

NICCY Assessment of Government Response to Recommendations made in NICCY's report '*A New and Better Normal*': Children and Young People's Experiences of the COVID-19 Pandemic

15 September 2022

Background

The COVID-19 pandemic has been an unprecedented global crisis where national governments have introduced restrictive measures to protect the population from the spread of the virus. Whilst measures curtailing people's normal activities, freedoms and access to places and spaces has been taken by Governments across the world, there is strong evidence that these restrictions have had a significant impact on the rights and best interests of children and young people.¹

As Children's Commissioner in Northern Ireland, it is my statutory duty as set out under the 'Children and Young People (NI) Order 2003' to hold relevant authorities to account in their actions to ensure they deliver for children and young people. Throughout the different phases of the pandemic response in Northern Ireland, NICCY has proactively provided advice and sought information from Government Departments on the immediate actions being taken to safeguard and protect the rights and best interests of children.

In August 2021, NICCY published '*A New and Better Normal*'² - this report examined the Northern Ireland Executive's response to the pandemic between July 2020 - May 2021, which included the period covering the introduction and easing of successive lockdowns and the introduction of Emergency Legislation. The report covered the following areas:

¹ <https://enoc.eu/wp-content/uploads/2021/10/Synthesis-Report-COVID-19-learning-for-the-future.pdf>

² <https://www.niccy.org/about-us/our-current-work/covid-19-niccys-work/>

- Assessed NI Government's actions against the 11 recommendations made by the UN Committee on the Rights of the Child (the Committee) on how States could safeguard children's rights during the pandemic.³
- Analysed steps taken by the Executive to mitigate the impact of the pandemic on the education, health and social and family life of children and young people and to ensure young people and their families do not fall into poverty.
- Heard directly from children and young people and professionals / practitioners working with or for children.
- Reflected on key learning from the pandemic response, to inform the continuing response to the COVID-19 pandemic, the Executive's Recovery Plan, and also to inform Government's response to any future emergencies.

'A New and Better Normal' made recommendations across nine thematic areas as outlined below:

1. General Measures - Government planning
2. Poverty
3. Physical and Mental Health
4. Education
5. Play, Leisure and Social Engagement
6. Family and Alternative Care
7. Safeguarding
8. Information and Participation
9. Youth Justice.

³ Further advice to Governments have been made by human rights bodies on its response to pandemic-e.g <https://enoc.eu/?p=4262>; <https://www.ohchr.org/sites/default/files/documents/issues/health/activities/2022-07-15/Human-rights-in-the-new-pandemics-instrument.pdf>

Each Government Department was sent a copy of the report following its publication in August 2021 and the findings and recommendations presented to the Inter-Departmental Covid Taskforce in December 2021. In February 2022, NICCY followed up with a specific request for information on how each Government Department(s) had or were delivering on the report recommendations addressed to them. Each Department was asked to provide a written update on progress towards achieving the recommendations by May 2022. Table 1. below includes Departmental updates and NICCY's response to each of the recommendations. In addition to this, NICCY wishes to make a general assessment of Government's response to the recommendations in 'A New and Better Normal', with a particular focus on the delivery of recommendations 1.1-1.6, which are the high-level overarching recommendations.

Comments on Government Response to 'A New and Better Normal'

It is difficult to over-estimate the scale of the challenges facing the system in delivering a response to the pandemic, which has been compounded by pre-existing pressures and a fast-emerging cost-of-living crisis. Given these challenges, it is deeply concerning that we do not have an Executive in place to lead the covid recovery and rebuild process, make timely strategic decisions and release vital funding.

The role of government and public services are more important than ever during periods such as this, when societal wellbeing is being eroded by a range of factors exacerbating existing inequalities and pulling children and families into further disadvantage. It is also important that there is full transparency and accountability in the actions being taken by Government, and this is particularly so when managing a public health emergency.

Overall, NICCY is disappointed by the quality and level of detail provided by Government Departments to NICCY's report recommendations. Many responses were extremely vague, making it difficult to provide an assessment of whether the recommendation was met or not, or in other cases the response whilst informative, did not relate closely enough to the actual recommendation.

Recommendation 1.1

As the response to the COVID-19 pandemic continues, the rights and best interests of children and young people must take priority in decision making. The NI Executive, its Departments and Agencies must ensure meaningful engagement with children, young people and their parents prior to making decisions on enhancing or relaxing restrictions, and to understand the implications for children and their families.

It is NICCY's considered view that there is not enough evidence to conclude that 'the Executive has prioritised the needs of children and young people throughout the course of the pandemic and as we continue to move forward with recovery.'

Children and young people have not been clearly visible in the recovery planning process - whilst it is not always necessary to have child specific plans, they do help to maintain visibility on actions being taken which benefit them. At the very least it is important to have sections which do this, even if they sit within a broader document.

These two examples highlight the problem with action plans which are overly 'general':

- The Cross-Departmental Covid-19 Vulnerable Children and Young People's Plan was consulted on during September - November 2020. Rather than revising this in response to the feedback provided and taken forward as a discrete action plan it was decided that it would be subsumed into existing strategy development and services planning, including the Children and Young People's Strategy and the Anti-Poverty Strategy. Subsuming it in this way has meant that we can no longer see how specific actions for vulnerable children, particularly during the short to medium term, have been progressed through a broader action plan.
- In terms of the management of health waiting lists, whilst the update on the elective care framework provides a very helpful general overview, this does not provide the level of detail required to understand changes to child health service waiting times.⁴

⁴ NICCYs '[More Than A Number](#) Report' has made a number of recommendations on improving visibility of children's services in the published DoH statistical bulletins on waiting times. NICCY will publish a monitoring report on progress of actions in October 2022.

In general, we expected to see much greater reference to the Consolidated Coronavirus Recovery Plan (CCRP) across all the recommendations. The 24-month recovery plan published in August 2021 was designed to be a cross-departmental tool for ensuring actions taken by Government were joined up and co-ordinated.⁵ NICCY fully supports this approach as the most effective way of ensuring children and young people’s ‘wellbeing’ will be met. However, we have not seen this reflected in the response from Government Departments.

Furthermore, the CCRP is high-level, and while we understand the reason for that, there is a lack of clarity on the monitoring and implementation mechanism. We note some CCRP high-level outcomes are linked to other more detailed departmental plans but there is insufficient information provided on how the outcomes will be delivered or measured.

There was insufficient evidence or examples of meaningful and ongoing engagement with children and young people during different phases of the pandemic.⁶ The PHA vaccination programme leaflets developed to inform children, young people and parent / carers is an example of good practice but a ‘system wide approach’ to ensuring children and young people were provided with accessible and age-appropriate information was missing. A lack of meaningful direct engagement with children and young people by Government is a persistent problem, and this deficiency was spotlighted during the pandemic when communication with the public was vital. Mechanism and structures to facilitate feedback between children and Government and all public services need embedded into the way government and public services carry out their work.

⁵ <https://www.executiveoffice-ni.gov.uk/topics/making-government-work/building-forward-consolidated-covid-19-recovery-plan>

⁶ ‘A New and Better Normal’ Report and European Network Youth Advisers (ENYA)

Recommendation 1.2

The Northern Ireland Executive’s COVID-19 Recovery Plan (CRP) must prioritise children and their families and should be informed by the recommendations contained in this report. A child rights impact assessment (CRIA) process should inform its development. The CRP must be integrated with the Programme for Government and the commitments contained in NDNA, and the Children and Young People’s Strategy should be the key delivery mechanisms for children and young people, along with the other important strategies that fall under these. The CRP must be fully costed and funded.

NICCY’s ‘A New and Better Normal’ report was published at the same time as the CCRP document, however, the Vulnerable Children and Young People Plan and the Mental Health Action Plan (and CRP) had been consulted on during 2020 and NICCY provided advice on both.

We note the most recent EQIA exercise attached to the CCRP includes reference to ‘A New and Better Normal’ and some evidence used from it.⁷ It is our view that this report contained a lot more information of relevance to the completion of an EQIA than is noted. A fully comprehensive EQIA is important, particularly in the absence of a Child Rights Impact Assessment (CRIA), as it informs updates to the overall Executive wide recovery plan and all those more detailed plans that should flow from it. We are unclear about how the EQIA screening exercises have informed the CCRP or any of the associated departmental recovery plans. Furthermore, there is not enough evidence to show that the needs of vulnerable groups of children were prioritised during the pandemic and the recovery phase. Further transparency is also required on how information is captured and used to inform and update plans.

We understand that some of the more general actions within the CCRP are there to help the population generally, such as job creation and growth, sustainable investment, and increasing social housing supply. There are actions within the cross-departmental plan which are specifically targeted at children and young people, ie:

⁷ <https://www.executiveoffice-ni.gov.uk/publications/building-forward-consolidated-covid-19-recovery-plan-equality-screening-and-rural-needs-impact> (June 2022)

- The ‘Tackling Inequalities Action Plan’ refers to Reducing Educational Disadvantage and child poverty (with reference to Anti-Poverty Strategy); it also refers to the review of children’s social care services; and ‘Enabling Learning Recovery, and Skills Enhancement’.
- The ‘Health of the Population Action Plan’ refers to ‘the rebuild of children’s paediatric services impacted by COVID-19 (..)’.

However, ‘play and leisure’ (particularly outside of a school setting), and ‘information and participation’ which are key areas of children’s lives, are not given targeted attention in the CCRP and there is insufficient action evident in the specific departmental updates on these areas.

It is NICCY’s firm opinion that if a Child Rights Impact Assessment process had been applied to the recovery planning process, to ensure that impact(s) of the proposal / measure on children were fully considered and evidence based, many of the weaknesses evident in actions or inactions by Government could have been avoided.

One exception where a CRIA was consulted effectively during the pandemic was in relation to proposals to extend modifications to children’s social care regulations.⁸ Consideration of children’s rights and best interests ensured that the modifications proposed were not extended. However, NICCY’s overarching view remains that Regulations should not have been used at all until a more robust threshold for establishing the need for such use was in place and a suitably rigorous assessment and reporting process to monitor this was developed.

ENOC has developed a Framework, Template and guidance document for those completing a ‘Child Rights Impact Assessment’ which is a process for reviewing the impact of policies and legislation.

⁸ https://consultations2.nidirect.gov.uk/doh-1/consultation-on-proposals-to-extend-modifications/supporting_documents/Child%20Rights%20Impact%20Assessment%20%20Consultation%20on%20proposals%20to%20extend%20modifications%20to%20childrens%20social%20care%20regulations.pdf

NICCY has adapted these tools to make them suitable for Northern Ireland and is in the process of developing online module-based child rights training for civil servants that will be available through LiNKs.⁹

In terms of the CCRP, there does not appear to be a clear link through with the cross-departmental 10-Year Children and Young People Strategy 2020-2030, which is the Executive's long-term plan for improving the wellbeing of children and young people, and which should link to the draft PfG and NDNA commitments. We note as part of the response to this recommendation that 'budgetary constraints may impact on the scale of delivery of the COVID-19 Recovery work plan in the year ahead'. This is very concerning and for purposes of transparency and accountability we would suggest that a funding plan is set against actions - to include those which will be prioritised for funding with a comprehensive CRIA and or EQIA attached.

Recommendation 1.3

The NI Executive's COVID-19 Recovery Plan must include a focus on vulnerable groups of children and young people, address socio-economic inequalities and inequalities within the education, youth justice and health and social care systems.

And

Recommendation 1.4

The NI Executive must identify the financial, staffing and other interventions required to rebuild our public services post-COVID-19 and take prompt and effective action to ensure this support is provided to those areas where it is needed.

The response to recommendation 1.3 and 1.4 do not match the scale of the challenge with respect to resource needs in the short, medium and long term. NICCY has provided advice on specific recovery plans produced by Departments which are relevant to children and young people, particularly where they overlay with the priority areas of the Office. These include Mental Health Action Plan (and Covid Recovery Plan) and the Cross-

⁹ <https://www.niccy.org/about-us/childrens-rights/child-rights-impact-assessment-cria/>

Departmental Vulnerable Children and Young People Plan. NICCY provided very regular and ongoing advice to DE and EA on education matters throughout the pandemic. Unfortunately, NICCY was working on 'A New and Better Normal' when HSCT Rebuild Plans were being consulted on and therefore was not in a position to respond. However, overall, it has been difficult to track the progress of these areas of work, in terms of resource requirements and if they have achieved the intended outcomes. As already stated, because some have been subsumed into other broader pieces of work it has been difficult to monitor covid specific actions.

We also note that many of the examples of how Departments are responding to the impact of the pandemic include updates related to long term strategies that pre-date the pandemic, and whilst they remain relevant, it is not clear how they have been adapted to take account of real-time covid specific needs or provide an understanding of how the 'system' and services deem it best to respond.

