referral has been made to secure accommodation, but no place is available for him/her; and
- poor standards of accommodation within the current facility generally and in particular a lack of adequate facilities to support children's recreation and education.

9.38 The issue of poor standards of accommodation is being addressed with plans being made to replace the current facilities at Lakewood with resources provided through Executive Programme Funds. Another development which is likely to reduce the pressure for secure accommodation is the opening of 10 additional child and adolescent psychiatry inpatient beds.

Custody Care Order

9.39 The Review of the Criminal Justice system carried out by the Northern Ireland Office recommended that children aged 10-13 who are found guilty of a criminal offence which merits a custodial sentence should not be held in juvenile justice centres, but should have their accommodation needs provided for within the child care system. This recommendation has now been enacted, but the legislation has yet to be commenced.

9.40 While the Department recognises that such children would be better placed within the child care system, there will be considerable resource consequences to establish suitable facilities within an already hard-pressed residential child care sector. The Department, mainly through the Children Matter Task Force, is working with the Northern Ireland

Office to plan for the introduction of custody care orders. The consequences of such a new order in terms of numbers of children to be cared for are difficult to predict, but it is anticipated that these are likely to remain a small proportion within the overall residential sector.

Implementation of Children Matter

9.41 As already noted, Phase 2 of Children Matter is currently in the process of development. Although progress has been made and provision is being made for a further expansion in residential services there are other issues to be addressed; in particular the lack of differentiation between children's homes. The regulations governing the operation of children's homes require each home to have a "Statement of Purpose and Function". Each home is required to set out its purpose, the type of children for whom services are to be provided and the particular services and facilities offered.

9.42 Although all existing homes have Statements of Purpose and Function they reflect a largely undifferentiated provision. In *Children Matter* a recommendation was made that Statements of Purpose and Function should inform admission arrangements. The absence of an approach which focuses on the needs of the individual child will make it impossible to adhere to the general principles proposed for the strategy (e.g. that stated at paragraph 6.1(a) above). In the absence of clear admission policies based on the purpose and function of the home, we will continue to have inappropriate placements based on the availability of a place rather than the needs of the individual child. The impact of an inappropriate placement on the welfare of other children already accommodated in the home must also be taken into account in this regard.

9.43 Questions arise as to how and when greater differentiation is to be created. The expansion in the number of places has already been noted,

but it is not realistic to assume that an increased number of places will automatically lead to greater differentiation. The increase in the number of places was designed to reduce pressures, but specific action will be needed on a number of fronts to promote differentiation and to ensure that the residential care system fulfils the role envisaged in *Children Matter*.

9.44 The creation of differentiation based on revised Statements of Purpose and Function, which will inform admissions to residential care, will be a major challenge. The development of a differentiated system is likely to be greatly facilitated by the development of what *Children Matter* described as *sub-regional specialist provision*. These were envisaged as (a) homes for children with complex disability and (b) units for children with psychiatric / psychological needs or who present a significant risk to other children. In the case of the latter it is regarded as particularly important that developments are carried forward as soon as practicable to reduce the pressure for more secure accommodation places and to provide stability and differentiation within the residential care system.

Accordingly it is proposed that:

- (a) Boards and Trusts should draw up plans to ensure that each home has a Statement of Purpose which is used as the basis for controlling admissions;**
- (b) the Children Matter Task Force includes as a top priority in Phase 2 the provision of a specialist children's home for children with emotional / psychological needs by 2005 at the latest.**

9.45 It is important that the residential care system is developed in a way which meets assessed needs and which forms part of the broader continuum of services for children and young people. It is also important that steps are taken; in particular through the development of

a differentiated residential care system, foster care and family support services to ensure that residential care makes a positive contribution to the lives of children and young people.

