

Service Framework Unit
DHSSPS
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Dear Colleague

Thank you for giving the Office of the Northern Ireland Commissioner for Children and Young People (NICCY) the opportunity to respond to the consultation on the Service Framework for Children and Young People. As set out in legislation, it is the role of the Northern Ireland Commissioner for Children and Young People to safeguard and promote the rights and best interests of children and young people across Northern Ireland and to have specific regard for the UN Convention on the Rights of the Child.

NICCY welcomes this review of the service framework for children and young people, as would be the case in respect of any initiative aimed at improving the quality of health and social care services for children and young people. The UN Committee on the Rights of the Child is very clear that accountability is at the centre of the enjoyment of children's rights to health/healthcare provision; service frameworks, such as this, form a core part of a State's accountability mechanism¹. Please note that this response is not intended to be an in-depth analysis of individual standards, rather as the statutory body established to safeguard and promote children's and young people's rights, this response has focused on the proposed framework from a 'child rights' perspective. Furthermore, whilst the work of the Office is concerned with the provisions for all children and young people, the needs and circumstances of vulnerable children and young people are a particular priority and therefore this work is of specific interest from this regard.

Reference to, and reflection of, Rights within the Service Standard

As a signatory to the United Nations Convention of the Rights of the Child (UNCRC) the UK State Party, which includes the Northern Ireland Government as a devolved administration, has agreed to uphold the rights of children and young people based on the Convention. In line with the NI Government's responsibility for realising these rights within legislation, policy and

¹ General Comment 15: Rights of the child to the enjoyment of the highest attainable standard of health

http://tbinternet.ohchr.org/_layouts/treatybodyexternal/TBSearch.aspx?Lang=en&TreatyID=5&DocTypeID=11

practice, we would like to see greater evidence of how children's rights have been considered and reflected in the standards. This could, for example, include providing reference to or listing of relevant articles of the UNCRC, and other human rights instruments, against each of the 7 sections of Framework. With regard to the UNCRC, Article 24 enshrines children and young people's right to the best possible health and therefore is a principle which is relevant to all the standards listed within the service framework. The Convention recognises the inter-dependence and equal importance of other rights in realising a child's rights to health, in particular, the Convention reminds State parties that health is necessary for the enjoyment of other rights and equally that health is dependent on the realisation of other rights².

A set of Generic Standards which are relevant to the whole framework are welcome. However, although 'involvement', 'communication' and 'independent advocacy' are included, inferring that the views of the child will be heard and facilitated, this could be more clearly set out as a discrete overarching standard. We recommend that a Standard more in keeping with the wording from Article 12 of the UNCRC would be more effective as it refers to facilitating the child's right to have their voice heard on all aspects of their health and wellbeing in accordance with their age and maturity. Moreover, we recommend that all four general principles of the UNCRC should be incorporated as part of the Generic Standard i.e.

- Article 2 protection from discrimination in relation to the realisation of children's rights
- Article 3 the 'best interest' of the child as a basis for all decision making with regard to providing, withholding or terminating treatment for all children;
- Article 6 the inherent right to life, survival and development; and
- Article 12 the importance of facilitating a child to have their voice heard on all aspects of their health provisions in accordance with their age and maturity.

Furthermore, independent advocacy is vital as an overarching standard for this framework, however, we note the absence of specific reference to research on advocacy for children and young people which we would have expected to be taken into account when developing the standard. Given the person centred principle attached to this Framework, the needs of children and young people regarding advocacy should be carefully considered. In addition, we are disappointed about the choice of key performance indicators and anticipated performance levels associated with the standard. Key performance indicators we would expect to see is the % of children and young people being offered and % of children and young people provided with advocacy support and the type of model applied.

We note that in particular, equality of opportunity and non-discrimination are not afforded the same degree of attention in this draft Children and Young People's Service Framework as they are in the Service Framework for Older People³. The Older Person's Framework has a specific standard called 'Equality of Opportunity and Eliminating Discrimination'

² Ibid.

³ http://www.dhsspsni.gov.uk/service_framework_for_older_people-2.pdf

which states that all older people should expect the same opportunity of access to assessment, care and treatment as other users of health and social care services. This is an equally critical standard for children and young people who are also users of health and social care services and who are also at risk of age discrimination⁴. For this reason, NICCY recommends that specific reference is made to equality of opportunity and non-discrimination for children and young within the Generic Standards.

Furthermore, there is scope for referencing other Articles of the UNCRC against specific standards; examples are listed in the table below.