Recommendation 1.5

The Northern Ireland Executive should commission an independent review of the emergency legislation developed in response to the COVID-19 pandemic, the processes for developing this, including in relation to legislative scrutiny and the degree to which processes (including statutory obligations and equality screening) were followed in its development and implementation. This should consider how the legislation and its implementation met international standards and provide guidance for the development of emergency legislation in any future public health emergencies. The current emergency powers should come to an end as soon as possible and not be extended beyond the emergency period.

Given the concern expressed by NICCY in our report at the lack of scrutiny of the emergency legislation, we would have expected a much more detailed answer to this question, and to have been informed of any extension of the emergency powers.

While clearly there was a need for emergency legislation to be introduced in response to the pandemic, nevertheless, given that the powers were put in place for a period of two years, the limited legislative scrutiny was a matter for concern. Arguably this was justifiable at the start of the pandemic when extensive changes were

required within a very short period. However, over time, the accountability processes should have been extended again in a proportionate manner to allow for more engagement with relevant bodies such as NICCY for more meaningful scrutiny of the many regulations made.

We note that, in March 2022, the emergency powers to make legislation were extended by the Assembly for six months until 24 September without, as far as we are aware, any consultation and certainly no engagement with NICCY. We also note that the Public Health Act (Northern Ireland) 1967 is being reviewed to determine further legislative requirements including powers relating to the COVID-19 pandemic. It is essential that no further extensions to the emergency legislation are granted, nor further legislation made without full scrutiny by the Assembly and full public consultation.

Recommendation 1.6

The Northern Ireland Executive must prepare contingency plans for future emergencies to ensure they are better prepared and able to respond in a more systematic and coordinated way, and that children’s rights and best interests are a primary consideration throughout.

Incorporation of the UNCRC into Northern Ireland domestic law would be the single most effective way of ensuring that children and young people’s rights and best interests are fully considered in all decision-making processes. The Scottish Government has passed legislation to do so, although the implementation has been delayed due to legal challenges and the Welsh Government has not fully incorporated the UNCRC but it has committed to conduct CRIAs in order to fulfil their ‘due regard’ duty under the Children’s Rights Measure 2021.

An understanding and appreciation of rights is a basic pre-requisite for reviewing legislation, policy and practice for their potential impact on rights. This knowledge and awareness of the UNCRC requires training and capacity building on children’s rights.

During the pandemic there was a considerable lack of disaggregated data available on children by age or other characteristics that made them particularly vulnerable to the impact of the pandemic, such as disability or care experience. Such data should have included rates of covid infection / long covid, numbers without access to digital devices or internet during school closures, and school absenteeism due to covid. This reflects a system which in general has limited data to allow an adequate assessment of the state of children's rights to be made. This is a common issue found across all the areas that NICCY works on whether it be mental health, benefits system and child poverty, special educational needs, use of restrictive practice on children, homelessness or

children and families subject to immigration control. Furthermore, where data is available, too often it is not collected in such a way as to allow tracking of outcomes, nor is it sufficiently disaggregated to allow any differences in outcomes for vulnerable groups of children to be identified.

Making children visible in budgets is vital as it ensures that budget allocation is transparent and demonstrates the proportion of expenditure on children, this is important at all times, including during times of public emergency.

As the statutory independent child rights institution in Northern Ireland, NICCY was not sufficiently consulted, nor directly approached for advice on matters affecting children during the pandemic. Where advice was sought it has not always been done in a meaningful or timely way. Communication with NICCY improved over the course of the pandemic, such as engagement with officials leading on the vaccination programme, and NICCY provided advice on their communication strategy to children and families. NICCY would have expected to be directly consulted on a much more regular basis and for the purpose of advising on covid recovery plans relevant to children and young people and children's services.

Conclusion

Overall, it is NICCY's conclusion that NI Government actions during different phases of the pandemic have not sufficiently addressed or mitigated against the impact of the pandemic on children and young people's rights. This is in no small part due to the fact we do not, as yet, have effective government structures in place to enable this to happen. NICCY is committed to working with Government at all levels to include the NI Executive and Departments, and the UK COVID-19 Public Inquiry,¹⁰ to ensure that the system is strengthened in its ability to respond to the needs of children and young people in any future public emergency, to include the recovery phase. It is NICCY's firm view that this objective can be best achieved by children's rights being embedded in legislation, policy and practice.

¹⁰ The UK Covid-19 Inquiry which was formally established in July 2022, will examine the UK and devolved governments preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. 'Children and young people' is a specific area of examination within the Terms of Reference for the Inquiry, including their health, wellbeing and social care, education and early years provision.

<https://www.niccy.org/publications/2022/april/06/uk-covid-19-inquiry-terms-of-reference/>

Table 1

‘A New and Better Normal’ Report Recommendations - Departmental Response and NICCY Assessment of Progress

Delivering more effectively for children in the continuing COVID-19 pandemic response

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
1.1	As the response to the COVID-19 pandemic continues, the rights and best interests of children and young people must take priority in decision making. The NI Executive, its Departments and Agencies must ensure meaningful engagement with children, young people and their parents prior to making decisions on enhancing or relaxing restrictions, and to understand the implications for children and their families.	TEO	All Covid-19 legal restrictions in Northern Ireland were replaced by guidance on 15 February 2022. The Executive has prioritised the needs of children and young people throughout the course of the pandemic and as we continue to move forward with recovery. The Executive maintained its collective intention that no restrictions would remain in place any longer than deemed necessary throughout the pandemic. The Executive agreed and published on 2 March 2021 the ‘Pathway out of Restrictions’ document. In this the Executive undertook that their decisions would be made on four overarching principles -evidence-based, necessary, proportionate and sustainable. As a Social Contract, the Executive said that it would regularly and carefully consider what mitigations are required, and for how long, in order to reduce transmission. They recommitted to the strategic priorities that they had set themselves at the start of the pandemic, those being the health and wellbeing of citizens, societal and community wellbeing, and economic wellbeing and revitalizing the economy. The Executive worked through the pathway carefully and	<p>NICCY does not feel there is enough evidence to conclude that ‘the Executive has prioritised the needs of children and young people throughout the course of the pandemic and as we continue to move forward with recovery’.</p> <p>There is insufficient evidence / examples there was enough meaningful engagement with children and young people.</p>

			<p>cautiously across key themes at all times with evidence-based decisions being taken driven by the impacts the restrictions would have on the economy, people and families and the wider societal impacts. A Cross Departmental Covid-19 Working Group was established to act as an advisory panel, with representation from all nine departments and relevant stakeholders. Their purpose was to support the Executive review cycle to support delivery 'Pathway out of Restrictions' using a cross-departmental and sectoral collaborative approach. Activities of members included providing subject matter expertise and insight into proposed relaxations and to raise topical issues and concerns to support understanding of the impact of relaxations. There are also examples where individual departments will have engaged directly with young people around the impact of restrictions and relaxations, for example, DAERA's College of Agriculture, Food and Rural Enterprise (CAFRE) engaged directly with students regarding the implications of any changes to restrictions, through a number of channels including the Virtual Learning Environment.</p>	
1.2	The Northern Ireland Executive's COVID-19 Recovery Plan (CRP) must prioritise children and their families and should be informed by the recommendations	TEO	<p>NICCY will be aware that the Covid-19 Recovery Plan is an overarching document containing 83 high level interventions which seek to promote economic, health and societal recovery from the impact of the pandemic for all in our society through focused, collaborative working. Several high-level Interventions within the Plan focus on or provide a benefit to children and</p>	<p>Limited evidence that children's needs have been prioritised in covid recovery planning.</p> <p>The EHW in Education Framework predates covid and was not specifically intended as a response</p>

	<p>contained in this report. A child rights impact assessment (CRIA) process should inform its development. The CRP must be integrated with the Programme for Government and the commitments contained in NDNA, and the Children and Young People's Strategy should be the key delivery mechanisms for children and young people, along with the other important strategies that fall under these. The CRP must be fully costed and funded.</p>	<p>young people and their families. For example: To implement an Emotional Health and Wellbeing in Education Framework in order to support the wellbeing of our children and young people through a holistic, multi-disciplinary approach leading to improved educational outcome (led by the Department of Education in partnership with the Department of Health). A number of programmes have commenced under this framework, for example, 'Text A Nurse', the REACH programme (Resilience Education Assisting Change to Happen) and a Wellbeing Resource Hub. To deliver the Engage Programme in order to meet the ongoing need to help children and young people by supporting their learning and engagement during the next academic year (led by the Department of Education). Progress reported has included a total of £24.2 funding provided for the period September 2021 to June 2022 to support the Engage II Programme. TEO officials have engaged with NICCY on the Covid-19 Recovery Plan and NICCY were invited to provide comment on the Covid-19 Recovery Plan prior to publication. Officials recognise that the full impact on the pandemic is not yet known and priorities now may not be the same in future months. Ongoing engagement will be vital to this. The Covid-19 Recovery Plan was developed in the context of the Programme for Government (PfG) draft Outcomes Framework and the commitments outlined in NDNA. It is anticipated that the workstreams are likely to form the basis of a</p>	<p>to covid, albeit an education system which focuses on wellbeing is beneficial at any time but particularly during a public health emergency.</p> <p>NICCY acknowledges that additional 'COVID-19 specific funding' provided to schools.</p> <p>Welcome that the TEO covid team will consider incorporating CRIA as part of its periodic equality screening process. NICCY has engaged with all Departments on the process of undertaking CRIAs to aide understanding of the strengths it brings to policy making and has offered support to use it.</p> <p>NICCY acknowledges it was contacted by TEO to ask for a response to the draft COVID-19 Recovery Plan but NICCY was not able to provide input according to the timetable as we were analysing fieldwork to inform our 'A New and Better Normal' report, which we then submitted to Department and presented to the Taskforce.</p>
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			<p>number of key strategic areas that will ultimately contribute to the achievement of the PfG Outcomes. It will be important for the incoming Executive to agree the long-term Outcomes and PfG Actions as an early priority at the beginning of the next mandate. Whilst a Child Rights Impact Assessment is not, at the present time, a requirement in the development of new policies, the TEO Covid team will give it consideration during the ongoing review of the Equality Screening document. Budgetary constraints may impact on the scale of delivery of the Covid-19 Recovery Plan work in the year ahead.</p>	<p>Ability to access funding has been raised as a factor that will determine how much of the covid recovery plan can be implemented. Also references the fact that priorities may change as longer-term impact of covid emerges.</p>
1.3	<p>The NI Executive's COVID-19 Recovery Plan must include a focus on vulnerable groups of children and young people, address socio-economic inequalities and inequalities within the education, youth justice and health and social care systems.</p>	TEO	<p>In the Consolidated Covid-19 Recovery Plan, Tackling Inequalities as a Recovery Accelerator focuses on addressing vulnerabilities, providing equitable access to our health services and reducing poverty. Examples of interventions which aim to address inequalities for vulnerable groups of children and young people include: Action a coordinated programme of support for vulnerable young people at risk of criminal exploitation or harm (led by Department of Justice). The Programme supports a number of projects across its two workstreams which provide a range of direct services to young people. The majority of programme funding in this area goes towards extensive youth outreach or intensive mentoring with appropriate addiction, mental health, or other support services. There are also projects which try to engage at risk young people through</p>	<p>We welcome the actions listed under this – although much appear to be long term planning that existed before the pandemic. It would be good to also see the short and medium term actions, along with the outcomes – e.g. of the employment programmes.</p> <p>We note that the draft COVID-19 Vulnerable Children and Young People's Action Plan consulted on was not revised and we were informed that it was to be subsumed into the CYPS Action Plan. It does not appear to have been included in the CCRP.</p>

		<p>alternative mechanisms, including sport, through hospital admissions, and family support.</p> <p>There is also a range of early intervention work. The majority of this focuses on educational attainment and aspirations. There are also projects which promote lawfulness, civic engagement, and connections between young people and the police. There has also been more general education work which has supported the development of educational resources and training teachers on their use; the Ending the Harm campaign resources have also been used by youth groups to discuss issues associated with Paramilitarism: Enhanced delivery of existing targeted Early Years interventions to assist settings to remain viable during 2021/22 as they recover from the pandemic and to support children and families facing disadvantage, who have been impacted most during this period. Additional £3.2m funding was awarded in 2021/22 to targeted Early Years programmes, extending services and sustaining existing delivery during the pandemic. In line with NDNA commitments, the DfC is leading on the development of a suite strategies to promote social inclusion. The Anti-Poverty, Disability, Gender and LGBTQI+ Strategies are being developed using a co-design approach. Issues affecting children and young people, including socio-economic inequalities, are being considered in the development of the strategies.</p>	
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		<p>The 2016-2019 Child Poverty Strategy has been extended to May 2022. DfC support a number of schemes aimed at helping young people get back into work including;</p> <ul style="list-style-type: none"> •The Work Experience Programme which incorporates incentive payments for both employers and participants and aims to help people prepare for work by providing work experience opportunities to develop skills, gain experience and develop confidence A new Opportunity Guarantee strand of the Work Experience Programme specifically for young people aged 18-24 was introduced to help tackle youth unemployment and eligibility for the programme was extended to include 16 & 17 year olds in receipt of Universal Credit in September 2021. •The Adviser Discretion Fund (ADF) is a non-repayable grant award of up to £1500 in a 12-month period available to eligible customers. The grant is used to buy goods or services to remove a barrier to employment. For example, help to buy tools to take up a particular job, clothing costs for a job interview, training costs, cost of travelling to work, cost of pre-work checks or starting up self-employment. From 25 October 2021, ADF also supports eligible customers for whom upfront childcare costs are a barrier to commencing employment, significantly increasing 	
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			<p>their hours or returning to work following maternity leave.</p> <ul style="list-style-type: none"> •The JobStart scheme was designed as part of the response to Covid-19 and aimed at 16 –24 year olds at risk of long-term unemployment. JobStart helps these young people into the job market by providing funding for employers to create 6month job opportunities. Young people who meet additional criteria can avail of a 9-month opportunity. JobStart opportunities are open to young people who are in receipt of eligible benefits (Universal Credit, Income Support, Employment and Support Allowance, Jobseeker’s Allowance), or not in Education, Employment or Training (NEET). The JobStart scheme launched on 2 April 2021 and closed to new employer applications on 31 March 2022. 	
1.4	The NI Executive must identify the financial, staffing and other interventions required to rebuild our public services post-COVID-19 and take prompt and effective action to ensure this support is provided to those areas where it is needed.	TEO	An example of where action has been taken is provided by DAERA who advised that the CAFRE Widening Access and Participation Plan has committed to increase the number of student support officers at the college to provide support to students dealing with issues arising from the pandemic. It should be highlighted that the rebuild of public services is an issue for all departments and one which will require consideration by the Executive in the next mandate.	This response does not match the scale of the challenge in terms of public service workforce.