- 9.46 The development of differentiation in line with the proposals set out above has clear implications for other services. To ensure that the development of residential care is kept in this broader context **it is proposed that the Children Matter Task Force is reconstituted as a sub-group of the Regional Forum for Children and Young People in Need proposed at paragraph 7.11 above.**

Leaving and Aftercare Services

Context

- 9.47 Under the Children Order children leaving care after the age of 16 can look to the HSS Trust for continued support until they reach 21, or older if in full-time education. Some eighteen months after the commencement of the Children Order, many HSS Trusts had no policies and procedures in place for developing leaving and after care programmes. None of the Trusts directly provides residential provision for its aftercare population. The absence of suitable residential provision and the low level of supported living provision for young care leavers are of particular concern. These young people often experience multiple deprivations and are over-represented in the homeless population.

Current Issues

- 9.48 In October 2000, the Social Services Inspectorate published a report entitled *Promoting Independence: A Review of Leaving and After Care Services*. The main findings of the review, which was carried out in 1999, was that young people leaving care experience a range of

disadvantages in terms of education, employment, housing and family support. Young care leavers are among the most vulnerable young people in society, often leaving the care system without the educational attainments and the ongoing support necessary to underpin their successful inclusion within their community and the wider society. The report concluded that there was a need for a better level of support from public sector agencies.

9.49 *Promoting Independence* noted that between 1996 and 1999, around 670 young people aged between 16 and 18 became care leavers. Approximately a quarter of these young people were only 16 when they left care. By contrast, the typical age for young people leaving their family home is 22.

Major Developments

9.50 The Children (Leaving Care) Act 2002 made a number of amendments to the Children Order to address the issues raised in the SSI report and to provide further support for young people leaving care. The new legislation will form the basis for improved leaving and aftercare services and will build upon the existing statutory provisions. Overall, the aim is to place new and enhanced duties on HSS Trusts to support care leavers until they are at least 21 years old and to reduce the number of looked after children who leave care prematurely.

9.51 The main purpose of the Children (Leaving Care) Act is designed to improve the life chances of young people who are looked after by HSS Trusts as they make the transition to independent living. The Act is intended to have the following effects.

- Young people should not leave care until they are ready to do so.

- The assessment, preparation and planning for leaving care should include the development of a “pathway plan” for each young person before he or she leaves care. The pathway plan will be prepared in consultation with the young person and will be designed to promote the transition to independent living, with the relevant HSS Trust providing a package of support in liaison with other voluntary and statutory agencies as necessary.
- Each young person will have a personal adviser who will provide help and advice in such matters as further education, training and employment after the young person leaves the care system.
- Improved financial arrangements for care leavers.

9.52 Executive Programme funding of £1.2m over three years will help to lay the foundations for HSS Trusts’ leaving and after care services. In addition, resources of around £1.25m per year are being provided to address legislative pressures in the field of family and child care and it is anticipated that a proportion of these resources will be deployed in relation to leaving and aftercare services.

9.53 A regional implementation group has been established to develop a plan for the implementation of the Children (Leaving Care) Act. This group includes representatives from the statutory and voluntary sectors. It is intended that a draft implementation plan will be developed. There are a number of issues to be considered including the appointment of personal advisers, the procedures for the development of pathway plans and the operation of new financial arrangements. The plan will be the subject of consultation in the next few months and will be available at the time of the workshop on leaving and aftercare services.

Permanency Planning and Adoption

Context

- 9.54 Adoption services have changed dramatically over recent years. Social structures now exist in which single women can avoid unwanted pregnancies or can bring up their own children. Infants are rarely placed for adoption from birth. Children available for adoption now are predominately those who are looked after by HSS Trusts, where there is no prospect of them returning to their families.
- 9.55 Until the late 1990s few looked after children in Northern Ireland were adopted. Research shows, however, that children who are adopted do considerably better than those who remain in public care throughout their childhood. The Department's 1999 circular, "*Adoption – Achieving the Right Balance*", firmly endorsed a policy of bringing adoption into the mainstream of children's social services. It established the need to consider achieving permanency through adoption as a priority option for children who are likely to remain in public care.
- 9.56 Since 1999, the number of looked after children who have been adopted has significantly increased. However, the number of adoptions made over the period April 1999 – 31 March 2003 has fluctuated considerably. Based on an average looked after population of around 2,400 children, 2.2% of looked after children had been adopted in the year ending March 2000. This rate rose to 4.1% in 2001, but fell to 2.7% in 2002. Provisional figures for the period 1 April 2002 – 31 March 2003 indicate a rise to 4.5% in the number of looked after children who were adopted. The fluctuations may be explained by the fact that a significant number of adoptions in 2001 were adoptions of children by their long-term foster carers in response to the new emphasis on achieving permanency for children by providing them with a family for life. The figures for more recent years reflect more the placement of children with new adoptive families and the trends are therefore encouraging. Despite this, adoption rates in Northern Ireland fall far below average adoption rates in England, where in the year

