

Child Rights Impact Assessment

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| 1. Identify <i>Name of proposal</i> | |
| STRATEGY FOR LOOKED AFTER CHILDREN: A LIFE DESERVED: “CARING” FOR CHILDREN & YOUNG PEOPLE IN NORTHERN IRELAND | |
| 2. Map <i>Describing what is proposed, its consequences and goals</i> | |
| <p>2.1. What is being proposed? The development and implementation of a new Strategy for looked after children to improve their outcomes and help them achieve their full potential in line with their peers. The Strategy will set out the pledge to support children and young people in care, i.e. those in foster care, residential care and placed with parents. It will also apply to those who are on the ‘edge’ of care, that is:</p> <ol style="list-style-type: none"> a. Living in families with intense needs and requiring intensive supports [<i>on the edge of coming into care</i>]; b. Returning home from a period in care [<i>on the edge of a (short) period in care</i>]; c. Leaving care to make the journey into adult life [<i>on the edge of ageing out of care</i>]; and d. Also to those leaving care, that is young people who have left care and are still in need of some support, including those who have been adopted; those who are living with family under a Private Law Order and those who are supported in independent living in early adulthood. <p>For the purposes of the Strategy, these children and young people are all referred to as care-experienced.</p> | <input checked="" type="checkbox"/> Policy <input type="checkbox"/> Programme <input checked="" type="checkbox"/> Guidance <input type="checkbox"/> Other <input type="checkbox"/> Existing <input checked="" type="checkbox"/> New |
| <p>2.2. What is the aim, objective or purpose of the proposal?</p> <p>Our aim by way of the Strategy is to improve the well-being of looked after children and young people and children and young people on the edge of being looked after. In other words, we want the same outcomes for looked after children as we want for any other child – to give them the best chance of the life they deserve. We have adopted a child’s rights approach, by taking account of the United Nations Convention on the Rights of the Child and the Concluding Observations and Recommendations made by the UN Committee on the Rights of the Child in 2016.</p> <p>Within the Strategy, well-being has the meaning ascribed to it by the wider Children and Young People’s Strategy, which in turn, is based on the definition of well-being within the Children’s Services Co-Operation Act (Northern Ireland) 2015. It is defined in terms of 8 outcomes which are:</p> <ul style="list-style-type: none"> • Children and young people live in a society which respects their rights. • Children and young people live in a society in which equality of opportunity and good relations are promoted. • Children and young people are physically and mentally healthy. • Children and young people live in safety and stability. • Children and young people learn and achieve. • Children and young people enjoy play and leisure. • Children and young people experience economic and environmental well-being. • Children and young people make a positive contribution to society. | |

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The timeframe set for the delivery of the Strategy's aims is four years starting in 2020. The Strategy replaces the earlier looked after children strategy, Care Matters in Northern Ireland – A Bridge to a Better Future – endorsed by the Executive in 2009. It is intended to build on its earlier actions; existing good practices and emerging research and evidence as well as being aspirational in intent.

2.3. Who initiated the proposal?

DoH and DE.

2.4. Who will be responsible for implementing the proposal?

DoH and DE and other members of the Corporate Family (including other government departments: The Executive Office, Education, Justice, Economy, Communities, Infrastructure, Agriculture, Environment & Rural Affairs, and Finance; their arm's length bodies; local government; and partner agencies in the voluntary, community and independent sectors in so far as is consistent with the proper exercise of their children's functions).

2.5. What is the legal, policy and practice context of the proposal?

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

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

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

The proposal is being brought forward in the context of increasing numbers of looked after children in Northern Ireland, and in the context of a commitment from Government to improve the well-being of all children and young people under the **wider Children and Young People's Strategy**.

The Strategy is also set within the context of :

- The Executive's **draft Programme for Government 2016-21 and the NICS Outcomes Delivery Plan (ODP)**. The Strategy cuts across many of the ODP outcomes, including in particular: **Outcome 3** (We have a more equal society); **Outcome 4** (We enjoy long, healthy, active lives); **Outcome 6** (We have more people working in better jobs); **Outcome 8** (We care for others and we help those in need); and **Outcome 12** (We give our children and young people the best start in life).
- Other Executive strategies including: 'Making Life Better, A Whole System Framework for public

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health 2013-23'; the draft Childcare Strategy; and the Child Poverty Strategy.

- 'Health and Well-being 2026: Delivering Together'.
- Family and Parenting Support Strategy (in development).
- Improving and Safeguarding Social Wellbeing: A Strategy for Social Work.

2.6. Which articles of the UN Convention on the Rights of the Child (UNCRC) are relevant?

UNCRC Article 4 requires Government to make sure the convention on children's rights is known about and upheld. The UNCRC has underpinned the development of the Strategy which will clearly emphasise that every child has the right to be safe; well looked after; to have their say and be listened to. By virtue of the fact that they have become looked after, looked after children are more likely than not to have had their rights infringed before they came into care. It is also noted that through the Strategy, we will seek to ensure their rights and the rights of children and young people on the edge of care and those who have left care are upheld. The 2016 Concluding Observations and Recommendations of the UN Committee on the Rights of the Child have also been taken account of in the development of the Strategy. There will be ongoing consideration of these, and the UNCRC, during implementation stages in the development of policies, planning and service delivery.

The success of the Strategy will be dependent on a whole system/Corporate Family approach with each organisation and individual within organisations working together to ensure the rights of children in care and those on the edge of care are protected.