1.5	<p>The Northern Ireland Executive should commission an independent review of the emergency legislation developed in response to the COVID-19 pandemic, the processes for developing this, including in relation to legislative scrutiny and the degree to which processes (including statutory obligations and equality screening) were followed in its development and implementation.</p> <p>This should consider how the legislation and its implementation met international standards and provide guidance for the development of emergency legislation in any future public health emergencies. The current emergency powers should come to an end as soon as possible and not be extended beyond the</p>	TEO	<p>With regards to the Coronavirus Act 2020, on 21 March 2022, the emergency powers to make legislation were extended by the Assembly for six months until 24 September 2022. A review of the Public Health Act (Northern Ireland) 1967 is underway to scope future legislative requirements, which would include those powers necessary to manage any future pandemic responses. This work is being led by the Department of Health. The proposal for an independent review of the emergency legislation would be a matter for a future Executive to consider.</p>	<p>We understand that, from 15 February 2022, all remaining legal restrictions were removed although guidance has remained in place. (EQIA document June 2022). The ability to reintroduce emergency powers has been extended until 24 September 2022.</p> <p>Given the concern expressed by NICCY in our report at the lack of scrutiny of the emergency legislation, we would have expected to have been informed of any extension of the emergency powers.</p>
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	emergency period.			
1.6	The Northern Ireland Executive must prepare contingency plans for future emergencies to ensure they are better prepared and able to respond in a more systematic and coordinated way, and that children's rights and best interests are a primary consideration throughout	TEO	Work is underway within NICS, with TEO and DOH working together to establish Pandemic Disease Capabilities Board (PDCB) NI Sub-Group. The PDCB NI will be established to support the UKG Pandemic Disease Capabilities Board and to deliver a cross-governmental programme of work to increase NI readiness to manage the effects of future pandemics across a number of key areas. Planning for future pandemics will be multi-sectoral. Although the health and social care system is central to responding to a pandemic, all Departments and partners are critical to a response and will continue to improve resilience for any future pandemics. From a TEO perspective, the overarching NI Civil Contingencies Framework sets out the strategic response to dealing with emergencies across NI, the guiding principles of emergency response and recovery and the practical considerations at times of an emergency. This includes the importance of coordinating effective responses in support of those who may have specific needs or be disproportionately impacted by the event's circumstances. Response arrangements in such circumstances engage relevant departments such as Education, Health and the Voluntary and Community Sectors.	<p>This reflects work being undertaken to prepare generally – we would want a commitment to a focus on children in the future.</p> <p>The COVID-19 Public Inquiry is not mentioned. However, noted in response from DoH for Recommendation 3.6.</p> <p>Our summary document refers to recommendations made by ENOC within its 'Position Statement on COVID-19 Learning for the Future' which should inform any future emergency planning.</p>
1.7	The Northern Ireland Executive must re-commit to the UN Sustainable	TEO	In line with the Executive's commitment to ensuring the PfG improves wellbeing for everyone in society, an extensive public consultation and engagement process	While a CYP consultation on the draft PFG outcomes framework is welcome, there is no information on

	<p>Development Goals and its NDNA actions on climate change. The Executive should engage with children and young people to hear about their vision for the future and for the improved society we should be 'building back'.</p>	<p>was undertaken in 2021 on the draft PfG Outcomes Framework. This included a separate Children and Young People's consultation survey and a number of engagement events which took place involving representative organisations as well as with Children and Young People directly.</p> <p>The Executive has set out its commitment to continue to deliver on the UK Sustainable Development Goals agenda through the draft PfG Outcome framework consultation, the draft Green Growth Strategy and the draft Environment Strategy. DAERA is leading, on behalf of the Executive, the multi-decade Green Growth Strategy for tackling climate change. We have engaged extensively with a wide range of stakeholders, including young people, both on the drafting of the Green Growth Strategy and during the consultation period for the draft Green Growth Strategy. In developing the strategy, DAERA commissioned The Education Authority, as youth engagement experts, to work with a team of young people from various organisations across NI, to co-design a youth survey and facilitate focus groups to gain their input for the Green Growth Strategy. Young people from both rural and urban backgrounds with a wide range of interests, including Mid Ulster Youth Voice, Belfast Climate Commission Youth Working Group, CAFRE etc., helped shape the draft Green Growth Strategy. As part of the strategy's public consultation, DAERA hosted a specific online youth</p>	<p>how their views have been incorporated into Government plans, including into the delivery of the CCRP.</p> <p>NICCY welcomes DAERA's engagement with children and young people in relation to the Green Growth Strategy, but note there is no evidence of how children and young people's views affected the final Strategy.</p> <p>We also welcome the engagement of young people at CAFRE, and would like to see more evidence of other Departments engaging with children in young people in 'building back'.</p>
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			<p>engagement seminar to further capture youth input. DAERA also strengthened its links with youth organisations such as NICCY, meeting with their youth forum. We are committed to continuing this engagement with young people through the development of the final Green Growth Strategy and subsequent Climate Action Plans.</p> <p>As part of the development of a Widening Access and Participation Plan at CAFRE there has been engagement and feedback sought from across the CAFRE student body on activities and programmes proposed to improve representation from under-represented groups and to ensure that there are appropriate support measures in place to support students to maximize their potential. The Executive recognises the importance of ongoing and continuous civic engagement as an essential aspect of the Outcomes-based approach and to ensure young people's voices are central to the next PfG.</p>	
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Poverty

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
2.1	The NI Executive's Coronavirus Recovery Plan must prioritise	DfC	JobStart is a DfC Employability Scheme. JobStart was co-designed with input from various voluntary, community and support organisations, including NICCY. It was monitored and adapted since its launch	We welcome the new strand of the Work Experience Programme and would like to see information on the

	<p>rebuilding the economy with a focus on those who have been hardest hit, including unemployed young people and families in low-income work. The new Jobstart youth employment programme should be monitored and adapted as it is rolled out to ensure that it is providing the maximum benefit to young unemployed, or underemployed people.</p>		<p>on 2 April 2021 to ensure it met the needs of young people in danger of falling into long term unemployment and poverty. The Scheme is due to close on 31 March 2022.</p> <p>The DfC Work Experience Programme aims to reduce economic inactivity, reduce poverty and increase economic opportunities for our most deprived communities by offering quality placement opportunities to people aged 18-65 whose needs and aspirations are best addressed by active participation in a work setting with an employer or a voluntary organisation.</p> <p>The programme was refreshed in April 2021 to incorporate incentive payments for both participants and employers to encourage opportunity creation and uptake. An Opportunity Guarantee strand of the programme has also been introduced to tackle the disproportionate effect the COVID-19 pandemic has had on the employment prospects of young people aged 18-24 and provides placements linked to the guarantee of an interview for a job or apprenticeship at the end.</p>	<p>outcomes from this and the JobStart Scheme.</p>
2.2	<p>The £20 additional weekly payment should be maintained on a permanent basis. At the same time the UK social security system should be</p>	DfC	<p>Minister Hargey wrote to Thérèse Coffey, Secretary of State for Work and Pensions, on 26 July 2021 and 1 October 2021 expressing her grave concern that the £20 uplift in Universal Credit was being withdrawn, particularly in the wake of the Covid-19 pandemic.</p>	<p>This recommendation, a responsibility for the UK Government, has not been met, as the £20 uplift has been removed as the UK cost of living crisis was starting to be felt. This remains an important recommendation.</p>

	transformed so that, once again, it becomes an effective 'safety net' for all in society. Benefits must be sufficient to provide an adequate standard of living to all recipients. A Minimum Income Guarantee should be provided, with the goal of ensuring that this is set at a level so that no children are living below the poverty line.		<p>She also wrote on 30 August 2021 to Thérèse Coffey, in a joint letter with the Scottish and Welsh Ministers, to seek the continuation of the £20 uplift to Universal Credit. This is similar to a joint letter that was issued on 12 November 2020.</p> <p>The uplift was not extended by the Department for Work and Pensions and the £55m bid to extend the uplift in NI was not met.</p>	
2.3	Until the social security system is transformed, the Northern Ireland Executive should extend the mitigations package to include elements to address child poverty and provide support for low income families, including continuing the mitigations relating to the social sector size criteria, the benefit cap, the payment for children transferring from Disability Living	DfC	<p>The Department for Communities Adviser Discretion Fund (ADF) is a non-repayable grant award available to eligible people through Work Coaches across the Jobs and Benefits offices network. The grant is used to buy goods or services to remove a barrier to employment. For example:</p> <ul style="list-style-type: none"> • Help to buy tools to take up a particular job; • Help with clothing costs to attend a job interview; <ul style="list-style-type: none"> ○ Help towards training costs; ○ Help with the cost of travelling to work; ○ Help to take up a job offer, including help with the cost of pre-work; checks or professional registration fees; ○ Help to start up in self-employment or to keep self-employment going following COVID-19. 	<p>We welcome the increase in the ADF.</p> <p>However, this does not address the recommendation in relation to extending the mitigations package, which cannot currently be taken forward in the absence of a full Executive. Given the increasing cost of living crisis, it is important this is urgently addressed.</p>

	<p>Allowance (DLA) to Personal Independence Payment (PIP) and the following new elements:</p> <ul style="list-style-type: none"> • mitigation payments for families affected by the two-child limit and removal of the family elements of tax credits; • grants to address costs associated with employment; • a per-child payment for low income families; and • an expanded payment for low income families with young children. 		<p>In April 2021 the Department raised the maximum ADF award in a 12 month period to £1,500 from the previous level of £300. From 25 October 2021, ADF also supports eligible people for whom upfront childcare costs are a barrier to commencing employment, significantly increasing their opportunity to return to work following maternity leave.</p>	
2.4	<p>The NI Executive should develop an ambitious Anti-Poverty Strategy, which should have a vision of eradicating child</p>	DfC	<p>DfC is leading on the development of the Executive's Anti-Poverty Strategy. Development of the Strategy will identify inequalities and will focus on actions to address the issues, barriers and disadvantages that undermine equality of opportunity for all those in or at risk of</p>	<p>While NICCY has been pleased to be a member of the Co-Design group, we have been disappointed at the delays in drafting the Anti-Poverty Strategy.</p>

	poverty, provide specific commitments on how it will progressively reduce child poverty over time, and a fully resourced delivery plan.		poverty. The Anti-Poverty Strategy is being developed using a co-design approach with involvement from a wide range of key stakeholders throughout the process, including organisations that represent children and young people.	
2.5	Eligibility for Free School Meals (FSMs) should be reviewed to ensure all children in poverty are included. Direct payments in lieu of FSMs should continue to be provided over school holidays on a permanent basis.	DE	Promoting Collaboration and Tackling Disadvantage input: There are currently 2 reviews on-going within the Department. The first is to consider whether the threshold for FSME is appropriate and the 2 nd (A Fair Start action) is to determine whether other alternative measures of deprivation should be considered. DE funded the School Holiday Food Grant scheme to include all school holidays up to September 2022	These reviews are welcome, and NICCY is pleased to have been consulted on the FSM eligibility. However, we are disappointed at the delays in progressing these. NICCY welcomes payments for meals during the holidays and strongly recommends that this is a permanent provision