2000, 4.7% of children were adopted and a target of around 7% has been set for 2002/03.

9.57 To promote permanency for looked after children, the Department established targets in its Priorities For Action in the year 2001/02 to increase the number of children who are adopted and in 2002/03 to ensure that adoption is achieved for at least 4% of looked after children each year. Overall, these targets have been achieved, but there is significant variation within Boards and between Boards in the rates of children adopted. The targets therefore now require to be reviewed in the context of a more appropriate way forward.

Major Developments

9.58 The Social Services Inspectorate recently conducted a regional inspection of adoption services. Key recommendations to the Department, contained in *Adopting Best Care* (2002), the overview report of the inspection, include the need to:

- develop a regional strategy for adoption services; and
- introduce new primary legislation to meet the needs of a modern adoption service.

The significant implications for adoption services in Northern Ireland of the new Adoption and Children Act (2002) for England and Wales also need to be taken into account as well as other regional aspects of the work arising from the recommendations of *Adopting Best Care*.

9.59 Adoption, however, is much wider than services to looked after children. Current adoption legislation places additional statutory duties on Boards and Trusts in respect of prospective adopters, children and adults who have been adopted, family adoptions and the intercountry adoption service. All of these issues are inextricably linked, as is the

role within regional services, of registered voluntary adoption agencies and other voluntary agencies who offer adoption support. **The Department will therefore issue a comprehensive draft adoption strategy for consultation that will take account of the full adoption remit and will introduce proposals for new legislation and the future of adoption services. The draft strategy will be available at the time of the planned workshop on permanency planning and adoption.**

Disabled children

- 9.60 The Children Order recognises disabled children as children “in need”. HSS Trusts are required to provide services for disabled children in order to minimise the effect of their disability.
- 9.61 The Children Order recognises that disabled children are children first and this should find expression in the services provided for them. In some Boards and Trusts, however, the provision of services to disabled children is dispersed across several programmes of care, including the adult programmes. Needs assessment and strategic planning can therefore be particularly complex. Furthermore, for children with more complex needs, the interface between social care, health and allied health professional services must be considered in addressing the needs of the individual child as well within strategic planning initiatives.
- 9.62 To facilitate the planning of services, Trusts are required under the Children Order to establish and maintain a register of children with a disability within their area. A steering group with multi-disciplinary representation from each of the four Boards was set up to manage the Children with a Disability Register Project. The group has produced a

protocol for the register and Boards and Trusts are currently working to take this forward within their respective areas.

- 9.63 In recognition of the difficulties faced by many children with a disability in accessing the range of services they need, Executive Programme funding of £1.5m was made available in 2001 for a period of 3 years to pilot the *Wraparound* project for disabled children in the Southern Board. The pilot scheme offers a ‘one stop’ multi-disciplinary service including medical and social care, respite and early years support for disabled children and their families. The scheme is due to be evaluated and it is anticipated that this innovative initiative will provide a model for future service delivery.
- 9.64 To give children and their families more choice in the services they receive, the Carers and Direct Payments Act (NI) 2001, gives all disabled persons, including children, the right to an assessment. The Act also empowers Boards and Trusts to make direct payments to people with parental responsibility for the child so that the child can access mainstream services and leisure activities. The Act further extends direct payments to 16 and 17 year old disabled young people, where they intend to leave home or go into further or higher education.
- 9.65 While children with a disability are regarded as in need under the legislation, delivery of services in response to their needs is generally managed within the disability programme of care along with services for adults with a disability. The rationale for this is that facilities and trained staff are used to deliver the services to adults and children alike. There can however be a lack of recognition of the particular needs of children and young people in planning and delivering services for people with a disability. This conflicts with the Children Order which is clear that children with a disability are children first and that this should find expression in the services provided for them.