Section of the Service Standard	UNCRC Article	
6 and 7	23	<p>Article 23 (Children with disabilities): Children who have any kind of disability have the right to special care and support, as well as all the other rights in the Convention, so that they can live full and independent lives.</p> <p>NB: These sections are also relevant to, and should be 'informed by, the UN Convention on the Rights of Persons with a Disability (UNCRPD)</p>
9	20 and 22	<p>Article 20 (Children deprived of family environment): Children who cannot be looked after by their own family have a right to special care and must be looked after properly, by people who respect their ethnic group, religion, culture and language.</p> <p>Article 22 (Refugee children): Children have the right to special protection and help if they are refugees (if they have been forced to leave their home and live in another country), as well as all the other rights in this Convention.</p>

We understand from the consultation that physical activity, healthy eating, smoking prevention and cessation, alcohol and palliative care are not included in the service framework because they are aimed at adults, and that alternative standards are included that cover these underlying themes (pg 51). In the interests of clarity and transparency it is recommended that the final framework references which standards or 'alternative mechanisms' will be used to address these important determinants of health for children and young people.

Greater Visibility of Linkages with Overarching Government Strategy

Due to the overarching strategic vision for health and social care set out through key Government policies such as the Paediatric Review of Care, TYC and Quality 2020, it would be expected that references and strong linkages be made between the service standards and these key strategic documents⁵, as infrastructure, policies and programmes must be in place

⁴ <http://www.niccy.org/age-discrimination-gfs>

⁵ A review of paediatric health care services provided in the hospital and in the community <http://www.dhsspsni.gov.uk/p-consultation-document.pdf>

to ensure the standards can be implemented effectively. It is useful that each of the standards set out the main broad stakeholder groups who will be responsible for implementing and delivering on each standard. It is also important that awareness of, and training on, the Standards is fully disseminated to frontline professionals directly delivering services.

Establishing Meaningful Performance Indicators and Monitoring Arrangements

Service standards are a very useful guide for setting out what the system expects of itself in terms of delivery for its service users / clients. We are pleased that each standard will be supported by performance indicators, however, it is important to identify the most appropriate key performance indicator, as it will be this which will be used to gauge whether the standard is being achieved. It is therefore critical that indicators specific to expected outcomes for children and young people are used and not those for the general population. In addition, where a standard is relevant to children and young people across the life course, data should be disaggregated by e.g. age, sex, disability, geographic location / Trust Area etc. The Committee on the Rights of the Child recommends this approach in order to ensure that health services are meeting the needs of 'all' children (CRC General Comment 15). Equally, all data should be accurate, up to date and relevant to children and young people in Northern Ireland. There are examples of research/policy analysis which have identified shortcomings in availability of relevant, accurate, disaggregated NI-based data⁶. Any potential gaps in existing evidence need to be addressed at the earliest possible stage.

Although it is understood from the foreword to the document that each Standard will be supported by levels of expected performance over 3 years, we note that specific data sources or measurement tools have not been identified for all key performance indicators within the service framework. In support of transparency and accountability, and in order to manage the process for implementing the service standards, it is important for timeframes to be set as to when baseline performance levels will be established, and to have a clear monitoring and evaluation process clearly laid out. We would also be interested to know what steps will be taken where anticipated performance levels are not being achieved.

Engagement of Service Users and Guardians in Development, Review and Refinement of Standards

We understand that a wide range of stakeholders were involved in the development of this Framework, and would appreciate further information on the steps the Department made to consult and involve children and young people, including how their views and experiences have informed it. Furthermore, it is welcome that the Service Framework will be subject to

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http://www.niassembly.gov.uk/globalassets/documents/raise/publications/2014/employment_learning/5014.pdf

http://www.niassembly.gov.uk/globalassets/documents/raise/knowledge_exchange/briefing_papers/monteith.pdf

regular review and refinement. In line with Article 12 of the UNCRC we expect that this will include direct engagement with children and young people and their families / guardians. Where performance indicators or targets are being reviewed or adjusted due to changes to available resources, (as outlined under the 'Affordability' section of the consultation document- page 47) it is particularly important to ensure that service users and primary carers are consulted. In further support of accountability and transparency we would suggest that standards which require additional funding to progress, should be marked on the framework document, or set out in an accompanying document. Whilst recognising the particular financial challenges faced by the Northern Ireland Government, children's and young people's wellbeing should be a clear and singular priority, irrespective of funding reductions.

Effective Leadership and Inter agency working

Effective leadership at senior, clinical and managerial level is critical to the implementation of the framework, as is the involvement of statutory health professionals at primary, community and secondary levels, as well as the voluntary and community sector. For such a complex multi-stakeholder model to work it will be very important to ensure that each delivery partner is clear about the role they have in implementing a standard and contributing towards an anticipated performance output. Effective implementation of standards will require positive, collaborative working across department and agencies, and will be particularly important for the service experienced and care provided by the most vulnerable children and young people who have a range of long term health and social care needs e.g. those involved with the criminal justice system, those with long term and complex care needs, separated children etc. The successful implementation of the Children's Services Co-operation Bill currently progressing through the Assembly is particularly relevant in this regard, as it proposes to place a statutory duty on Government Departments to co-operate on the delivery of children's services.