Health

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
3.1	The NI Executive must adopt a cross-departmental mechanism which is committed to taking a 'child health in all policies' approach in all decisions at both regional and local levels.	DoH	Health Development Policy The 'Health in All Policies' (HiAP) describes a collaborative approach which emphasises the connections and interactions which work in both directions between health and policies from other sectors. In November 2021, the Institute of Public Health in Ireland (IPH) published the fourth edition of Health Impact Assessment (HIA) Guidance for Ireland	This response shows support for health in all policies approach but no clear evidence that this is currently how things are being done, whether this approach is a priority, or that there is a clear plan to do this. There is no reference to Education or

		<p>and Northern Ireland. The Health Minister supported this launch. There is no legal requirement to conduct a HIA in Ireland or Northern Ireland but using HIA can support better integration of health and health equity into decision making. HIA can also be a useful process to support government and civil society agendas to promote sustainability, social inclusion and community development, and to integrate multiple policy agendas. DoH will continue to work with departments, and with the IPH, to review and strengthen processes in support of a HiAP approach, and with other sectors such as local government to support wider implementation. Health policies are also beginning to focus on the impact health literacy can have. Improving health literacy in children can help promote self-care and better use of the Health Services. Collaborative approach between sectors can lead to new opportunities to improve children’s health and wellbeing.</p> <p>Primary Care Access to GP services in primary care are routinely provided irrespective of the age of the person seeking advice or treatment. Specific provision for children includes delivery of the childhood vaccination and immunisation programme; referral for assessment and diagnosis e.g. in relation to autism or mental health difficulties; support in the management of childhood</p>	<p>Communities in this response which we would have expected due to the need for collaboration on health issues.</p> <p>Regarding Long Covid, NICCY has requested information directly from the Department of Health about the system’s understanding of the prevalence of long covid symptoms in under 18s in NI and the range of services available to them.</p> <p>Whilst there does not appear to be prevalence data on long covid symptoms available in NI, an Office for National Statistics (ONS) study of school-age children in England found nearly 1 in 50 (1.8%) primary school pupils and nearly 1 in 20 (4.8%) secondary school pupils had experienced long covid following their most recent COVID-19 infection.</p>
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		<p>infections and in the management of chronic or congenital conditions; detection of growth and development difficulties; disease prevention and wellbeing; and playing a key role in safeguarding. In addition, GPs routinely provide diagnosis, advice and treatment for children presenting with a range of common childhood illnesses and make onward referral if necessary for urgent and emergency care. Decisions in relation to the provision of primary care services, therefore routinely recognise child health as a key element of care provision. One area where the issue of child health provision has arisen recently is the provision of services for the small number of children who are living with post-Covid syndrome. In line with clinical advice from paediatric specialists in Northern Ireland, post-COVID-19 services have been designed for people aged 16 years and over. Children who have not reached their 16th birthday who have persistent symptoms after a diagnosis of COVID and who require more specialist care can be referred to Trust paediatric services in the usual way to receive the appropriate assessment and treatment in line with their individual clinical needs. Work is ongoing currently to ensure consistency across all HSC Trusts in relation to this provision.</p>	<p>These indicate that a sizable number of children have and are experiencing long term health problems post infection which includes symptoms lasting 12 weeks or more and impact on every-day life. The same study found that secondary school pupils with long covid were significantly more likely to have a probable mental disorder (28.1%) than those without long covid (12.3%).</p> <p>As a significant number of children and young people are experiencing long covid symptoms, it is vital that a range of age-appropriate support is available. NICCY is aware through correspondence from the PHA and DoH that assessment and treatment centres for long covid were set up in November 2021 which were latterly extended to 16+; and that the plan is for under 16s to continue to be treated through normal paediatric care pathways, and that there are no gaps in provision for those experiencing symptoms. NICCY remains concerned about the waiting times for initial referrals to services and the length of time they then wait to access</p>
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			<p>The Cancer Strategy has been co-produced with people living with cancer and staff providing treatment and care. Contribution included from a sub-group dealing specifically with issues relevant to children and young people. They suggested actions which aims to improve patient experience for children. The actions were developed with children, young adults, parents and carers and a broad range of health and social care professionals. There were pre-consultation events with young adults and one with parents of younger children. From the consultation events there was input from the children's cancer charities.</p>	<p>treatment or interventions. Based on data provided to NICCY by DoH there is a considerable wait for access to services, particularly routine referrals for general paediatric services (range between 20 – 150 weeks), with significant variation across Health and Social Care Trusts (HSCTs).</p> <p>The Cancer Strategy is a good example of ensuring children are informing Government policy. This approach should be consistently applied across the HSC system and we would encourage the sharing of good practice - perhaps through children's champions / children's network.</p>
3.2	The Health and Social Care (HSC) rebuilding plans must be underpinned by the principles of children's rights and focus on systemic reform which strengthens their reach to all infants, children and	DoH	Children's Services Review Children, young people and parents/ family carers will be central to the Review of Children's Social Care Services which commenced in February 2022. They will be given opportunities to directly engage with the Lead Reviewer, Professor Ray Jones and members of the Advisory Panel. Two young people and two parents / family carers will attend and participate in each Advisory Panel meeting. The rights of children and	<p>We note there is no reference to HSC rebuilding plans per se - is there a reason for these not to be specifically mentioned?</p> <p>We also note from the Departmental update that Child Health Recovery plans are only being drafted. This is concerning as it is over 2 years since</p>

	<p>young people through universal services and targeted provisions for the most disadvantaged.</p>	<p>young people (and their parents/carers) are prioritised and reflected in the ordering of the strands in the terms of reference for the Review: Strand 1-The experience of children, young people and their families who use Children’s Services; the outcomes we deliver for them; how effectively we engage children, young people parents and carers in decision-making about individual children and families and support them through the process; and the scope for improvement. Strand 2-Service Structural Arrangements. Strand 3-Social Work Practice. The engagement of children and young people in the Review is being facilitated by VOYPIC who is supporting the creation of an Experts by Experience (EBE) Reference Group for young people aged 14-25 years old. The group will give young people with lived experience of services and the care system the opportunity to have their say and help shape the future of Children’s Services. The engagement of parents and carers in the Review is being facilitated by Children in Northern Ireland (CiNI). In order to ensure the Review hears a broad range of views and experience and to capture views from those with relatively recent experience, CiNI will establish a number of thematic groups involving individuals who have been in contact with Social Services within the past five years. Some of the thematic groups to be established will be formed from and include:</p> <ul style="list-style-type: none"> • Parents / carers who have children with intellectual, physical, and sensory disabilities; • Parents/ carers involved in fostering / adoption; 	<p>covid was identified in NI. On the face of it, the lack of specific child health plans does not indicate a system which is prioritising children.</p>
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		<ul style="list-style-type: none"> • Parents / carers involved in Child Protection / Safeguarding; and • Parents/ carers who are involved in kinship caring. <p>Primary Care GPs are commonly recognised as being one of the key points of contact with children and young people and therefore play a key role in early identification of potential issues and appropriate support and signposting to services. Whilst GP services are open to all, GPs are able to help to target provision through, for example, referral and signposting to specific support. The importance of the GP's role in relation to children and young people is highlighted in the Royal College of GPs curriculum for trainee GPs which emphasises a range of core skills including the need for GPs to be able to provide high quality evidence based care for children and young people, the importance of being able to identify vulnerable children, health promotion in adolescence and the need to take account of the social determinants of health.</p> <p>NICE guidance for healthcare professionals, including GPs, recognizes the need to ensure that assessment, diagnosis and treatment takes account of environmental factors. For example, GPs often play a key role in the diagnosis of mental health difficulties. NICE guidance on the management of depression among children and young people advises that primary care practitioners and others</p>	
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		<p>supporting the young person need to take environmental factors into account including, for example, family members' multiple risk histories for depression. By taking account of the specific needs of infants, children and young people, it is anticipated that primary care will continue to strengthen its reach both through the provision of universal services and through targeted provision which takes account of the environmental and social factors relevant to the lived experience of each individual child or young person.</p> <p>Access to publically funded healthcare services for children extends to all those who are ordinarily resident in NI and to eligible visitors. Access to healthcare in NI for visitors is provided under the Health and Personal Social Services Provision of Health Services to Persons Not Ordinarily Resident Regulations (Northern Ireland) 2015 which make certain health services available to visitors in Northern Ireland at a charge determined by the Department of Health. The Regulations also provide various exemptions from charge, some services are always exempt from charge whilst some categories of eligible visitor are exempt from charge. The services which are always exempt from charge include accident and emergency services and treatment for certain diseases including Covid. The categories of visitor which are always exempt from charge include refugees</p>	
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			<p>and asylum seekers, including failed asylum seekers, victims, and suspected victims, of human trafficking.</p> <p>Cancer Strategy The Cancer Strategy had a Children’s Rights Screening and Impact Assessment completed covering the impacts of the policy on Children’s rights. Systemic reform involved developing collaboration across United Kingdom and the Republic of Ireland along with the review of Teenage and Young Adults services which will be holistic in nature.</p>	
3.3	The DoH response to the health waiting list crisis must include specific planning and resourcing to address health waiting lists for under 18s.	DoH	<p>Secondary Care Officials are working collaboratively across the Department and with Commissioners and Trusts to ensure that the needs of children are considered in all aspects of COVID-19 rebuilding work and any initiatives to address hospital waiting lists, in order to ensure the healthcare needs of children continue to be met and appropriately prioritised within available capacity. Paediatric linkages/rebuild group was established last autumn to connect the work of relevant ongoing service reviews (Review of Orthopaedics, Review of General Surgery), as well as the Regional Prioritisation Oversight Group (which meets weekly to prioritise and allocate theatre lists) to ensure that paediatric pressures are fully considered alongside those of adults. Paediatricians are represented on RPOG –this has enabled a number of paediatric lists to be secured during winter to deliver urgent and time sensitive surgery from limited theatre</p>	<p>We welcome the update on surgical services, however this is just one part of the HSC system.</p> <p>We are concerned there is no existing comprehensive dedicated COVID-19 recovery plan for paediatric services in place. We are unsure how a clinical response to the RSV prevented plans from proceeding?</p> <p>NICCY provided specific recommendations on child health waiting lists in its ‘More Than A Number’ report. Engagement with DoH is ongoing around this and NICCY will publish a Monitoring report on 27 October 2022.</p>