- 9.66 There has been no overall assessment of the needs of disabled children or any examination of the particular difficulties they and their families face in accessing the broad range of health and social services which they require to support them. *Children Matter*, the 1998 report of the review of residential child care services, recommended a separate study of the residential needs of children with a disability.
- 9.67 The Social Services Inspectorate has commenced a regional inspection of services for disabled children. The first phase, which is due to report in Autumn 2003, examined the needs of disabled children in hospital. The second phase, which is due to commence in Spring 2004, will consider services for disabled children in the community.
- 9.68 Comments are invited as to what further action might be undertaken in relation to services for disabled children.

Children and the Courts

- 9.69 The DHSSPS and HSS Trusts have important roles to play as regards the welfare of children and young people involved in court proceedings. Under the Children Order provision is made for a *guardian ad litem* to be appointed in adoption and specified public law proceedings. In general the public law proceedings are those relating to the care and supervision of children. The Northern Ireland Guardian Ad Litem Agency (NIGALA) was established by DHSSPS to meet the requirements of the Children Order. The Agency manages a panel of suitably qualified persons from which the courts may appoint *guardians ad litem*. In broad terms the role of the guardian is to safeguard the interests of the child by providing independent social work advice to the courts. NIGALA has established offices in Belfast, Londonderry and Armagh.

9.70 The involvement of HSS Trusts in court proceedings is also extensive. In addition to the making of applications for orders in both adoption and care related proceedings, Trusts are also involved in providing reports under Article 4 of the Children Order. Under Article 4 a court when considering any question with regard to a child under the Order, is empowered to ask an HSS Trust to arrange for a suitably qualified person to report to the court “on such matters relating to the welfare of that child as are required to be dealt with in the report”. Article 4 reports are most likely to be required in divorce proceedings and free-standing private law applications under the Children Order (e.g. contact orders, residence orders). The duty imposed on the Trust is generally to provide a report giving information and assessments about matters relating to the welfare of the child.

9.71 An additional area where HSS Trusts may become involved is in relation to Article 56 of the Children Order. This applies in family proceedings where a question arises with regard to the welfare of any child and where it appears to the court that it may be appropriate for a care or supervision order to be made. In these cases the court may direct an HSS Trust to undertake an investigation of the child’s circumstances. Where an Article 56 investigation is carried out, the Trust must consider whether it should provide any services and assistance, and / or apply for a care or supervision order and must report back to the court within a specified period after a direction is made.

9.72 The number and complexity of cases coming before the courts places a considerable strain on the court system, NIGALA and HSS Trusts. A general principle of the Children Order, frequently referred to as the “no order principle” is that court orders relating to children should *only* be made where this is in the best interests of the child. In certain circumstances, the intervention of the courts is essential. For example, care and supervision orders may be the only means of ensuring the

welfare of a child or young person. Equally, it is important that the use of secure accommodation, for any significant period, is subject to approval by the court. In the case of adoption, involvement of the courts is of course fundamental to changes in the legal status of a child, whilst in relation to private law proceedings it is important that the welfare of children affected by arrangements or disputes between adults are safeguarded.

9.73 The Children Order Advisory Committee (COAC) is responsible for monitoring the operation of the Children Order in the courts. The Committee is chaired by the Judge of the Family Division of the High Court. Three Family Court Business Committees, one in each of the Family Court Centres, support COAC with the general objective of ensuring that cases are managed efficiently, effectively and expeditiously. A matter which has arisen, as a result of the work of COAC, is that of delay in children's cases. This has been the subject of a report of a sub-committee of COAC. A number of possible causes for delay are highlighted in the report. Some relate to issues which lie outside the scope of this strategy. However as a fundamental principle of the Children Order is that delay in legal proceedings is generally prejudicial to the welfare of the child, the Department wishes to support COAC in addressing the issue of delay.