New Statutory Duty to offer 'Independent Guardians' for Separated Children

NICCY has provided a number of pieces of advice since 2011 with respect to consultations on the Standard for Children in Special Circumstances. On two occasions we raised concerns about the grouping of homeless and unaccompanied asylum seeking children (UASC) within the one standard, and the fact that distinctive performance indicators were likely to be required for each group. Our reservations around this categorisation remain, however, we note that the DHSSPS has decided to keep this grouping as it is, under Standard 30.

With respect to separated children in the areas of immigration and trafficking, we would strongly suggest that this standard is reviewed in light of the new statutory duty to provide independent guardians to child victims of trafficking and separated children through the Human Trafficking and Exploitation Act⁷, and related developments such as the establishment of the Regional Practice Network for Separated Children, the review of the Regional Guidance for Statutory Professionals- Pathways for Safeguarding and Promoting the Welfare of Separated /

⁷ Human Trafficking and Exploitation (Criminal Justice and Support for Victims) Act (Northern Ireland) 2015. The Guardianship provision sits under Section 3 Assistance and Support Clause (21) <http://www.legislation.gov.uk/nia/2015/2/contents/enacted>.

Unaccompanied Children, 2013 and the establishment of the reception and assessment facility at Glenmona Resource Centre. For example, we would expect 'the percentage of separated children referred to the independent guardian' as a key performance indicator. We would also suggest that the anticipated performance level is raised to 100% if it is intended that this refers to the number of eligible children and young people that are referred to the guardianship service. The Law Centre (NI) offers a specialist immigration and human trafficking advice and representation service which hold relevant data that should be referenced as a data source.

Extent of Research Referenced

There are a number of research reports produced by NICCY which do not seem to be referenced as part of the evidence base for some of the standards, and which we would have expected to see listed, as they are NI specific pieces of work on children and young people's issues. We would ask that in the review of these standards, and during the preparation of future frameworks for children and young people that careful account is taken of relevant research conducted by NICCY. We have noted some obvious omissions below, with reference to the standard to which we believe they are relevant. In particular, there are a number of very recent publications released on good practice for separated children which we believe should be considered before finalising section 9.

Section of the Service Standard		Examples of Relevant NICCY Research
Section 3	Standards for Generics	<p>KPMG- 'Who speaks for us?' Review of Advocacy Arrangements for Disabled Children and Young People with Complex Needs http://www.niccy.org/uploaded_docs/test/Who%20speaks%20for%20us%20NICCY0advocacy%20report.pdf</p> <p>Examples of advocacy provision http://www.barnardos.org.uk/what we do/our work/advocacy.htm</p> <p>https://www.mencap.org.uk/our-services/personal-support-services/advocacy</p>
Section 9	Standards for Children in Special Circumstances	<p>Kohli et al. (2013) By their side and on their side – Reviewing the evidence for guardianship for separated children in NI http://www.niccy.org/Publications/policyandresearchreportsandpapers/policyandresearchreportsbydate/by-their-side-and-on-their-side-reviewing-the-evidence-for-guardianship-for-separated-children-in-ni</p> <p>Scottish Refugee Council (2013) Scottish Guardianship Service Practice Framework http://www.scottishrefugeecouncil.org.uk/guardianship</p> <p>Evaluation Reports of the Scottish Guardianship Service are available from the link above.</p> <p>European Union Agency for Fundamental Rights (2014) Guardianship for children</p>

		deprived of parental care: A handbook to reinforce guardianship systems to cater for the specific needs of child victims of trafficking http://fra.europa.eu/sites/default/files/fra-2014-guardianship-children_en_0.pdf
Section 8	Standards for Positive Mental Health and Emotional Well being	Devaney et al. (2012) Still Vulnerable: The Impact of Early Childhood Experiences on Adolescent Suicide and Accidental Death http://www.nspcc.org.uk/globalassets/documents/research-reports/still-vulnerable-suicide-northern-ireland-report.pdf
Section 6 -8	Long term Conditions; Disability and Mental Health	Lundy et al. (2012) Review of Transitions for Young People with Learning Disabilities http://www.niccy.org/Publications/policyandresearchreportsandpapers/publication-from-2012/reviewoftransitionsforyoungpeoplewithlearningdisabilities

For further background information on a 'child rights' approach to health, two papers which NICCY has produced as a response to the Committee on the Rights of the Child's General Comment 15 on children and young people's right to health are attached.

1. NICCY's October 2012 submission to the Office of the High Commissioner for Human Rights on children and young people's right to health.
2. NICCY's January 2012 submission to the Committee on the Rights of the Child for the General Comment on the right of the child to enjoyment of the highest attainable standard of health.

Should you require any further information or wish to speak about any aspect of this response in more detail please contact our office.

Yours Sincerely



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Chief Executive