		<p>capacity. Whilst overall theatre capacity remains constrained across NI, the group is currently developing plans to secure dedicated theatre capacity for paediatric daycase surgery at a number of hospital sites. This will create capacity within RBHSC to focus on more regional/specialist services, and establish regional waiting lists, with a view to restoring commissioned activity levels and clearing waiting lists as quickly as possible.</p> <p>Plans to develop a separate COVID-19 rebuild plan for paediatric services in 2021 were placed on hold due to prolonged high surges in COVID admissions, increased incidence of Respiratory Syncytial Virus, in addition to normal winter pressures. Trusts have been managing sustained high volumes of unscheduled care throughout 2021 and into 2022, coupled with high staff absence rates (partly COVID-related absence). Nevertheless, it remains the intention to bring a plan forward. Under the guidance of the Child Health Partnership an extensive process of consultation is underway with Trusts to collate lessons from the pandemic response and agree key priorities for the rebuild and recovery of children's and young people's services. Following this exercise, an overall plan for the recovery, rebuild and potential reconfiguration of paediatric acute services will be completed. This plan will also refer closely to the two DOH Paediatric Strategies published in 2016.</p>	
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<p>3.4</p>	<p>The NI Executive Covid Recovery Plan should ensure children’s right to health is prioritised and that a comprehensive range of emotional wellbeing and mental health services are in place to meet the immediate needs of parents and carers, infants, children, and young people caused by the pandemic.</p>	<p>DoH</p> <p>At the outset of the pandemic, the Children and Adolescent Mental Health Services (CAMHS) developed a recovery plan with the stated intention to maintain mental health services throughout the pandemic. As a result, CAMHS adjusted their models of delivery to address immediate pressures and priorities and to maintain a level of continuity, ensuring children and young people were reached and provided with the help they needed. The Department continues to work with delivery partners to address pressures within CAMHS and to put in place measures to increase capacity during the pandemic and improve performance. These include formal review of waiting lists on a weekly basis; offering initial assessments via telephone, zoom or face to face; ongoing recruitment campaigns and exploring greater involvement of the community and voluntary sector.</p> <p>During 2020, the Department provided additional investment in CAMHS to assist with addressing some short terms pressures as well as assist longer term planning. These include: an additional £750k to tackle waiting lists; and £200k to take forward the Managed Care Network (MCN) for acute CAMHS.</p> <p>In 2021, an additional £500k was agreed to provide additional support to CAMHS to alleviate pressures arising from an increase in young people presenting with higher levels of acuity in relation to eating disorders as a result of the pandemic. Work has also</p>	<p>We acknowledge that during 2020, the Department provided additional investment in CAMHS to assist with addressing some short term covid related pressures.</p> <p>During the early phases of the pandemic, we welcomed the establishment of a covid working group dedicated to identifying and responding to the impact of the pandemic on children’s emotional wellbeing and mental health. However, it was difficult to track the outworking from this work in terms of benefits to children, particularly when this group was stood down and subsumed into another group.</p> <p>The Mental Health Action Plan (including a covid mental health plan) was published in May 2020 and showed the seriousness with which the Government took the mental health consequences of the pandemic.</p> <p>However, increased waiting times for mental health services, along with increased admissions to adult mental health and paediatric wards for mental</p>
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		<p>commenced to implement longer term initiatives aimed at achieving systemic change. This work includes the establishment of the CAMHS Managed Care Network (MCN) to enable clinical expertise to be shared across the region. It is anticipated that the MCN will be well placed to drive progress in CAMHS service development, planning and strategic priorities for the future. The Department is working collaboratively with the Department of Education on the development of the Children and Young People’s Emotional Health and Wellbeing in Education Framework. Launched in February 2021, the Framework comprises a range of initiatives aimed at delivering better mental health outcomes for children and young people and will be especially important at this time given the impact of the pandemic. Some key programmes have already commenced under the Framework, such as the HSCT Text-a-Nurse service, and the Education Authority’s Youth Service REACH (Resilience Education Assisting Change to Happen) programme.</p> <p>Other projects are currently at an advance stage of planning, including the introduction of new CAMHS Emotional Wellbeing Teams in schools which will involve the teams working directly with schools alongside other services. £1.7m (£1.5m from DoH and £200k from DE) annually has been agreed for the next three years to establish these teams and it is anticipated service delivery will commence at the beginning of the 2022/23 academic year. In the longer</p>	<p>health treatment would suggest that Government response was insufficient to meet increased need caused by COVID-19.</p> <p>As NICCY set out in each of its three annual Still Waiting Monitoring reports between 2019-21, longer term reform of the mental health care system is not happening fast enough. The need for an increased overall budget for children’s mental health services pre-dates COVID-19 and includes periods when we had a functioning Executive.</p>
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			<p>term, the Mental Health Strategy 2021-2031 sets out a number of key strategic actions to further improve the emotional wellbeing and mental health of our children and young people over the next decade. From a CAMHS perspective, strategic priorities include:</p> <ul style="list-style-type: none"> •Promoting positive social and emotional development throughout childhood •Providing enhanced and accessible mental health services for those who need specialist support, including children and young people with disabilities, their parents and families •Increasing funding for CAMHS to 10% of overall mental health budget. •Creating clear and consistent urgent, emergency and crisis services to children and young people. 	
3.5	<p>The HSC system should ensure that changes made to child health services in response to COVID-19 are fully evaluated and only retained and mainstreamed where they offer greater flexibility, choice and improved access and quality of care to children and young people.</p>	DoH	<p>Healthcare Policy In line with the Elective Care Framework (June 2021), every effort is being made to maximise the delivery of elective care for both adults and children. A number of actions outlined in the elective care framework have already been completed or are underway. Elective Care Framework -Restart, Recovery and Redesign Department of Health (health-ni.gov.uk)</p> <p>A review of general surgery is also underway. The aim of the review is to develop proposals for a long term regional service model for emergency and elective adult and paediatric general surgery, taking into account safety, access, sustainability and specialism.</p>	<p>NICCY welcomes the significant work undertaken by those working for and in the health care system to mitigate the impact of the pandemic. Unfortunately, neither the elective care framework or the progress update reports provide a breakdown of plans and progress for children's / paediatric services, making it very difficult to understand what these mean for children.</p> <p>The exception being reference to the increase in paediatric day procedures</p>

		<p>The review aims to have a report for consideration by the Minister in the Summer.</p> <p>Primary Care & Secondary Care</p> <p>The general practice telephone first consultation approach allows patients –including parents and their children -to seek timely medical advice from their GP for both routine and urgent problems. The GP determines the most appropriate approach to safely addressing the patient’s needs using their clinical expertise. Where a face to face appointment is appropriate, that will be arranged. Alternatively, the GP may decide, based on their clinical assessment, that a telephone consultation is appropriate or that the patient should be signposted or directed to other relevant services. This approach helps the GP to appropriately manage, treat and support the large number of patients who seek clinical support and advice from our primary care practitioners. It has allowed practices to maintain the majority of GP services and has enabled GPs to appropriately manage, treat and support a greater number of patients of all ages than would otherwise have been the case. It is important to note, however, that even before having to cope with the strain of a sustained pandemic situation, it was clear that GP-led services could not continue to meet rising demand and expectations without urgent action to address the pressures facing the service.</p>	<p>which aim to reduce waiting lists for general surgery. Is this the only area currently being addressed within paediatric healthcare?</p> <p>There is a need to increase visibility of children services in the health reform process and transparency in waiting list reporting and actions which affect children’s services.</p> <p>The introduction of remote contact and / or consultation between clinicians and patients has been a considerable change to how some health care services are run - this includes but is not limited to GP services, CAMHS and other allied health professional services. NICCY has commented on the need for a full and transparent evaluation to ensure that changes in how services are run are effective in providing health care for infants, children and young people. We have also consistently recommended that any evaluation exercise includes an assessment of the impact on children’s rights. The Child Rights Impact Assessment Framework</p>
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		<p>In recognition of the increasing demand for primary care services, the Department has continued to invest in our GP workforce and has increased the number of GP trainees by over 70% from 2015 levels. A GP Expert Working Group, established by the Department of Health, has commenced work on a review of GP trainee places, to make sure there are enough GPs to meet our primary care needs into the future. A recommendation from this group to increase the number of GP training places by 10 for the upcoming academic year as an interim measure was recently accepted, pending completion of the work of the expert group. Investment in technology, including telephony, is also assisting General Practice to meet growing demand. Primary Care's response to the COVID-19 pandemic has accelerated the implementation of new and innovative ways of working, including making greater use of technology and telephony, both of which have helped General Practice, along with all other areas within the health and social care system, to react quickly and adapt flexibly to the demands and challenges of the pandemic. Further urgent work is underway to explore how telephony can be better used to support the service. It is important to highlight that the increase in demand for primary care services cannot be met solely by increasing the number of GPs. Rather this is part of a wider programme of work to help improve patient access to services in primary care.</p>	<p>(CRIA) is a practical and user-friendly way of doing this.</p> <p>Like many other parts of the health care system, the need for investment and reform of children's health services was urgently needed before the pandemic. However, reform of children's services has not been given sufficient attention and investment. This is evidenced in the fact that the Paediatric Strategies published in 2016 has made little progress in implementing actions included in it. Furthermore, these strategies paid little attention to community health services, therefore this is an aspect of the children's health care system which has been forgotten.</p> <p>NICCY welcomes the efforts made to improve access to elective paediatric general surgery. And whilst welcome and significant it does not address the challenges faced by the many other parts of the child healthcare system.</p> <p>The rebuild, recovery and reconfiguration of children's health services must proceed at a much</p>
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		<p>Other elements include the wider roll-out of primary care Multi-disciplinary Teams as well as the introduction of Advanced Nurse Practitioners and additional General Practice Nurses, all of which are making a difference to how services are delivered in primary care and contributing to improved outcomes for patients of all ages.</p> <p>Child Health Services Child health services have embarked on a process to assimilate the lessons learned from the planning for, and response to, the pandemic. These lessons will look at how services can be improved for children and young people in the future. During planning for the pandemic the individual units, under the guidance of the Child Health Partnership, met virtually on a weekly basis to ensure that children's urgent and emergency services could be maintained whilst putting measures in place to assist adult colleagues in their response to the pandemic. As a result of the pandemic there was a surge in RSV infections in 2021 and child health services across NI adopted a RSV Hub and daily Situation Report similar to the model used in adult services. This system allowed for collaborative working between acute paediatric units based on real time intelligence on the patient occupancy in units across the HSC. Throughout the pandemic, the increased use of virtual platforms to develop robust plans and innovative means to meet and also have consultations with patients</p>	<p>faster pace than is currently the case if the negative and often long-term impact of delayed access to health care is to be avoided.</p>
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		<p>and their families assisted the response. These examples will be built in to future working. Whilst some of the actions throughout the pandemic have assisted robust collaborative working, undoubtedly, there has been an indirect adverse impact on the lives of children and young people across NI. Child Health Services across the HSC are committed to recover and rebuild services for children and young people across NI. To facilitate this, the various paediatric acute teams are now in the process of developing a means to recover and rebuild from the pandemic. Under the guidance of the Child Health Partnership an extensive process of consultation is underway. Each Trust is following a 'structured debrief' approach where lessons on what has went well, what hasn't and what needs to be improved will be collated. During this consultation process, the key priorities facing the rebuild and recovery of children's and young people services are also sought.</p> <p>Following this exercise, an overall plan for the recovery, rebuild and potential reconfiguration of paediatric acute services will be completed. This plan will also refer closely to the two DOH Paediatric Strategies published in 2016.</p> <p>All draft action plans will also complement existing or new structures developed within the HSC. This will include work being carried out by DOH -led groups, such as the Paediatric Linkages work.</p>	
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3.6	<p>In any future public health emergency, the following measures should be taken:</p> <p>i. Restrictions to child health services should fully respect the best interests of the child, only be applied where necessary, be proportionate and remain in place for the shortest time possible.</p>	DoH	<p>UK Covid-19 Inquiry The UK Covid-19 Inquiry has been set up to examine the UK's preparedness and response to the Covid-19 pandemic, and to learn lessons for the future. The Terms of Reference (ToR) for the Public Inquiry have not yet been finalized. The public consultation on the ToR concluded on 07 April 2022, and the Inquiry Panel are currently reviewing the responses received. When the review is completed Baroness Hallet, Inquiry Chair, will send the Prime Minister her recommended changes to the ToR. It is expected the Prime Minister will finalise the ToR and the Public Inquiry will be officially launched before the summer. The Department awaits the final ToR. The views of the Commissioner are noted in relation to restrictions on child health services and will be taken into account in the event that a public health emergency of this nature arises in the future.</p> <p>Nursing The Nursing, Midwifery & AHP Directorate in the Department has no role in the restriction of services as such, but the Chief Nursing Officer carries responsibility for the policy around the imposition of visiting restrictions in all care settings, which would include a range of children's services. While recognising the rights of patients to receive visitors, and the rights of, partners, children, parents and carers to visit their loved ones while in health and social care</p>	<p>In regards to the final terms of reference for the UK COVID-19 Inquiry into the UK Governments' response to the pandemic, we are pleased that feedback, including NICCY's, has resulted in the draft terms of reference being amended to include greater focus on children and young people, early years, and the impact of covid for those experiencing existing inequalities.</p> <p>We welcome acknowledgment of NICCY's concerns about limitations on access to child health services during the pandemic and will expect this to inform plans for any future public health emergency.</p>
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			<p>facilities in Northern Ireland, our approach to managing the COVID-19 pandemic has meant that many difficult requests have been made of the public around health service / care provision, especially regarding implementing proportionate restrictions to visitor access to hospitals and other healthcare settings during these unprecedented times. Our guidance has also taken account of Article 8 of the European Convention on Human Rights (ECHR), which provides a right to respect for private and family life, asserting that blanket visiting bans are contrary to the rights of both patients and their families and that failure to adopt an individualised approach to the safety of visits will breach the Article 8 rights of both the patients and their families. As the pandemic has developed, we have gained a growing awareness of the negative impact on patients’ mental health and consequent impact on their physical recovery when restriction is placed on visiting for any significant period. Consequently, a phased approach to the reintroduction of visiting has been adopted in the updated guidance –progression will be as fast as possible while fully taking into account the risks in specific areas.</p>	
	ii. Where access to allied health related services such as speech and language	DoH	<p>During the pandemic the HSC reviewed caseloads to prioritise need and develop a range of supports that covered as many children and families and targeted more intensive support for the most vulnerable children in our care. Trust services</p>	<p>There was a lack of consistency in how schools and health services responded to the pandemic situation. Regional coordination appeared to be missing and could have mitigated</p>

	therapy, educational psychology, and occupational therapy are impacted, alternative ways for children to access support must be provided.		communicated closely with the wider HSC system alongside EA services and schools to help deliver a more cohesive approach that helped to reduce duplication, reduce the footfall to protect children and families but that also delivered support that was aimed at addressing needs identified. This was important to support the delivery of as many services as possible to these children when they lost access to the school environment where pupils had been receiving the necessary therapies, often requiring specialist equipment within the school setting. By the very nature of the sudden need to close schools and the lock-down measures put in place health and education services were required to proactively plan to meet as many children and family's needs as possible.	against inequalities in children's access to alternatives ways to access support. It is important for the system to recognise this failing and ensure that in any future health emergency a coordinated regional response is provided that ensures least disruption to children's access to essential healthcare.
	iii. Public health emergency planning should have a child rights impact assessment process embedded within it to ensure that decisions take account of children's rights and best interests.	DoH	Children, young people and their families will be at the heart of decision making by the Department. The European Union Agency for Fundamental Rights (FRA), child rights impact assessment states "Child rights impact assessment is a tool predicting the impact of any proposed law, policy or budgetary allocation, which affects children and the enjoyment of their rights. Child impact assessment needs to be built into government at all levels and as early as possible in the development of policies and laws". The UK Government is one of only six EU Member States that have specific provisions requiring that a child rights impact assessment take place when developing laws and policies, and taking administrative	NICCY welcomes the commitment given to applying a child rights assessment process to all government planning. It is NICCY's assessment that whilst there has been some good examples of use of the CRIA, it is not routinely used by all Government Departments. We welcome evidence of more CRIA screening exercises being used, however the screening exercises could include a more comprehensive