9.74 It has to be recognised that not all delay is detrimental to the welfare of the child. The Children Order lays emphasis on the timetabling of cases to avoid unnecessary delay - but does not state that cases are to be completed quickly. Such a course could well be detrimental to a child's welfare. In order to help ensure that the services provided to the courts in public law and adoption cases are managed in a manner which best meets the welfare of children, a review of NIGALA will take place during the autumn of 2003. However this leaves issues regarding services provided to the courts in private law cases and in relation to

Article 56 investigations. There is anecdotal evidence that the provision of services to the courts in these areas create substantial pressures within Trusts. It is suggested that a more consistent approach to the delivery of reports to the courts and better management arrangements might help reduce delays in the courts and reduce pressures on HSS Trusts.

- 9.75 There are substantial issues regarding the representation of children in private law cases, a matter which is the subject of consideration by a sub-committee of COAC. Whilst representation of children in private law cases is not an issue on which DHSSPS has lead responsibility, the welfare of children is a key responsibility of social services. Accordingly, **it is proposed that the Department commissions a study into the provision of private law reports and Article 56 investigations.** The intention would be to examine the current arrangements regarding the deployment of staff in these areas, the management arrangements and options for increasing the effectiveness and efficiency of the services provided, including the standardisation of the format of reports and training issues.

Child Protection

- 9.76 HSS Boards and Trusts have responsibility for child protection services. Trusts are required to investigate the circumstances of children it considers to be at risk of harm. Most child protection work is undertaken with the child remaining in the family home. Proper and effective investigation of child abuse requires close co-operation with other relevant agencies. The Area Child Protection Committees (ACPCs) at Board level and corresponding Panels at Trust level are essential in ensuring such co-operation. The Child Protection Registers facilitate regular monitoring of the child's circumstances and enable

access to relevant information by other professionals if there are concerns regarding a child's safety.

9.77 The issue of child protection has continued to receive widespread public attention in recent months – most noticeably in connection with the report of Lord Laming into the Victoria Climbié. The Laming report made some 108 recommendations. Some recommendations relate to central government. Others relate to local authority social services and medical and police services in the areas of London where the events leading to the death of Victoria occurred. In Northern Ireland the Assembly had, prior to suspension, commenced an Inquiry into Child Protection following concern about cases subject to case management reviews here.

9.78 Extensive audits of services in Northern Ireland in light of Lord Laming's recommendations are being conducted and should be complete by November 2003. In addition, the Social Services Inspectorate will be conducting an inspection of child protection arrangements in a number of Trusts and this will be informed by issues raised in Lord Laming's report and the audit of services. A further major development has been the publication, in June 2003, of *Co-operating to Safeguard Children* (CTSC). This inter-agency, multi-disciplinary guidance replaces earlier guidance issued at the time the Children Order came into operation in November 1996. CTSC has already been the subject of extensive consultation.

9.79 In the development of CTSC regard has been given to certain aspects of the Laming report and also of features of a Private Members Bill on Area Child Protection Committees which was due to be debated in the Assembly prior to dissolution and which had widespread support. A key theme of the Bill was to strengthen the role of ACPCs. The role of ACPCs includes developing, agreeing and reviewing policies for inter-

agency work to protect children in line with CTSC. Also included are responsibilities to establish appropriate thresholds for intervention, taking account the multi-professional/agency contribution to child protection. ACPCs are also given responsibility to undertake case management reviews. These must be conducted where a child dies and abuse or neglect is known or suspected to be a factor in the child's death.

9.80 ACPCs must also consider whether to undertake a case management review in other circumstances – including cases where a child has suffered a potentially life-threatening injury through abuse and cases where there are concerns about the way in which local professionals and services worked together to protect children. Importantly, ACPCs will have an important role in monitoring and evaluating on a regular and continuing basis how well services have worked together. They will also have important roles in developing a public communications strategy to raise awareness within the wider community of the need to safeguard children and to highlight the contribution that communities can make.