Highlighted below are the key UNCRC articles that most closely align with the Strategy outcomes:

- **Article 2: The right not to suffer discrimination** states that every child and young person should be treated equally without discrimination, irrespective of their ethnicity, gender, language, religion, political opinion, family background, abilities or other status and links closely with the Strategy outcome – **Children and Young People live in a society in which equality of opportunity and good relations are promoted.** The overall aim of the Strategy is to create equality of opportunity for care-experienced children and young people and to close the outcomes gap between them and their non-care-experienced peers. It is also intended to develop an understanding of what it means to be a looked after child, and in so doing, promote good relations between looked after children and other members of the local community.
- **Article 3: The right to have their best interests treated as the primary consideration.** In keeping with The Children Order (NI) 1995 and associated legislation, the Strategy has been developed on the basis that the welfare of a child is paramount.
- **Article 6: All children have the right of life. Governments should ensure that children survive and develop healthily.**
- **Article 8: The right to an identity.** The Strategy recognises the importance of preserving the identity of looked after children and care-experienced children and young people by maintaining a history of the child's life and enabling them to have access to that information when required in line **with Article 13 of the UNCRC (the right to access information).** The Strategy also recognises the importance of **UNCRC Article 16 (right to privacy)** in all aspects of involvement with children and young people to ensure that they are protected from attacks against their way of life, their good name, their families and their homes.
- **Article 12: The right to an opinion and to be heard** provides that every child and young person should be able to express their views, feelings and wishes in all matters affecting them and have

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these views respected and given due consideration. **Article 42 (knowledge of rights)** says that Governments must actively work to make sure children and adults know about the UNCRC. These articles link closely with the Strategy outcome – **Children and Young People Live in a Society which respects their rights** which highlights that it is critical that looked after children are treated with respect and their views are listened to and that we ensure the voice of children and young people is heard and that they are fully engaged in and central in planning their care and that every step is taken to ensure that they understand what is being proposed for their short, medium and longer-term care.

- **Article 18: The right to be brought up by your parents if possible.** A key element of the Strategy is about ensuring that through prevention and intervention children stay or are unified with parents where it is appropriate to do so. This will involve working jointly with the parents to deliver support to help prevent children re-entering care and where they do, to continue to support the family while endeavouring to return the child home (where possible) and beyond the child's return.
- **Article 19: The right to be protected from being hurt or badly treated.** This article says that every child and young person must be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation, including sexual abuse, while in the care of parents, legal guardians or any other person who has care of the child. **Article 20 (Children unable to live with their family)** says that where a child cannot live with their family, we must provide protection, assistance and alternative care. **Article 34: The Government should protect children from sexual abuse** says that Governments must protect children from all forms of sexual abuse and exploitation. **Article 35: The Government should make sure that children are not abducted or sold** says that Governments must protect children from being abducted, sold or moved illegally to a different place in or outside their country for the purpose of exploitation. **Article 36: Children should be protected from any activities that could harm their development** says that Governments must protect children from all other forms of exploitation, for example the exploitation of children for political activities, by the media or for medical research. These articles link closely with the Strategy outcome – **Children and Young People Live in Safety and Stability**. The Strategy aims to secure a permanent stable home for looked after children as quickly as possible and in a way which best matches their individual needs and is in their best interests. It recognises the need for timely decision making to be balanced with robust and analytical assessment and planning to ensure the child's welfare remains central to all decisions and effective responses for those children and young people known to be exposed to higher levels of risk.
- **Article 24: The right to the best possible health** states that every child and young person should enjoy the best possible standard of physical health and mental well-being and have access to appropriate health care and support when they need it. **Article 23 (Children with a disability)** says that a child with a disability should have special care and support, so they can lead full and independent lives. These articles link closely with the Strategy outcome - **Children and Young People are physically and mentally healthy** which seeks to ensure a holistic approach to deliver real and lasting improvements in the physical, mental and emotional well-being of our children and young people. There are references to children and young people with additional needs throughout the Strategy.
- **Article 25: The right to review of treatment in care** states that if a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way in which they are cared for and their wider circumstances. This article links closely with the Strategy outcome -

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Children and Young People Live in a Society which respects their rights which recognises the importance of regular planning and review of the treatment of children and young people in care. The Strategy emphasises that the voices of children and young people are central to these processes for example, looked after children reviews; the development and implementation of the Personal Education and Learning Plans; and pathway to adult life planning and includes a number of commitments around enhancing these processes as well as strengthening the provision of advocacy services.

- **Article 27: The right to a good standard of living** states that children have a right to a standard of living that is good enough to meet their physical and mental needs and the Government should help families who cannot afford to provide this and **Article 24 states that every child and young person should be provided with a clean environment**. These link closely with the Strategy outcome '**Children and Young People Experience Economic and Environmental Well-Being**' which recognises the importance of such things as: effective multi-agency pathway planning; providing access to the right support at the right time (including practical, financial and emotional support); ensuring that every young person has somewhere safe and suitable to live; providing continuity and stability of living arrangements; and creating an environment that reduces risks and encourages more healthy lifestyles for our children and young people in keeping with key actions in the draft PfG aimed at improving and protecting our environment.
- **Article 28: The right to an education** and **Article 29: Goals of Education** state that every child and young person should have access to an education which will develop their personality, talents and abilities to their fullest potential. These articles link closely with the Strategy outcome '**Children and Young People Learn and Achieve**' which seeks to ensure that our children and young people achieve their full potential not only in relation to educational attainment, but also in wider measures of success including in their personal development, skills, positive destinations and pathways. The Strategy recognises that above all, our children and young people should have an enjoyable childhood experience with regard to learning and achieving.
- **Article 31: The right to leisure, play and culture** says that every child and young person should have the time, space and opportunity to enjoy rest and leisure; engage in play and recreational activities; and participate in cultural life and the arts. This links closely with the Strategy outcome '**Children and young people enjoy play and leisure**' which highlights the importance of play and leisure in the development of our children and young people and of working with our partners to provide opportunities for care-experienced young people to, for example, promote leadership capability; maximise potential; promote creative expression; facilitate socialising with peers and others and just to have fun and enjoyment through sport, leisure and culture opportunities.

Throughout the development of the Strategy there has also been ongoing cognisance of relevant considerations with respect to relevant articles of the United Nations Convention on Persons with Disabilities as they relate to our children and young people and these have also been articulated throughout the Strategy.