			<p>decisions regarding children. The Department in fully recognising the rights of children, ensures all decision taken are compliant with FRA and underpinned by the UN Convention on the Rights of the Child (UNCRC), in that their views are taken into consideration on matters which concern them in accordance with their age and maturity. The Department of Health NI will continue to take account of children's rights and their best interests in all matters, which affect children including those around public health emergency planning." As these rights are already embedded in policy and legislative decision-making, EPB does not see the need for a separate recommendation.</p>	<p>assessment, and more should be screened in for a full CRIA.</p> <p>We welcome further discussion on requirement for CRIAs and the statement asserting that a separate recommendation is not required.</p>
	<p>iv. Health and Social Care Services should have access to a robust Child Health Information system to ensure accurate and timely information is provided to all clinically vulnerable children and their families.</p>	DoH	<p>The Nursing, Midwifery & AHP Directorate has just commenced work on a project, the main objective of which is to review and update the policy document underpinning the Healthy Child Healthy Future (HCHF) Programme. This will take account of developments from Pregnancy to 19 years, reflecting the policy responsibility of the Department. This will lead to the publication of an updated version of the Healthy Child Healthy Future (HCHF) Framework and full delivery of the HCHF programme as a key constituent of the child health promotion policy for Northern Ireland. It will reflect current Executive and Departmental priorities and contribute towards the "Health and Wellbeing 2026: Delivering Together" programme, which the Department has committed to in order 'to give every</p>	<p>NICCY welcomes this important phase of work to improve the child health information system.</p>

			child the best start in life', by increasing the support we provide to children young people and families. As part of the outworking of this project, the Team will take account of this recommendation, working to ensure accurate and timely information is available on the CHS to be shared with all children (including the clinically vulnerable) and their families in the event of future public health emergencies.	
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Education

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
4.1	In order to truly understand the extent of engagement and the subsequent impact on children's development and attainment, there must be an assessment of the effectiveness of the education that children received during school closures and a benchmarking of any learning lost or gained over the course of lockdown	DE	<p>CURRICULUM INPUT: Initial work by NISRA Pupil Attainment, Wellbeing, and Teacher Practices during the Pandemic: Findings from an Evidence and Gap Map Department of Education (education-ni.gov.uk)</p> <p>14-19, QUALIFICATIONS & YOUTH INPUT: The Department has commissioned and funded research led by The Queen's University on <i>Pupil Attainment, Wellbeing, and Teacher Practices during the Pandemic</i>.</p> <p>The Department is currently examining options to source a bespoke assessment in order to accurately assess the impact of COVID-19 of pupils' learning.</p>	<p>Initial work by QUB / NISRA is welcome, however, the systematic literature review conducted for the evidence map did not identify any Northern Ireland studies for inclusion. There is therefore a clear evidence gap and urgent need for further research on the impact of covid on education in the NI context.</p> <p>The study referred to reviewed existing UK and Ireland evidence on covid and implications for education, synthesising findings on three main themes:</p> <ul style="list-style-type: none"> - Pupil attainment (19 studies) - Pupil wellbeing (12 studies)

				<p>- <u>Teacher practices</u> (16 studies).</p> <p>Two studies published by the Centre of Research in Educational Underachievement (CREU), although not captured by the systematic literature search, were included under a separate theme.^{11 12} Both studies examined parental experiences of, and attitudes towards, home schooling during the pandemic.</p> <p>Given the evidence gap, NICCY welcomes plans to undertake a bespoke assessment to assess impact on pupils' learning. This should include children with SEND and vulnerable children whom evidence indicates have been disproportionately impacted by covid related measures.¹³ Further detail on the scope, methodology and timelines etc would be helpful.</p>
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¹¹ Purdy, N., Harris, J., Dunn, J., Gibson, K., Jones, S., McKee, B., McMullen, J., Walsh, G., and Ballentine, M. (2021). *Northern Ireland Survey of Parents/Carers on Home-Schooling during the Covid-19 Crisis*. Belfast: Centre for Research in Educational Underachievement.

¹² Walsh, G., Purdy, N., Dunn, J., Jones, S., Harris, J., and Ballentine, M. (2020). *Homeschooling in Northern Ireland during the COVID-19 crisis: the experiences of parents and carers*. Belfast: Centre for Research in Educational Underachievement/Stranmillis University College.

¹³ [Pupils' progress in the 2020 to 2022 academic years - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

4.2	Education and Health Bodies should report on how they have identified, met, and will continue to provide for the needs of vulnerable children, and ensure that issues which previously prevented the full-time opening of special schools are identified and addressed.	DE	<p>EARLY YEARS, CHILDREN & YOUTH INPUT: DE and DoH worked closely together throughout the COVID-19 pandemic to support the childcare sector. DE provided approximately £40m financial support for the childcare sector throughout the COVID-19 pandemic. This helped childcare providers to remain sustainable and provide services to the families and children who use them, including vulnerable children.</p> <p>INCLUSION & WELL-BEING INPUT: DE are committed to the Joint Health/ Education Oversight Group whose focus is to ensure vulnerable children have continued access to education settings.</p>	<p>While provision of financial support for the Childcare sector is very welcome as a measure that will benefit some vulnerable children, this does not directly address our recommendation.</p> <p>This response is vague / lacks detail. Clarification of how the health / education oversight group has identified, met and will continue to provide for the needs of vulnerable children, as per our recommendation, is needed.</p>
4.2	Education and Health Bodies should report on how they have identified, met, and will continue to provide for the needs of vulnerable children, and ensure that issues which previously prevented the full-time opening of special schools are identified and addressed.	DoH	<p>Learning Disability A joint DE/DoH Special Educational Needs Oversight Group was established during the early days of the COVID Pandemic. DE, DoH, the Education Authority, HSCB and PHA are all members of the Group. Initially chaired by HSCB/PHA (on behalf of DoH) it met on a weekly bases for its first 18 months. It is now chaired by DE and meets every 2 months (options to meet more frequently are in place if required).The aim of the Group is to work in collaboration to address any issues across the Education and Health sectors that are preventing children with a SEN attending main stream or special schools.</p> <p>Looked After Children</p>	<p>NICCY welcomes establishment of the DE / DoH Special Educational Needs Oversight Group which works collaboratively to address issues that are preventing children with SEN attending mainstream or special schools. Detail of specific issues identified and actions taken to address these is required in order to fully assess response to our recommendation.</p> <p>As above (4.2), a vague response – specific detail is needed of how the particular needs of looked after</p>

			<p>The Commissioner will be aware that a Covid-19 Vulnerable Children and Young People’s plan was developed on a cross-departmental basis and was consulted on in Autumn 2020. Following that consultation, the Executive agreed that the response to the needs of children and young people should be informed by the development and implementation of planned or existing Strategies, including the Children and Young People’s Strategy. Reporting on the actions and outcomes within existing Strategies will consider how the needs of vulnerable children are identified, met and provided for.</p>	<p>children have been identified and met / will continue to be met and provided for.</p> <p>NICCY is disappointed that the response provided does not reference how the specific needs of newcomer children have been identified and met, including children from asylum seeking and refugee families, who, as identified in a ‘A New and Better Normal’, faced particular barriers to education during the pandemic.</p>
4.3	<p>Ongoing guidance and support must be provided to schools to ensure safe and sustainable openings and robust plans be in place to effect facilitation of blended learning should disruptions occur between home study and study at school.</p>	DE	<p>INCLUSION & WELL-BEING INPUT: DE will continue to keep the Vulnerable Children and Young People – Contingency Planning Guidance under review to ensure it meets the prevailing public health circumstances</p> <p>CURRICULUM INPUT: Extensive curricular guidance, including advice in relation to remote and blended learning was made available to schools in DE Circulars:</p> <p>2020/05 2020/06 2021/01 2021/18</p>	<p>NICCY welcomes the Vulnerable Children and Young People Contingency Planning guidance, DE circulars addressing remote and blended learning, and work undertaken by ETI to inform DE’s approach to return to school / blended learning.</p>

			<p>2021/19</p> <p>Links to DE Circulars can be found Here</p> <p>Additionally, throughout January and February 2021, the ETI engaged with settings to understand their experiences of monitoring and evaluation of the delivery and quality of remote learning provision.</p> <p>These ETI reports are informed by an analysis of the quantitative and qualitative evidence obtained from an ETI questionnaire on the delivery of remote learning during the week of 25 January 2021, and the further qualitative evidence gathered during focused discussions by District Inspectors with settings. Case studies are included. The reports can be found at</p> <p>Remote Learning Education Training Inspectorate</p> <p>See also ETI Continuity of Learning Guidance for Schools Education Training Inspectorate (etini.gov.uk)</p>	
4.4	Robust mechanisms must be established by the DE and the Education Authority (EA) to ensure that there is a central record of all children who require access to	DE	<p>PROMOTING COLLABORATION & TACKLING DISADVANTAGE INPUT:</p> <p>4,000 mew digital devices were procured by the Education Authority in 2021/22 for use by pupils (A Fair Start action). Work is now underway to distribute those devices to schools / pupils in order to support their learning in class and at home.</p>	<p>NICCY welcomes actions taken to address digital poverty, including:</p> <ul style="list-style-type: none"> • Procurement of 4,000 digital devices, currently being distributed to schools / pupils • Provision of 25,000 new devices to schools to support disadvantaged learners.

	a device and/or the internet and the number of children who remain without.		<p>CURRICULUM INPUT: Throughout the period of the Covid 19 pandemic the Department made a significant investment in the provision of digital technology and IT equipment to enhance remote learning, and almost 25,000 new devices were procured and provided to schools to support, in particular, our most disadvantaged and vulnerable learners.</p> <p>14-19, QUALIFICATIONS & YOUTH INPUT: The EA holds data on both the distribution of devices at school level and the number of pupils from disadvantaged backgrounds in each school setting. The position of individual pupils changes quite regularly with changes in family circumstances, issues with devices breaking, or new devices being purchased. Consequently, schools are best placed to monitor the situation at individual pupil level and have been asked as part of their Remote Learning provision to keep an up-to-date record of which pupils and families in their school communities may not have sufficient devices or appropriate internet access. This is the approach also taken across other UK jurisdictions.</p>	<p>The response given does not clarify the number of children who remain without access to a device / the internet. Also noted is that recording and monitoring of access to digital devices takes place at a school level, rather than centrally. A central record is important to provide accountability, oversight and inform decision making at strategic level.</p> <p>Clarification needed of steps taken to address needs of children without access to internet (as opposed to digital devices).</p>
4.5	Additional supports must be provided to children and young people who were unable to fully engage with learning during	DE	<p>PROMOTING COLLABORATION & TACKLING DISADVANTAGE INPUT: Evaluation of the Engage Programme is ongoing via the Engage Planner. A review of the data being captured by schools is being collated currently. The ETI also</p>	<p>Review of the Engage programme is welcome and we look forward to the opportunity to view the evaluation, with particular attention to the identified ongoing supports needed. It is disappointing that a decision on</p>