9.81 CTSC emphasises that the child protection system should focus on those children in greatest danger and that there should be an assessment system which distinguishes these children from those whose needs could be more appropriately met by other means of help and support. The assessment approach advocated relates to the 3 “domains” referred to at paragraph 7.18 above – i.e. the child's developmental needs, parental capacity and family and environmental factors.

9.82 A key issue to be addressed in carrying forward the DHSSPS Strategy will be the implementation of CTSC and the integration of this with work of the development of the Assessment of Need Model as proposed at paragraph 7.21 above.

9.83 Other work currently in hand includes the development of a Child Protection Advisory Group (CPAG). CPAG will complement the work of ACPCs and provide the best advice to DHSSPS on multi-agency child protection issues with regional implications. It is envisaged that the CPAG will have a number of specific functions including:

- establishing arrangements to ensure that relevant information on child protection issues, including recommendations arising from inspections, is communicated between senior officials within the DHSSPS (nursing, medical and childcare) and other key players such as the PSNI, Department of Education and NSPCC;
- the promotion of good inter-agency practice;
- considering the findings of CMR reports and ensuring the timely communication of key messages to relevant agencies and professions;
- highlighting any further action to be taken on foot of CMRs and making recommendations to DHSSPS on the need to initiate an inquiry under Article 152 of the Children Order;
- making recommendations in light of significant child protection inquiries, research and policies in other jurisdictions.

9.84 It is envisaged that the CPAG will include senior representatives from DHSSPS (social services, medical and nursing services), the Department of Education, PSNI, NIO, ACPCs, NSPCC and the Probation Board of Northern Ireland.

Protection of Children and Vulnerable Adults (NI) Order 2003

9.85 For many years DHSSPS has provided the Pre-Employment Consultancy Service (PECS) under which checks are carried out as to

the suitability of those seeking work with children or adults with a learning disability. Under PECS, checks are carried out against the PECS Register which is essentially compiled on the basis of referrals from employers of those who have been dismissed or otherwise removed from work with children or adults with a learning disability on the basis that they pose a risk to these vulnerable groups. The main purpose of the Protection of Children and Vulnerable Adults Order (POCVA) will be to place PECS on a statutory basis. Duties will be placed on child care organisations to make referrals and to carry out checks on those seeking work with children and other vulnerable groups. It will be unlawful for an individual to work, or seek work with children whilst disqualified under the Order.

9.86 The POCVA Order also includes provisions for non-child care organisations to become accredited. The intention is to promote good child protection practice amongst those organisations which would not otherwise be required to carry out checks and make referrals. An accredited organisation will be required to have good child protection policies in place, to make referrals of those who pose a risk and to carry out checks on prospective employees. The legislation also provides for “whistle-blowing”, where a person connected with a child care or accredited organisation becomes aware that the organisation (or another such organisation) has failed to carry out a check or make a referral. Under these arrangements, the Department or appropriate registration body will be able to take action against the relevant organisation.

9.87 It is anticipated that implementation of the child protection provisions of POCVA will take around a year. In carrying forward the implementation the Department will consult on the guidance and regulations underpinning the legislation. A key theme will be that the vetting arrangements set out in the legislation should be seen in the

broader context of effective child protection arrangements within statutory and voluntary organisations.

Child Protection Registers and summary Practice Guidance

- 9.88 The most recent figures (31 March 2002) indicate that there were 1,531 children on Child Protection Registers. This represents a rate of approximately 34 per 10,000 of the under 18 year–old population. The equivalent figure for England is 24 per 10,000. Between 2000/01 and 2001/02, the number of registrations increased by just over 11%. Comparisons with England have to be treated with caution and there are also wide differences within Northern Ireland. However, as noted at paragraph 9.19, there is a suggestion that more children here are being maintained at home at higher degrees of risk due to lack of appropriate services.
- 9.89 In light of the report of Lord Laming in relation to Victoria Climbié a *Summary of Practice Guidance for Practitioners* has been issued jointly by the Department of Health, the Home Office and the Department for Education and Skills. The document summarises, but is not intended to replace, *Working Together to Safeguard Children (1999)* and the *Framework for the Assessment of Children in Need and their Families (2000)*. The intention is to provide key information for practitioners, focusing on what they should do if they have concerns about children who might be at risk of significant harm. The guidance also covers what happens when those concerns have been expressed and the contribution the practitioner might be required to make in the process of assessment, planning, working with children, reviewing that work etc.
- 9.90 The *Summary Practice Guidance* is aimed at anyone whose work brings them into contact with children and families, particularly those who work in social care, health, education and criminal justice services. Similar summary guidance for Northern Ireland would seem to be a