2.7. Has a UNCRC analysis been undertaken when developing the proposal?

Yes. The Strategy has been developed with a focus on the wellbeing of children and young people and child rights throughout. Our analysis took account of the Concluding Observations and Recommendations made by the UN Committee on the Rights of the Child in 2016 and concluded that the best option was to develop a new joint Health/Education Strategy to improve child's rights and deliver on the wellbeing outcomes outlined in the Children's Services Co-Operation (Northern

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| Ireland) Act 2015. |
| <p>2.8. What are the resource implications of the proposal? Resource requirements will be identified through development of the Implementation Plan. It is recognised that whilst some aspects will be cost neutral, or achieved by working differently, other proposals within the Strategy will require additional funding.</p> |
| <p>3. Gather <i>Pulling together relevant information and evidence</i></p> |
| <p>3.1. What relevant information or evidence is available internally? Relevant internal information and evidence has been referenced to inform the development of the Strategy, including::</p> <ul style="list-style-type: none">• Children & Young People’s Strategy 2019-2029: working together to improve the well-being of children and young people, and to achieve positive, long-lasting outcomes• <u>The Executive’s draft Programme for Government 2016-2021</u>• <u>Mid-Year Population Estimates for Northern Ireland (NISRA)</u>• <u>Looked After Children in Education, Key Statistics, DE</u>• NI school census, School Leavers, DE• <u>Children in Care in Northern Ireland, DoH</u>• <u>Children’s Social Care Statistics for Northern Ireland, DoH</u>• <u>Children Adopted from Care in Northern Ireland, DoH</u>• <u>Delegated Statutory Functions Returns, HSCB</u>• <u>Northern Ireland Care Leavers Statistics, DoH</u>• Making Life Better – a strategic framework for public health• https://www.health-ni.gov.uk/sites/default/files/publications/health/niccy-draft-action-plan.pdf• Northern Ireland Health and Social Care Workforce Census, DoH• Family and Child Care Programme of Care – Financial Trust Returns, DoH• Pupil Premium, DE• Northern Ireland Youth Justice Agency Annual Workload Statistics, DoJ <p>Details of the evidence used to inform the development of the Strategy consultation document are attached at Appendix One.</p> |
| <p>3.2. What relevant information or evidence is available externally? Relevant external information, evidence and research has been referenced to inform the development of the Strategy, including:</p> <ul style="list-style-type: none">• What children and young people with care experience have told us• <u>Concluding observations on the fifth periodic report of the United Kingdom of Great Britain and Northern Ireland</u>• <u>At Home in Care: Children living with birth parents on a Care Order, QUB November 2014</u>• <u>Our Life in Care Survey, VOYPIC 2013</u>• <u>UNCRC General Comment No. 12 (2009) on the Right of the Child to be Heard</u>• OECD report - Improving educational outcomes for Looked After Children in Northern Ireland (July 2016)• <u>A Guide to Children and GDPR (ICO, 2018)</u>• <u>Why am I in care? A model for Communication with Children about entry to Care that Promotes Psychological safety and adjustment, William Coman et al, 2016</u>• Statutory guidance for local authorities, clinical commissioning groups and NHS England (March 2015)• Over-representation of children with a disability in care, QUB, 2016• You Only Leave Once Transitions and Outcomes for Care Leavers with Mental Health and/or Intellectual Disabilities, Berni Kelly, QUB 2016• <u>Mind Your Health - The Physical and Mental Health of Looked After Children and Young people in Northern Ireland, Dominic McSherry, QUB, 2016</u>• ‘Still Waiting’ A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland, NICCY, 2018• Safe as Houses, VOYPIC, 2018• Making not Breaking: building relationships for our most vulnerable children – presented in the House of Commons on 30 April 2013 |

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| <ul style="list-style-type: none"> • From Care to Where? A care pathways and outcomes report for parents, Dominic McSherry et al, QUB, 2008 • Care planning in care proceedings: A case study perspective on achieving permanency, Dominic McSherry, QUB, 2006 • www.anewdirection.org.uk • 100% Employment Opportunities for NI Care Leavers • Child welfare inequalities in the four nations of the UK, Bywaters, P., Scourfield, J., Jones, C., Sparks, T., Elliott, M., Hooper, J., McCarten, C., Shapira, M., Bunting, L., Daniel, B. 2018. <p>Details of the evidence, information and research used to inform the development of the Strategy consultation document are attached at Appendix One.</p> |
| <p>3.3. Is further information or evidence required?</p> <p>Work is ongoing to develop indicators of success in relation to the Strategy outcomes; this work has been informed by the consultation with stakeholders and will involve identifying any gaps in information/data/evidence to be included within a data development agenda for the Strategy as necessary.</p> |
| <p>4. Consult <i>Asking children and young people and other stakeholders and experts for their views</i></p> |
| <p>4.1. Have children and young people or any stakeholders been consulted in the development of the proposal?</p> <p>There has been extensive engagement, consultation and co-production on the development of the Strategy. DoH commenced pre-consultation with key stakeholders in 2016/17, hosting a number of events and editorial discussions which included representatives from government departments, HSC and education officials. The views of children and young people were also sought through voluntary and community organisations. These views and those of a number of critical friends (i.e. NICCY, NIHRC, QUB and CLC) informed the development of the consultation document.</p> |
| <p>4.2. Is consultation necessary or appropriate?</p> <p>Yes – statutory requirement</p> |
| <p>4.3. If yes to above, who should be consulted?</p> <p>Those on NICS Departments’ consultee list and all other relevant stakeholders, specifically families, carers, care-experienced children and young people, social workers, education officials, HSC and Education Authority/teaching staff.</p> |
| <p>4.4. Should we consult particular groups of children and young people for their views?</p> <p>Yes – Looked after children and care-experienced young people have been consulted on the Strategy. This included children under 12 years’ old and older adolescents in care, care leavers and children with additional needs.</p> |
| <p>4.5. What format should the consultation take?</p> <p>It was agreed to collaborate with a range of stakeholders to seek their views in a wide range of environments and fora. This included:</p> <ul style="list-style-type: none"> • A public consultation between May and August 2018. Both Departments collaborated with Participation Network to commission two young people’s versions of the consultation document – one targeted at under 12s and one for over 12s. Opportunities were explored to maximise engagement with children and young people with care experience. This occurred through both general and targeted workshops. The following events took place: • 5 public events in each HSC Trust area – VOYPIC supported young leaders to attend and participate in these events; • Workshops facilitated by VOYPIC to capture the views of under 12s, adolescents and children with a disability; • Workshops facilitated by Fostering Network to capture the views of under 12s, adolescents and children with a disability; |

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- Workshops facilitated by Fostering Network to capture the views of foster carers;
- Questionnaire, play and survey work facilitated by VOYPIC to capture the views of children and young people outside of a workshop event;
- A discussion facilitated by Include Youth to capture the views of older adolescents, care leavers and those in the Juvenile Justice Centre;
- A discussion facilitated by Start 360 to capture the views of older adolescents and care leavers;
- A discussion facilitated by MACs to capture the views of older adolescents and care leavers;
- A discussion facilitated by Children in Northern Ireland to capture views of a variety of stakeholders.
- A co-production workshop facilitated by VOYPIC with children and young people to provide feedback to and seek their views during the final phase of development of the draft Strategy.