	<p>school closures. Robust evaluation data must be gathered to explore the impact of both school summer schemes and the Engage 2 Programme and that there is an ongoing identification of any further supports required by children and young people.</p>	<p>conducted a review of the Engage Programme in 2021/22 and can be found here.</p> <p>EARLY YEARS, CHILDREN & YOUTH INPUT: The Youth Service updated its Regional Assessment of Needs to ensure that any additional needs as a result of Covid were addressed.</p> <p>The 2022 Summer Youth Programme Post Project Evaluation concluded that funding had provided opportunities for 58,665 CYP to re-engage with their friends and peers through meaningful and engaging programmes of support and was an important milestone in the re-opening of Youth Services. The evaluation showed that the programme allowed the sector to respond innovatively and effectively to meet assessed needs of CYP and contributed to the recommendations of the NI Mental Health Champion.</p> <p>INCLUSION & WELL-BEING INPUT: DE has secured funding for specials schools to provide pilot a 'Home to School Link' programme. The programmes aim is <i>'to improve connection between home and school for children, young people and their families who are new starts and those pupils who have experienced barriers to attendance to special school leading increased attendance and engagement with the child/young person's learning'</i>. Information and data will be collected from schools to inform and shape planning</p>	<p>whether the Engage Programme will be continued in the 2022/23 academic year has not yet been made.</p> <p>Summer Scheme programme and post evaluation is welcome.</p> <p>'Home to school link' pilot programme aimed at children attending special schools is also welcome – additional detail (programme timeframe; no. of special schools involved; additional supports provided through the programme etc) would be helpful.</p> <p>Clarification needed of specific actions that will be taken to support <i>ongoing</i> identification of learning supports required by CYP who were unable to fully engage with learning during school closures.</p>
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			<p>conversations in relation to the health/education interface for children and young people with complex needs.</p> <p>Minister approved funding for the Engage Programme and Healthy Happy Minds to be extended to the end of December 2022.</p>	
4.6	<p>There must be ongoing contingency planning for alternative awarding in 2022 in case of any change in the public health situation. This must build on the learning of the determination of centre assessed grades in 2021 and, essentially, must ensure young people are at the heart of discussions and decision making.</p>	DE	<p>14-19, QUALIFICATIONS & YOUTH INPUT: There has been a managed return to public examinations for Summer 2022, with wide ranging adaptations and modifications take account of disruption to learning. One unit of assessment may be omitted from the vast majority of CCEA's GCSE, AS and A Level qualifications in 2022. This means students are required to sit <i>significantly fewer</i> examinations in 2022 to be awarded their CCEA qualifications and can focus their revision on the mandatory units. In a number of practical subjects at AS and A2, the internal assessment tasks have been reduced rather than a unit being omitted. There was wide ranging engagement with young people on the approach of unit omission and the adaptations were widely welcomes by representatives of young people including SSUNI.</p> <p>A number of other COVID-19 modifications are in place for 2022. For example, there are significantly lowered thresholds for a missed unit calculation and a reserve series has been provided for all A2 mandatory units, plus a small number of GCSE qualifications where there is only one mandatory unit.</p>	<p>NICCY welcomes the approach taken and the engagement with young people to inform measures implemented to date to mitigate the impact of lost learning experienced by students throughout the pandemic.</p>

			<p>The Minister has also announced that there will be a more generous approach to grading taken in summer 2022. Examiner judgement will be at the heart of CCEA’s awarding process. Similar approaches are being taken by the other UK qualifications regulators. The expectation is that outcomes for CCEA qualifications, as with qualifications in other jurisdictions, will be higher than in a normal exam year, ie higher than 2019, the last year when exams took place, but will not exceed 2021 outcomes.</p> <p>At the same time, funding in excess of £1 million during the 2021/22 academic year has provided a significant range of resources and academic support to pupils to assist in their preparation for public examinations.</p> <p>The Department is currently working closely with CCEA to consider potential adaptations to qualifications for the 2022/23 academic year.</p>	
4.7	The Department of Education must work with schools to establish alternative contingency arrangements for the transfer from primary to post-primary school. This must include a set of common admissions	DE	<p>The legislative power to set admissions criteria sits with the Boards of Governors of individual schools and not the Department. The Department publishes guidance for schools on the post-primary admissions process and includes recommendations on the criteria schools should and should not use when setting admissions criteria. While it is Boards of Governors legal responsibility to set admissions criteria, they have a legal duty to ‘have regard to’ the Department’s guidance. The Department does not believe that uniform admissions criteria across all schools would, in any case, be a desirable move. Some children will always meet the</p>	<p>This response does not address the recommendation scenario of further cancellations of the Transfer Tests. It is the DE’s responsibility to ensure that alternative criteria ensure equality of access. Where “alternative” admissions criteria is discriminatory the Department must discharge this responsibility effectively.</p>

	<p>criteria which must be statutorily enforced by the Department of Education to ensure equitability and accessibility for all pupils.</p>		<p>admissions criteria of a given school to a greater extent than other children and common criteria run the risk of some children being prioritised for admission to all schools in an area to the detriment of other children.</p>	
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Play, Leisure and Social Engagement

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
5.1	<p>The Executive, Agencies, Councils and service deliverers should consult with young people as they make changes to restrictions and prioritise safe re-opening of venues and services that are important to them including youth clubs, sports clubs, cinemas, gyms, open air concerts, activity centres, leisure centres. Parks should be kept open and children and young people facilitated to meet there safely,</p>	TEO	<p>All Covid-19 legal restrictions in Northern Ireland were replaced by guidance on 15 February 2022. An example of departmental engagement in relation to provision of services can be seen in the DAERA video, which was launched on the International Day of People with Disabilities (1 December 2021). This highlights the projects the department is working on to introduce new facilities to connect more people to the environment. This helps to ensure our natural environment is fully accessible to everyone and contributes to the vital work to build equality and an inclusive society. Children and young adults participated in this video production and it can be viewed at the following link: Access All Areas: DAERA Equality Scheme in Action on Vimeo</p>	<p>This response does not reflect the recommendation.</p>

	and without being demonised.			
5.2	The Northern Ireland Executive should provide a financial package dedicated to overcoming the loss of play and recreational activities over the COVID-19 pandemic, and the social isolation experienced by children and young people. This should be used to increase the provision of facilities, programmes and events appropriate to different ages of children and young people up to 18, and a process of children's budgeting and consultation used to determine how it is spent.	DoF	DoF recognises the profound impact the pandemic has had socially and economically. DoF will review bids received from Departments to enable the Executive to make informed decisions in relation to any funding or support packages.	This is welcome. The Covid Taskforce should support engagement between DoF, DE, DfC and other Departments to plan and implement a programme to promote better play opportunities for children and young people.
5.3	Consideration should be given to a 'social incentive scheme' for children and young	DfE	This recommendation would be more appropriate for the Department for Communities (DfC) to consider.	The Covid Recovery Taskforce should provide Departments with a forum to discuss how this can be progressed.

	<p>people, providing them with provide free access, vouchers or discounts for cinema tickets, concerts, waterparks, indoor play places, gym memberships, arts and craft activities, and driving lessons. This could be similar to the 'High Street Voucher Scheme' due to be rolled out in NI.</p>			
5.4	<p>When schools are open, every effort should be made to ensure that safe extracurricular activities like sports, orchestra, choir, clubs and drama start up again. Schools should be aware of the impact of social isolation and home schooling on anxiety and mental health and there should more emphasis on balancing schoolwork</p>	DE	<p>INCLUSION & WELL-BEING INPUT: DE has secured funding to enhance summer provisions for special schools for summer 2022. This will enable schools to address some of the challenges in relation to reduced social opportunities for children and young people with complex needs.</p>	<p>This is welcome, but does not meet the recommendations.</p>

	and wellbeing.			
5.5	As restrictions are relaxed, there should be a focus on the key social occasions that have been missed by children and young people, both in terms of ensuring that these happen at the time but also, where possible, facilitating events and occasions that have been missed in lockdown. These include events marking the transitions between schools or leaving school, school events and school trips, sporting events and formals.	DE	EARLY YEARS, CHILDREN & YOUTH INPUT: In recognition of lost key social occasions, a key focus of each 2021 Summer Youth Programme was a celebration event which involved parents, other family members and the wider community. These events promoted confidence, hope and self-esteem among participants.	This is welcome as an example, but more needs to be done.

Family Life and Alternative Care

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
6.1	The Department of Health's 'Family and	DoH	Whilst the Department's work on the development of the Family and Parenting Support strategy has been	NICCY welcomes consultation on this Strategy as soon as possible.

	<p>Parenting Support Strategy' should comprehensively consider the impact of the COVID-19 pandemic on children, young people, their parents and carers, and wider families. It must set out a series of mitigations and additional provisions to address any adverse impacts on family and home life.</p>		<p>delayed by the response to COVID-19 and the resourcing challenges it created, it is intended that this work will begin again in 2022/23. One of the areas on which the strategy will focus, is the extent to which the pandemic has both exacerbated pre-existing difficulties for families, and introduced new challenges.</p>	
6.2	<p>Any barriers to maintaining contact between children and family members, including, e.g., where parents are separated or family members are in prison, must be identified and provisions made to ensure that there is no further disruption to contact.</p>	DoH and DOJ	<p>In terms of improving contact between children and family members, the Departments of Health and Justice will be taking forward a Private Family Law Early Resolution Action Plan aimed at helping parents to achieve the best possible outcomes when settling arrangements for their children in cases of relationship breakdown and separation. Initial steps under the Action Plan will include building evidence on alternative dispute resolution in family cases, developing information and tools to improve children's understanding of how and why decisions are reached for them and to enhance parents understanding of options for resolving issues relating to the care of their children.</p>	<p>NICCY welcomes this response.</p>

		<p>The Department of Justice accepts this recommendation, in so far as it relates to those areas/bodies under the direction and control of DOJ.</p> <p>The Northern Ireland Prison Service is acutely aware of the importance of family contact while someone is in custody, and has continued to keep the arrangements for visits and other elements of COVID-19 operational recovery planning under regular review.</p> <p>On 31 January 2022 the Prison Service reintroduced in-person visits, this followed a temporary suspension introduced after the Christmas period in response to the risks presented by the Omicron variant.</p> <p>With effect from 4 April 2022, the Prison Service removed many restrictions introduced in response to Covid-19, and this included the re-introduction of in-person contact visits. In-person visits are available on two weekdays and one weekend day at each prison establishment. Work has also taken place to maximise the number of visits available to be booked on each of these days.</p> <p>To improve family contact, the screens that were previously in place have been removed, contact is permitted between visitors and prisoners, and up to three adults and three children can attend each visit.</p> <p>Virtual visits have continued to be popular for people in</p>	
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			<p>prison custody and their families and NIPS is committed to retaining this facility as a significant learning point from the pandemic.</p> <p>NIPS will continue to work closely with NIACRO who provide visitors services and support to families of people in our custody.</p> <p>However, it should be noted that the recommendation goes beyond the remit of the Department and the Northern Ireland Prison Service as it includes those being held at Larne House because of their immigration status. This is a reserved matter.</p>	
6.3	The full provision of respite services must be safely available to families of children with disabilities and complex needs both in the recovery period and in any future emergency situations.	DoH	A Children's with Disability Regional Framework has been drafted. One of the issues that the framework aims to address is the provision of suitable and adequate respite services for all children with a disability and complex needs.	NICCY has sought further detail on the development of the children's disability framework and would welcome a focus on respite provision, which includes good practice learning for any future emergency situations, and which take account of the covid recovery process. We are keen to review the framework as soon as possible.
6.4	The Department of Health should explore the issues that resulted in the inconsistent use of the Children's Social Care (Coronavirus)	DoH	The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020 fell away in May 2021. Since then, all HSC Trusts have been required to fulfil their statutory duties under the Children (Northern Ireland) Order 1995 and associated regulations. The ongoing	The response does not state that the focus of the recommendation (inconsistent application of public health related restrictions across different settings and HSCTs) will be

	<p>(Temporary Modification of Children’s Social Care) Regulations (Northern Ireland) 2020 across different areas of social care and different Health and Social Care Trusts (HSCTs), in order to ensure greater consistency in practice and compliance with timeframes across HSCTs in Northern Ireland.</p>		<p>Children’s Services Review will examine practice and service provision across children’s social care services in all five HSC Trusts and any variation that exists.</p>	<p>considered by the Children’s Social Care Review.</p>
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Safeguarding

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
7.1	<p>Government and statutory agencies must ensure that COVID-19 restrictions are implemented consistently and equitably across children’s social care, with particular reference to visits and outings in all care settings.</p>	DoH	<p>Current guidance for children’s social care settings, produced by the Department of Health in conjunction with the Public Health Agency (PHA), is clear that the same public health advice applies to these settings as applies to the general public. However, it also recognises that in exceptional circumstances—for example in the event of a significant Covid-19 outbreak—it may be necessary for additional infection prevention and control (IPC) measures to be put in place to bring an outbreak under control and ensure the safety of children and staff. Any decision to recommend such additional measures must only be taken on advice by</p>	<p>Similar to comment on 6.4. While we welcome the presumption of face to face contact in guidance, the response does not indicate that there is monitoring or review of how restrictions were and may continue to be applied inconsistently across different settings and HSCTs.</p>