useful development. However it is suggested that we would need to await the development of an equivalent to the *Assessment Framework*, implementation of *Co-operating to Safeguard* and the outcome of the SSI inspection of child protection services. Accordingly **it is proposed that the Department develops summary guidance for all practitioners involved in child protection work based on the Northern Ireland versions of the *Assessment Framework*, *Co-operating to Safeguard* and on the SSI inspection of child protection services.**

Part 4: Proposed timetable for developments

10.1. As already noted it is intended that the DHSSPS Strategy will be phased over three years. In developing the strategy, regard will need to be taken of the practical implications for all those agencies and organisations affected. The following table is intended to present the proposals and actions outlined in this paper to enable consideration to be given to the overall timetable.

	2003/04	2004/05	2005/06	2006/07
Consultation on draft DHSSPS Strategy including Regional Objectives (para.6.1)	Nov – March			
Realignment of Children’s Services Planning to encompass Regional Objectives, and to act as mechanism for informing regional sub-objectives etc (para. 7.9)		•	•	•
Regional Forum for Children and Young People in Need to be established (para. 7.11)		•		
DHSSPS, in liaison with CYPCs to develop models of best practice for the involvement of children and young people in planning processes (para. 7.12)		•		

DHSSPS to develop guidance on needs assessment building on work already carried out under CSP process, including the development of an Assessment Framework (para. 7.21)		•		
DHSSPS, in liaison with CYPCs to develop regional performance indicators for children's services (para. 7.22)		•		
Consultation on an Integrated Children's System (para. 7.26)				•
Initial review to consider the first set of regional sub-objectives (para. 8.3)	•			
Regional sub-objectives to inform regional plans for the recruitment and retention of qualified SW staff (para. 9.4)	•	•	•	•
Review of existing Children Order guidance with a view to making it more concise and accessible (para. 9.6)		•		
DHSSPS in liaison with CYPCs to develop a Regional Family Support Strategy (para. 9.16)	•	•		
Development of costed plan for the development of Foster Care (para. 9.31)		•		
Implementation of Phase 2 of Children Matter Task Force Plan (Para. 9.35)	•	•	•	
HSS Boards / Trusts to draw up plans to ensure that each children's home has a Statement of Purpose which is used for the purpose of controlling admissions (para. 9.44)		•		
Provision of specialist children's home for children with emotional / psychological needs (para. 9.44)			•	
Children Matter Task Force to be reconstituted as a sub-group of the Regional Forum for Children and Young People in Need (para. 9.46)		•		
Implementation of Children (Leaving Care) Act 2002 (para 9.53)	•	•		

Consultation on Adoption Strategy (para. 9.59)	•			
Development of Registers of Children with a Disability (para. 9.62))		•		
SSI Inspection of services for children with a disability (para. 9.67)	•			
Study of provision of private law reports and Article 56 investigations (para. 9.75)		•		
SSI inspection of child protection services (para 9.78)	•			
Audit of child protection services on foot of Laming Report (para. 9.78)	•			
Implementation of Co-operating to Safeguard Children (paras. 9.78-82)	•	•		
Implementation of the child protection provisions of the Protection of Children and Vulnerable Adults (NI) Order (paras. 9.85 – 9.87)	•	•		
Development of summary guidance on child protection. (para. 9.90)			•	

Comments on this consultation paper should be forwarded to:

Mrs Ann Mooney
Department of Health, Social Services and Public Safety
Child Care Unit
Room D1.4
Castle Buildings
Belfast BT4 3SQ