DoH/DE were represented at the majority of these events.

4.6. What questions should be asked?

<https://www.health-ni.gov.uk/sites/default/files/consultations/health/LAC-Consultation-Questionnaire.pdf>

Consultation Action Officer:

Elaine Laws on (DoH) and Angela Kane (DE)

Date consultation to be completed by:

Closing date for public consultation: 01/08/2018

5. Analyse

Assessing the proposal for its impact on children and young people's rights

5.1. What impact will or might the proposal have on the rights of children and young people?

The Strategy will positively impact children and young people in care and care leavers to improve their outcomes and help them achieve their full potential in line with their peers.

5.2. Will the rights of one group of children in particular be affected?

There is a disproportionate number of looked after children and young people who have a disability, and statistics also indicate that there is a greater prevalence of young parents within our care-experienced population in NI when compared with their non-care-experienced peers. In addition, there is an increasing number of Unaccompanied Asylum Seeking Children presenting to social care teams. The Strategy will assist in providing a renewed focus on these groups of children and young people.

5.3. Are there competing interests between the groups of children, or between children and other groups?

No

5.4. How does the proposal relate to, promote, or inhibit the provisions of the UNCRC, other relevant international treaties and standards, or domestic law?

The Strategy aims to encompass all the relevant legislation surrounding this group of children.

5.5. How does the proposal contribute to the achievement of regional goals for children and young people?

The Strategy will contribute to delivery of the regional outcomes set out within the Executive's **draft Programme for Government 2016-21 and the NICS Outcomes Delivery Plan (ODP)** including **Outcome 3** (We have a more equal society); **Outcome 4** (We enjoy long, healthy, active lives); **Outcome 6** (We have more people working in better jobs); **Outcome 8** (We care for others and we help those in need); and **Outcome 12** (We give our children and young people the best start in life). This is a particular group of vulnerable young people which have been identified as requiring additional support by the wider Children and Young People's Strategy.

The Strategy will also help to contribute to delivering on the recommendations made by the UN Committee on the Rights of the Child in its Concluding Observations in 2016, specifically in relation

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| <p>to children and young people in care in Northern Ireland, for example:</p> <ul style="list-style-type: none"> • Respect for the views of the child - the Strategy includes a proposal to establish a biennial survey to collect the views of children and young people in care, those who have left care and those responsible for their care to inform service improvement and achieve better outcomes for children, young people and carers; • Use of secure accommodation in Northern Ireland - the Strategy includes a proposal around the establishment of a Regional Joint Care and Justice Campus for young people with high end needs, supported by wider reform in children’s residential care, foster care, community juvenile justice and enhanced family support; • Use of restraint – the Strategy includes a proposal to implement a single, bespoke and integrated model of therapeutic care for looked after children in all five HSC Trusts. | |
| 5.6. | Is there disagreement as to the likely impact of the proposal on the rights of children and young people? No |
| 5.7. | Is the proposal the best way of achieving its aims, taking into account children’s rights? Yes |
| 5.8. | Has the do-nothing option been considered? Status Quo is to continue with current Strategy – Care Matters - which is now 11 years old. The OECD report - Improving educational outcomes for Looked After Children in Northern Ireland (July 2016) recommendations ratified the need for change and as a result do nothing is not a realistic option. |
| 5.9. | Can alternatives to the proposal be suggested? A refreshed implementation plan. The current strategy for looked after children and young people ‘Care Matters’ pre-dates the Children’s Services Co-Operation Act (NI) 2015 (CSCA). The new Strategy clearly articulates the updated strategic vision and commitment of Government and the other members of the Corporate Family to improving the well-being of care-experienced children and young people within the meaning of the wider Children and Young People’s Strategy and the CSCA. The new Strategy will provide a clear strategic direction for new commitments to action, building on earlier actions, existing good practices and emerging research and evidence as well as being aspirational in intent. |
| 5.10. | What compensatory measures may be needed to avoid/mitigate a negative impact? None – there will be no negative impact on looked after children and young people. |
| 5.11. | What overall impact will the proposal entail other policy areas or agendas, or other professionals or groups in their work with children? Links drawn between OGDs, PFG, IDPs and Community Planning Partnerships. |
| <p>6. Recommend <i>Drawing together conclusions and making recommendations</i></p> | |
| 6.1. | What overall conclusions have been reached? To develop a new Strategy and Implementation Plan encompassing a wide range of commitments to action across each of the outcome areas. |
| 6.2. | What recommendations should be made? The strategic direction is outlined in the narrative in the Strategy, along with the commitments to action which are also reflected in the Implementation Plan. |
| 6.3. | Who should be informed of the recommendations? Relevant stakeholders. |
| 6.4. | Does the assessment have any gaps in information, data collection or expertise? As set out previously, there is ongoing work to develop appropriate outcome based indicators of success in the development of Report Cards. We have a lack of information on children and young people from the LGBTQ community; during the development of the Strategy we did explore the |

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| <p>possibility of collecting more information around this group, but due to the sensitive nature of exchange of confidences, it is not possible to collate this information at present. We will also need to expand the dataset collected for care leavers aged 20 – 25. We intend to work closely with colleagues on the DE-led data development agenda under the wider Children and Young People’s Strategy to seek to obtain more information on these key areas.</p> | |
| <p>6.5. Is further research or consultation required? Ongoing research projects will continue to inform policy going forward. Where individual projects require further consultation, this will be conducted at the appropriate time.</p> | |
| <p>6.6. Are there any other relevant issues? None.</p> | |
| <p>7. Publicise <i>Making the results of the impact assessment known</i></p> | |
| <p>7.1. Should the assessment be made available publicly? If not, why not? The assessment will be published on the DoH and DE websites.</p> | |
| <p>7.2. If yes, in what formats? As above.</p> | |
| <p>7.3. Should particular individuals or groups be made aware of the assessment? As above.</p> | |
| <p>7.4. Has the assessment and additional feedback been provided to those consulted during the assessment process? A letter will issue at launch directing them to website.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8. Monitor <i>Monitoring and evaluating impact of the proposal</i></p> | |
| <p>8.1. Is follow-up evaluation/monitoring of the proposal and its implementation required? The Strategy is one of the delivery mechanisms for the wider Children and Young People’s Strategy under which there will be a requirement to report regular progress to the NICS Board, the Executive and the NI Assembly. Therefore progress on implementation of this Strategy will link with those reporting structures. Report Cards will outline outcomes and, where possible, existing Partnerships, Multi-Agency groups and working groups will be used to take forward commitments to action. It is also intended that there will be ongoing engagement with care-experienced children and young people during implementation, monitoring and evaluation stages and we will be involved in the DE-led Participation in Decision Making project for this purpose.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.2. Have the recommendations made as a result of the impact assessment been considered or acted upon? The draft Strategy was subject to formal consultation, and responses have been analysed and have informed the final version of the Strategy.</p> | |
| <p>8.3. Should the progress of the proposal be monitored? Monitoring will be completed through regular Report Cards and appropriate oversight structures for implementation and monitoring will be established (building on existing mechanisms). We will also explore the most effective mechanisms for engaging with children and young people during monitoring and evaluation stages.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.4. Should the implementation of the proposal be monitored? Implementation will be monitored through the Report Cards and oversight structures for implementation and monitoring will be established (building on existing mechanisms). We will also explore the most effective mechanisms for engaging with children and young people during monitoring and evaluation stages.</p> | <p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p> |
| <p>8.5. Is research required to assess the proposal’s impact on children once implemented? The information obtained from the Report Cards will inform on the impact of the Strategy in addition to results from proposed surveys.</p> | <p><input type="checkbox"/> Yes</p> |

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| | <input checked="" type="checkbox"/> No |
| 8.6. As a result of monitoring of the proposal, are further recommendations required? There needs to be flexibility to roll forward or review the Implementation Plan as new pressures or evidence emerge. | |
| 8.7. Who should be informed of the recommendations? Relevant stakeholders involved in the implementation phase will be kept informed on a regular basis through progress reports. | |
| Children's Rights Impact Assessment by: Jenny Mahood, DoH | Date of CRIA: 17.06.20 |
| Reviewed by: Elaine Lawson, DoH and Angela Kane, DE | Date of review: 23.06.20 |

EVIDENCE BASE USED TO INFORM DEVELOPMENT OF CONSULTATION DOCUMENT

OUTCOME 1

LIVING IN A SOCIETY WHICH RESPECTS THEIR RIGHTS

[ARTICLES 12 AND 42 OF THE UNCRC]

What Children & Young People said/asked

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

What others said

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

What we know

Sources

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

OUTCOME 2

LIVING IN A SOCIETY IN WHICH EQUALITY OF OPPORTUNITY AND GOOD RELATIONS ARE PROMOTED BETWEEN PERSONS WHO SHARE A RELEVANT CHARACTERISTIC AND PERSONS WHO DO NOT SHARE THAT CHARACTERISTIC

[ARTICLE 2 OF THE UNCRC]

What Children & Young People said/asked

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

What we know

Sources

For those who had been in care for 12 months or longer in 2015/16¹:

- 54% of looked after children in Year 12 in Northern Ireland attained 5 or more A* - C or equivalent GCSEs², compared to 83% of the general school population
- 25% of school aged children have special educational needs, compared to 5% of the general school population
- 14% have a disability, with 70% of these having a learning disability
- 6% of those aged 10 years or older were cautioned or convicted of an offence compared to 5% of looked after children in England, and
- 3% were identified as having a substance misuse problem, rising to 15% of those aged 16 years and over
- 95% were of white ethnic background, 1% were Irish or Roma Travellers, 1% were black and 3% were of other, mixed, or not known ethnic backgrounds

¹ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

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

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Research

- A child who has experienced multiple Adverse Childhood Experiences (ACE's) is at higher risk of entering care. The need to consider the economic impact of families experiencing multiple adversities has been argued recently by Barclays Wealth (2011) who stated that: 'not only are these families costly to support in the short term, they also carry a high future cost, because growing up in a family with these problems compromises children's futures. It places them at risk of going into care, youth offending, poor mental health, substance abuse, low qualifications and unemployment – problems that are themselves very costly. The relationship between parental disadvantages and children's difficulties is clear: Children from families experiencing five or more disadvantages are eight times as likely to be suspended or excluded from school and ten times as likely to be in trouble with the police' (p 16)³

³ Families experiencing multiple adversities: A literature review, [Barnardo's 2014](#) (NSPCC, QUB, NCB)

OUTCOME 3

PHYSICAL AND MENTAL HEALTH

[ARTICLES 23 AND 24 OF THE UNCRC]

What Children and Young People said/asked

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

What we know

Sources

- 99% of children looked after for 12 months or longer had their immunisations up to date; and 97% had their teeth checked, in the last year (2015/16)⁴
- 41% of looked after children surveyed worried about their health;(CASI, 2013)
- 84% of looked after children surveyed rated their diets as good (CASI, 2013)
- There were 9,576 episodes of short term care provided to 1,184 Disabled Children in 2016/17⁵
- 18 looked after children were accommodated for 3 months or more in a hospital during 2016/17⁵
- 11 looked after children were awaiting assessment or treatment with CAMHS at 31 March 2017⁵
- 97 referrals were made to the In-Reach CAHMS Service at Woodlands during 2016/17, of which 44 (45%) were for Looked After Children. The 44 referrals related to 29 individual children⁶
- 315 children were referred to Therapeutic Services for looked after and adopted children during 2016/17⁵
- 324 of the 1,467 (22%) young people subject to Leaving Care Act (aged 16- 21+) were waiting for or receiving mental health interventions/services⁵
- 5% of children aged 16 or less had their day to day activities limited by a long term health problem or disability (Census 2011): at 31 March 2017, 11% of all

⁴ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

⁵ Delegated Statutory Functions Report 2016/17

⁶ 'In Reach' CAHMS Service

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looked after children were recorded as having a disability and over half of these had a learning disability⁷

Research

- Making Life Better (MLB) – the Executive’s strategic framework for public health aims to improve health and reduce health inequalities and its vision is that “all people are enabled and supported in achieving their full health and wellbeing potential”. MLB reflects the evidence that social, economic and environmental issues affect people’s health more than individual behaviours and clinical services. It emphasises the inter-connectedness of many policies and programmes, their impact on health and wellbeing, and the need for collaboration to achieve mutual benefits. The framework is structured around 6 themes, including Giving Every Child the Best Start. The Support for Parents and Early Intervention Transformation Programmes are Delivering Social Change programmes which contribute to this theme⁸
- 374 children who were under 5 years old and in care in NI at 31/03/2000 had experienced childhood adversities which included parent/s’ alcohol abuse (69%) and substance abuse (42%)⁹
- Behavioural and mental/emotional health problems were found to be the most common health issues suffered by looked after children and young people, with 40% having been diagnosed with behavioural problems, 35% with emotional problems, and 21% with depression or anxiety. In addition, nearly one third of looked after children and young people surveyed were believed to suffer from a long-standing illness and/or disability¹⁰
- A child’s environment and experiences play a crucial role in their early learning, with access to the highest-quality childcare crucial to support their early development, in the context that more and more young children are spending at least part of their day at nursery¹¹
- Neglect and substance misuse in particular by care givers have a profoundly negative impact on children. Children who have been neglected or who have been unable to form a healthy emotional attachment with their primary care givers are likely to continue to present with attachment issues¹²
- As a result of their early childhood experiences, some children and young people suffer or develop ill-health into adulthood, particularly in respect of mental health

⁷ [Children’s Social Care Statistics for Northern Ireland 2016/17](#)

⁸ [Making Life Better - A Whole System Strategic Framework for Public Health 2013-2023](#)

⁹ [McSherry, D. \(2008\) From Care to Where The Care Pathways and Outcomes Study, QUB](#)

¹⁰ [McSherry, D. \(2015\) Mind Your Health - The Physical and Mental Health of Looked After Children and Young People in Northern Ireland, QUB, 2015](#)

¹¹ [Save The Children - Lighting up Young Brains 2016](#)

¹² [Children’s attachment: attachment in Children and Young People who are Adopted from Care, in Care or at High risk of going into Care, NICE Guidance \(2015\)](#)

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and addiction issues and a high proportion have poor outcomes in this respect after leaving care¹³

- Emotional well-being is enhanced by forming new friendships with young people and sharing experience in care, minimising feelings of isolation. Keeping in regular contact with family, if this is in the child and young person's best interest, will also strengthen emotional wellbeing¹⁰
- Disabled children and young people are over-represented in the child protection and public care system¹⁴
- Disabled children are less likely to return home, more likely to experience delays in adoption, and more likely to live in specialist residential placements due to difficulties in recruiting foster carers for disabled children¹⁴
- Continued support for birth parents working towards reunification with their children; prompt diagnosis and early intervention; access to therapeutic counselling or advocacy services; and inclusion of disabled children perspectives in decisions affecting their lives are all very important¹⁵
- Access to disability and mental health services should be based on need rather than level of impairment or diagnosis¹⁴
- Disabled children who had high levels of placement change, were less likely to access family based placements and less likely to participate in decisions affecting their lives or reviews of care placements¹⁴
- There are four themes which need to be strengthened in order to deliver more effective services to disabled young people leaving care. These are: recognition & rights; extended care & transitions; improved pathways to adult services; and co-operation & corporate parenting¹⁶
- There is a need for more phased transitions from care (especially residential care) and the greater range of post-care accommodation options and support service options¹⁵
- Pathway planning for children and young people with disabilities needs to be carried out in conjunction with schools and adult services the young people will eventually transition to. This should commence well in advance of their eighteenth birthday to assure the young person and their carer of a seamless transition. Staff (from any agency) who support these children and young people should have the appropriate skills to identify and meet identified needs¹⁵
- Children in residential care had a much more negative health profile than those in foster or kinship care¹⁷

¹³ <http://www.voypic.org/publications/research-policy-reports> CASI, 2013

¹⁴ [QUB research Report: Over-representation of children with a disability in care \(2016\)](#)

¹⁵ [Disabled Children and Young People in Out-of-Home Care Summary Report](#)

¹⁶ [You Only Leave Once Transitions and Outcomes for Care Leavers with Mental Health and / or Intellectual Disabilities, Berni Kelly, QUB 2016](#)

¹⁷ [Mc Sherry D, Mind Your Health -The Physical and Mental Health of Looked After Children and Young people in Northern Ireland \(QUB, 2016\)](#)

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Practice

- The health of a looked after child is kept under review in accordance with Regulations¹⁸. This involves an examination by a medical practitioner conducted every year (twice a year for under-fives). In some cases this is restricted to physical health. If a looked after child finds this intrusive or uncomfortable, and in the child's view unnecessary, he or she has the right to refuse such an examination (if considered competent to make this decision)
- There are difficulties finding placements for children with disabilities, once a permanence plan for long-term foster care or adoption has been agreed
- There are many children with a disability, whose families are provided with short term support for more than 24 hours, who become looked after children as a result of receiving this support. Some parents of disabled children take exception to their children having to assume looked after child status during their periods of short term care
- Parental concerns about short breaks are shared by many professionals, who consider that short break arrangements could be made in the context of family support and outside of the statutory looked after system. Others raised concerns about the extent to which short breaks were being used in some cases, resulting in lengthy periods away from their birth families. Some of these children were deemed to be on the edge of care and some professionals were of the view that they actually required a formal shared care arrangement
- There can be difficulties accessing specialist services (such as paediatrics or CAMHS and Allied Health Professionals) due to longer waiting times for assessment, lack of local services, lack of information or age restrictions
- A regional CAMHS Model (the stepped model) is being implemented to improve services and ensure consistent provision. The model is underpinned by a number of guiding principles, including: family centred care; a focus on early intervention; and the provision of recovery and wrap-around care
- All HSC Trusts have a looked after children therapeutic service in place, staffed by experienced and specialist staff
- Access to CAMHS is based on clinical need
- The Mental Capacity Act (NI) 2016 (which relates to all health not just mental health) amends the Mental Health (NI) Order 2006 to introduce safeguards for children under 16, including a best interests principle, which provides that the views of the child must be taken into account; and a duty to make an independent advocate available to support children admitted to hospital for mental health treatment
- The Mental Capacity Act (NI) 2016 does not change the law with regard to parents' ability to give consent for the care, treatment or personal welfare of their 16 and 17 year old children. For looked after children, this means the HSC Trust,

¹⁸ [Regulation 6 and Schedule 3 to the Review of Children's Case's Regulations \(NI\) 1996](#)

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as corporate parent, will make a decision in the best interests of the child (or will do so in collaboration with the birth parents in cases of those young people who are voluntarily accommodated)

- The PHA uses the Child Health System (CHS) to record data relating to the health of every child in the north of Ireland, including immunisation data. The CHS has been further enhanced to flag looked after children. The purpose of flagging is to ensure their physical development and emotional and mental health wellbeing is being monitored. This will enable the assessment of service provision and what future support for looked after children is likely to be most effective
- There is existing work within education to promote positive mental health and well-being through the i-Matter programme, Safe talk and other programmes.

OUTCOME 4

LIVING IN SAFETY AND WITH STABILITY [ARTICLES 19 AND 20 OF THE UNCRC]

What Children and Young People said / asked

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

What Others said

Foster Carers

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

What we know

Sources

Supportive Relationships

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

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Placement Moves

- 19% of children looked after for 12 months or longer experienced a placement move at least once during the year ending 30 September 2016, with 2% having 3 or more moves¹⁹
- Of these, 50% of the latest moves were planned, 42% were due to placement breakdown and 8% were as a result of 'other' reasons¹⁹
- For school aged children, one in five placement changes also resulted in a change of school¹⁹
- During the 2015/16 school year, 7% of looked after children changed school at least once¹⁹

At 31 March 2017²⁰

Children's Homes

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

Kinship Foster Care

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

Non-Kinship Foster Care

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

Placed at Home with Parents

¹⁹ [Children in Care in Northern Ireland Statistical Bulletin 2015/16](#)

²⁰ Delegated Statutory Functions Report

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

Adopted from Care

- During the five year period 2013-2017, 458 children were adopted from care²¹;

Care Leavers

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

Safety and Rights

- 5% of looked after children were on the Child Protection Register (50% of whom were in the 0-4 age group)
- 121 young people aged 12 or over had been formally cautioned or convicted during 2015/16
- 58 children were notified to the Police as missing from placement for more than 24 hours
- The average number of weeks for care order proceedings to conclude in 2014/15 was 45.9 weeks in the Family Proceedings Court (FPC), 57.2 weeks in the Family Care Centres (FCC) and 83.3 weeks in the High Court²²

Research

- The Our Life in Care survey of children and young people in care shows that they want to experience positive, stable and supportive relationships; with the most important issue being contact
- An OFSTED survey²³ in England of children and young people in children's homes or foster care found that the children and young people identified five key themes, which were important to them: feeling safe and looked after; having staff who put them first; feeling like part of a foster family; having fun things to do and good food to eat; independence, responsibility and having a say
- The Care Inquiry, Making not Breaking²⁴ found that the relationships with people who care for and about children are the golden thread in children's lives, and that the quality of a child's relationships is the lens through which we should view what we do and plan to do

²¹ [Children Adopted from Care in Northern Ireland 2016/17](#)

²² Figures provided by NI Courts & Tribunal Service

²³ [Ofsted children's social care questionnaire 2015: what children told us](#)

²⁴ [Making not Breaking: building relationships for our most vulnerable children – presented in the House of Commons on 30 April 2013](#)

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- In order to feel psychologically safe, one must have trusted relationships and live somewhere they feel cared for. This is essential as research²⁵ tells us that permanency and well-being cannot fully happen if the child does not feel safe first.
- A study²⁶ found that:
“delegated authority was a confusing concept, and there appeared to be a wide variety of practice with some carers unsure of the decisions they could take, others having some authorisation to sign off certain things, and others who had to constantly refer to social workers and birth parents”

Practice

- The issues identified by social workers getting in the way of them building meaningful relationships with children include: high caseloads; insufficient time for training and development; bureaucracy; the need for training and development to be shaped and informed by practical research and by what children and their carers tell us works and what does not; and access to services (support, information and advice) beyond 9am to 5pm
- Through the VOYPIC Hear our Voice initiative, children and young people raised concerns about the number of visitors to the children’s home and the number of changes to ‘live in staff’ with little notification
- Looked after children and young people consider it important that they are prepared for the arrival of other looked after children in their homes
- Timely decisions about permanence are needed as the age of the child at entry into care, has been consistently found to be associated with the stability of placements and children’s well-being²⁷
- The Department of Health guidance on Delegated Authority to Foster Carers in Northern Ireland sets out what HSC Trusts consider when determining what authority to delegate to foster carers, including kinship and short term carers so that they can provide the child with a normal family experience. The extent of the delegation will vary depending on the type of placement, the child’s legal status, the views of the child and their parents, and the experience of the foster carers
- Particular challenges identified faced by kinship carers include: health-related issues (given the % of children who live with grandparents); high levels of stress particularly at the start of the kinship placement; and the need for practical, emotional and short-term support²⁸

²⁵ [Understanding Permanence for Looked After Children, Boddy 2013](#)

²⁶ [Mc Sherry D, Mind Your Health - The Physical and Mental Health of Looked After Children and Young people in Northern Ireland \(QUB, 2016\)](#)

²⁷ [The impacts of abuse and neglect on children; and comparison of different placement options \(Department of Education \(England\)\), March 2017](#)

²⁸ [Hearing the Voice of the Kinship Foster Carer in NI, 2015](#)

OUTCOME 5

LEARNING AND ACHIEVING

[ARTICLES 28 AND 29 OF THE UNCRC]

What Children and Young People said/asked

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

What we know

Sources

Of the children looked after continuously for 12 months or longer in 2015/16²⁹:

- Of those looked after children of compulsory school age, 89% had a Personal Education Plan
- 25% of the children were covered by a statement of Special Educational Need (SEN) compared to 5% for the general school population; Of these 58% were related to learning or severe learning disability
- 8% of children looked after suspended, compared with 1.1% of the general school population indicating that Looked After Children were seven times more likely to be suspended from school³⁰

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

³⁰ [Pupil suspensions and expulsion, Department of Education Northern Ireland 2014/15](#)

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Primary School³¹

- Key stage 1: 78% of looked after children attained Level 2 English or above (2015/16), compared with 88% of the general school population and 78% of looked after children attained Level 2 Maths or above (2015/16), compared with 88% of the general school population
- Key stage 2: 44% of looked after children attained Level 4 English or above (2015/16), compared with 78% of the general school population and 44% of looked after children attained Level 4 Maths or above (2015/16), compared with 79% of the general school population
- Key stage 3: 40% of looked after children attained Level 5 English or above (2015/16), compared with 78% of the general school population and 39% of looked after children attained Level 5 Maths or above (2015/16), compared with 79% of the general school population
- Compared with the general population, fewer looked after children attending Primary School missed 25 or more school days (3%) than the general school population (5%)

Post Primary School

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

Non mainstream

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

Research

- The early years are critical to children's outcomes and later life chances. The years from conception, through birth, from the home learning environment to

³¹ Key Stage 1 is Primary 1 to Primary 4; Key Stage 2 is Primary 5 to Primary 7. Key Stage 3 is from Year 8 to Year 10, Key Stage 4 is Years 11 and 12.

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early years' provision and transition to primary school are critical to the cognitive, emotional, social and physical growth of children³²

- Whilst some looked after children do well at school, too many do not and their educational outcomes tend to fall significantly below those of the general school population with a significant performance gap first appearing at Key Stage 2 level and continuing through to GCSE and A-level. These educational outcomes can be a strong predictor of later life chances, for example, a gateway to progression to further study, training or employment³¹
- The OECD cite the key drivers of poor outcomes as low responsiveness, instability and low expectations³³
- The challenges faced by looked after children are significant, as evidenced in the earlier section on physical and mental health. It is also acknowledged that many children entering into care are educationally behind their peers in the general school population because of their early childhood experiences³¹
- Recent research also confirms that more emphasis should also be placed on prevention, such as targeting supports at families and parents whose children may be on the edge of care and early intervention to ascertain and respond to the emotional need of young children entering care³¹

³² Reflections from "[Promoting the health and well-being of looked-after children, March 2015, Department of Health, Department of Education;](#)

[Achieving emotional wellbeing for looked after children - A whole system approach" - By Louise Bazalgette, Tom Rahilly and Grace Trevelyan - June 2015, NSPCC\)](#)

³³ [Northern Ireland \(United Kingdom\): Implementing Joined-Up Governance for a Common Purpose, OECD 2016](#)

OUTCOME 6

PLAY AND LEISURE

[ARTICLE 31 OF THE UNCRC]

What Children and Young People said/asked

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

What We Know

Research

- The evidence base shows that participation in play, leisure, arts and cultural activities makes a positive contribution to the mental, emotional, social and physical wellbeing of children and young people, therefore the benefits contribute to positive health and education outcomes³⁴

Practice

- PE is a compulsory part of the curriculum for all pupils at every key stage, from age four to 16. It is up to schools to determine how much time is devoted to PE in the curriculum but departmental guidance recommends that they should provide pupils with a minimum of two hours curricular PE per week³⁵

³⁴ [Gill, Tim \(2014\) The Play Return: A review of the wider impact of play initiatives](#)

³⁵ [Department of Education Statutory Curriculum](#)

OUTCOME 7

ECONOMIC AND ENVIRONMENTAL WELL-BEING

[ARTICLES 24 AND 27 OF THE UNCRC]

What Looked After Children said

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

What others said

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

What we know

Sources

In 2015/16:

- 44% of looked after children come from the most deprived areas in Northern Ireland
- 85% of young people (still in care but eligible to access care leaver's services) were in Education, Training or Employment
- Of young people who had left care aged 16-18 and whose activity was known, 73% were in Education, Training or Employment
- 63% were in education or training
- 11% were unemployed with 10% in employment
- 16% were economically inactive due to caring responsibilities or sickness/disability
- 67% of care leavers aged 16-18 had GCSEs or other qualifications at the time of leaving care
- the proportion of care leavers obtaining 5 GCSE's (A*-C) or higher was 21%. Although not directly comparable, this still remains much lower than for school leavers as a whole (81%).
- 289 young people were awaiting the appointment of a personal advisor
- 26% of care leavers were living with their former foster carers through the GEM scheme.
- 19% of all care leavers aged 19 were parents

OUTCOME 8

CONTRIBUTING POSITIVELY TO COMMUNITY AND SOCIETY

[ARTICLE 12 OF THE UNCRC]

What Children and Young People said/asked

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

What others said

Social Workers:

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

What we know

Sources

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

- 14% of children looked after for 12 months or longer have a disability
- 44% of children in care came from the 20% most deprived areas within Northern Ireland
- 5% of children originated from the 20% least deprived areas
- 13 young people in care had one or more dependent children, the majority of young people were female and most were aged 16+
- 97 referrals were made to the In-Reach CAMHS Service at Woodlands during 2016/17, of which 44 (45%) were for Looked After Children. The 44 referrals related to 29 individual children³⁶.

³⁶ "In-Reach" CAMHS Service

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In 2015/16, in relation to youth offending:

- 36% of sentence transactions involved young people in care (16% subject to a care order and 20% voluntary accommodated)³⁷

Research

- We know that disabled children and young people and their families can experience significant marginalisation and isolation within communities. A joint QUB/PHA report, *Improving the Well Being of Disabled Young People*³⁸, identified opportunities for social participation as a key factor in contributing to increased well-being for disabled adolescents and their families

Practice

- Under the Police and Criminal Evidence (Northern Ireland) Order 1989 (PACE), when a child or young person is charged with an offence and bail cannot be granted, or no place of safety can be secured, s/he can be held in custody pending a court appearance especially for young people in residential care, where the PSNI are often called to respond to issues that would not have warranted police intervention in the general community. Young people who live in residential care may be held in custody because of the lack of an appropriate bail address³⁹

³⁷ [Youth Justice Agency Statistics 2015/16 30 September 2016](#)

³⁸ [Improving the Well-being of Disabled Young People March 2016](#)

³⁹ [A Review of the Youth Justice System in Northern Ireland](#)