			<p>Trust IPC leads or the PHA, and must be subject to an individual risk assessment.</p> <p>The guidance is clear that there is a presumption of face-to-face contact and visits for children and young people, in accordance with latest public health advice and subject to a COVID-19 risk assessment.</p>	
7.2	<p>There should be a clear government commitment to ensure face-to-face contact with children where there are safeguarding concerns or where children are cared for by the State at all times. Any pauses in this should be in the most limited of circumstances, when absolutely necessary, for the shortest time possible, and would require more stringent regulatory and monitoring arrangements than have been in place in the 2020-21 period.</p>	DoH	<p>All HSC Trusts are required to fulfil their statutory duties under the Children (Northern Ireland) Order 1995 and associated regulations.</p> <p>There is a presumption of face-to-face contact and visits for children and young people, in accordance with latest public health advice and subject to a COVID-19 risk assessment.</p>	<p>We note the response and welcome the decision made by the Health Minister at the time not to seek further extension of Regulations (following representation from NICCY and subsequent engagement with children and foster carers) due to the negative impact of these on children and young people in care.</p>

7.3	A thorough and ongoing assessment of the impact of the COVID-19 pandemic on safeguarding should be undertaken. The experiences and views of children and young people as well as those who care for them and practitioners should directly inform this and the recovery and rebuilding of children's social care.	DoH	<p>An independent review of children's social care services in Northern Ireland is underway and will complete by May 2023. The review will be a fundamental examination of children's services, with a focus on quality, equity, resilience and sustainability to ensure that services are:</p> <ul style="list-style-type: none"> •capable of responding to current and potential future demand/pressures and the level and complexity of need; •effectively meeting the needs of the children, young people and families with a range of vulnerabilities and sufficiently and supportively engaging them in decisions affecting their lives; and adequately supporting staff and carers in the exercise of their statutory and other duties and in the course of their caring responsibilities. <p>The review team will actively involve and seek the views of children and young people and those who care for them.</p>	We welcome the review of children's social care but the response does not indicate that this will actively assess the impact of the pandemic on safeguarding and how this will shape recovery and rebuilding.
7.4	The Children and Young People's Strategy (CYPS) and its Delivery Plan should be informed by the feedback on the consultation on the Vulnerable Children and Young People's Plan and adapted as necessary to provide a robust framework for safeguarding children	DE	<p>EARLY YEARS, CHILDREN & YOUTH INPUT:</p> <p>In taking forward the Executive Children and Young Peoples Strategy 2020 – 2030 (CYPS) and the Delivery Plan the department recognises the importance of the lessons learnt during the pandemic. This includes the findings and views expressed in the June 2021 Vulnerable Children and Young People's Plan consultation report as well as other sources.</p> <p>Prior to publication the CYPS was updated to recognise the potential impact of the pandemic on children and young people. The CYPS Delivery Plan was recently</p>	Given the specific actions proposed and consulted on in the Vulnerable C&YP Plan we would seek confirmation that these have all been included in the CYPS Action Plan.

	during the current continuing uncertainty and in any future crisis.		subject to public consultation, the consultation report is currently being finalised. DE is currently gathering information to support the first report on the operation of the CYPS focusing on the duty to co-operate. The information gathered will assist government in further considering and developing responses to support children and young people impacted by the pandemic	
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Information and Participation

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
8.1	Each Government Department should prioritise developing information for children and young people, especially those most vulnerable, in an appropriate, relevant style and format, in conjunction with information provided for the wider population.	DE	<p>PROMOTING COLLABORATION & TACKLING DISADVANTAGE INPUT:</p> <p>The Department consults with and involves children and young people in the development of its policies wherever possible. The Period Dignity scheme being one example where a post –primary school pupil is part of the Programme Board.</p> <p>A recently developed child friendly video outlining what the report “A Fair Start” is about can also be found here</p>	<p>Whilst recognising that there are good examples of information being provide in appropriate format, there is a continued lack of consistency across Departments and statutory agencies.</p> <p>Some formats for providing feedback to consultations have actually made it very difficult for CYP to participate in or get their voice heard. At other times, young people’s voices highlighting similar issues have been correlated and counted as a single response. This is unacceptable.</p>

				Providing information from CYP, especially those most vulnerable, still tend to be (with exceptions) a secondary or last minute reactionary thought.
8.2	Each Government Department should sign up to and endorse the Northern Ireland Participation Policy as developed through the CYPS Participation in Decision Making initiative led by DE and provide the appropriate resources and training to ensure that a network of participation structures is established.	DE	EARLY YEARS, CHILDREN & YOUTH INPUT : The Department of Education is currently leading on the CYPS Participation in Decision Making project and will be working with colleagues across government to identify our next steps in continuing to develop and improve engagement with children and young people. The next stage in this work will include a detailed assessment of requirements. DE will also be working to secure agreement across government in respect of the policy principles which have been drafted to underpin the work	Progress on the CYPS Participation in Decision Making project has somewhat stalled, although commitment has been made that cross-government agreement is still being sought and expected. Whilst being aware of other priorities within the Department, the project is now over 2½ years in development. Rapid progression is encouraged.
8.3	Executive Ministers should engage with and communicate directly with young people on matters that impact on their lives.	TEO	Ministers have continued to engage with children and young people throughout the pandemic using a variety of different means including meeting with young people in education settings, community-led projects, events on social media platforms and press conference-style engagements. The department has worked closely with its advertising agency to tailor communications for young people. This has involved using social channels such as Snapchat, TikTok, and Insta stories, as well as using influencers	The Covid report highlighted the dearth of visibility and the tardiness of engagement with CYP. The update provides positive examples of engagement, in formats that are relevant to CYP. The use of social media and the Infrastructure Youth Assembly are good examples.

		<p>to help communicate key messages. The Northern Ireland Youth Assembly includes up to 90 young people aged 13-17 and they discuss the issues that they think are important and put forward their ideas. Members will meet together twice a year in Parliament Buildings in meetings chaired by the Speaker of the Northern Ireland Assembly. They will also meet more regularly in smaller groups throughout the year to discuss the issues and their views in greater detail. Plenary meetings took place in November 2021 (addressed by Junior Ministers) and March 2022. In March 2022, Minister Mallon hosted an Infrastructure Youth Assembly. This event provided a forum for young people to engage with the Department and make their voices heard to aid policy making on infrastructure issues. The event explored the topic of Travelling to School and considered how best to encourage young people to engage with DfI. The development of the Housing Supply Strategy by DfC involved the consideration of housing issues that impact children and young people. Engagement sessions were held with children and young people's organisations at the initial 'Call for Evidence' stage held in early 2021 and again at the full public consultation stage that closed on 9 February 2022. Organisations that provided input included: Children's Law Centre (CLC), Youth Justice Agency (YJA), Voice Of Young People In Care (VOYPIC), Northern Ireland Association for the Care and Resettlement of Offenders (NIACRO), MACS Supporting Children &</p>	<p>A recent report from the Yorkshire Building Society, '<u>Inflation Nation</u>' (May '22) highlights that 90% of 11 to 18-year-olds in the UK are aware of the <u>cost of living</u> crisis with 60% worrying their parents or guardians do not have enough money to do the things they want or have the things they need. 25% were also aware of parents cutting back on groceries or <u>fuel</u> and 75% added their parents or guardians have talked about the need to cut back on certain things to save money.</p> <p>The cost of living crisis is having a dramatic impact on CYP both mentally and practically and they deserve to be reassured by their political leaders that they are working to alleviate their concerns.</p>
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			Young People (MACS) and Action for Children. At the call for evidence stage, three organisations, CLC, VOYPIC and MACS, also undertook direct facilitated conversations with groups of young people to contribute to this consultation.	
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Youth Justice

Rec. No	NICCY Recommendation	Dept Lead	Departmental Response	NICCY Assessment of Progress
9.1	The PSNI must continue to embed a best interest and trauma informed approach to the young people it comes into contact with, including those accused of breaching COVID-19 restrictions, ensuring that arrest and detention are a measure of last resort.	DoJ	<p>From an early stage of the pandemic PSNI has promoted a policy of the Four E's. Engage, Explain and Encourage compliance, before resorting to Enforcement in relation to breaches of Health Protection Legislation by Children.</p> <p>PSNI has continued to work closely with partners throughout the pandemic to ensure that the best interests of children are met. Directions were issued to officers that, where deemed necessary, young or otherwise vulnerable persons were to be returned to their homes and issues addressed with a responsible adult as appropriate. Officers were also advised to be alert to any issues of risk or harm that might be causing a child or vulnerable person to be away from their home in breach of the Health Protection Regulations. Where identified, such issues were to be brought to the attention of a supervisor.</p>	NICCY welcomes the PSNI response to this, and requests information on the number of Community Resolution Notices and arrests of young people each month prior to, and since, the start of the covid pandemic.

			<p>The Strategic Coordination Centre (SCC) was set up in Brooklyn at a very early stage of the PSNI response to the Pandemic. The SCC is run on a 24/7 basis with a senior officer in command, supported by a team of staff. The role of SCC being to offer live-time advice to officers when required and to direct on any proposed enforcement of the Health Protection Regulations. This ensured that a senior officer had oversight of, and the final decision on whether enforcement was to be taken against any child found to be breaching the regulations.</p> <p>PSNI command issued guidance on the necessity of arrests. The criteria for making an arrest was strengthened and officers directed that, where possible, guidance was to be sought from a Duty Inspector prior to any child being detained no matter what the offence, therefore ensuring that the arrest of any child was only ever as a last resort. This guidance continues to remain in relation to all arrests.</p>	
9.2	Reflecting on the findings of the current survey work, the use of Stop and Search powers must be fundamentally reviewed and revised to ensure the most effective use of such powers that	DoJ	<p>The use of these powers is already the subject of significant scrutiny and is closely monitored.</p> <p>On an ongoing basis, PSNI is externally monitored / inspected regarding stop and search by the Northern Ireland Policing Board (NIPB), HMICFRS, the independent reviewer of Justice and Security powers and the independent reviewer of Terrorism powers. This monitoring will continue and, as part of</p>	<p>NICCY welcomes the PSNI standalone outcome in the Children and Young People Strategy and that this will be a main focus of the Conference with young people.</p> <p>There have been 10 recommendations, it is important that they are monitored and measured with outcomes-based</p>

	<p>promotes children's best interests and community safety.</p>		<p>the PSNI strategy on stop and search, Independent Advisory Groups will also be explored in order to further increase PSNI's scope regarding external monitoring / inspection. The PSNI currently demonstrates strategic accountability around stop and search, which is in the form of a policing powers development group (or PPDG). The PPDG is chaired by an Assistant Chief Constable and gives strategic direction / monitors PSNI progress towards meeting goals and objectives regarding stop and search (many of these objectives originate from the external inspection processes listed above). The recently formed "stop and search working group regarding children and young people" will also continue to examine the effects of stop and search on younger people with a view to ensuring that children and young people are treated fairly and are well informed of their rights during incidents of stop and search. During 2021, an online stop and search survey aimed at children and young people received 3235 responses, the data from which has been used by PSNI to agree 12 recommendations for change. These recommendations have been communicated to the stop and search working group and work is ongoing towards achieving them at present. Due to these measures, PSNI believes that stop and search powers are subject to constant and ongoing review at all times.</p>	<p>accountability.</p>
9.3	Spit and bite guards	DoJ	The policy on the use of Spit and Bite Guards is	It is disappointing that the decision has

	<p>should not be used where officers or staff are aware or believe that a member of the public is under 18.</p>		<p>contained within Chapter 16 of the Conflict Management Manual. In relation to use on children, it states:</p> <p><i>Where officers or staff are aware or believe that a member of the public is under 18 the presumption will be that a Spit and Bite Guard should not be used. This means that officers should, where possible, avoid using a Spit and Bite Guard on a person under the age of 18.</i></p> <p>A Spit and Bite Guard will only be used on a person under 18 where it is absolutely necessary in the circumstances. Robust instruction currently contained in the policy will ensure that deployments of the guard on children will be a last resort. Rigorous oversight is in place regarding the use of Spit and Bite Guards, particularly on children. Officers are required to provide additional rationale for their decision to use the tactic on an individual under 18 and a senior officer will view the Body Worn Video footage of the deployment. PSNI are conscious of the sensitivities of deploying Spit and Bite Guards, particularly on vulnerable people, including children. Post-deployment measures, including making a referral to Social Services for every use on a child, were carefully considered and added to the policy to reflect the PSNI commitment to the best interests of all those who come into contact with the Police.</p>	<p>been made to deploy SBG permanently, despite the EQIA not being published until the 30 June and despite evidence and recommendations from PBNI, PONI and NICCY.</p>
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		<p>Every incident of spitting/biting is unique and usually dynamic in nature. Therefore, it is not possible to be prescriptive about when and how to deploy any use of force tactic. Officers use the National Decision Model prior to using tactical options and must be ready to justify their actions in their use of force report.</p> <p>The numbers of spitting and biting incidents by children indicates that it is not appropriate to set a lower age limit for use of Spit and Bite Guards other than where the age of criminal liability is a consideration of any police response. Current statistics show that, of the incidents of spitting and biting reported by officers and staff, 12% involve children under the age of 18.</p> <p>However, where age is known, safeguards will be put in place. It should be noted that if a Spit and Bite Guard is not available, the only recourse for officers might be to use inappropriate and untested tactics by way of improvisation or an unnecessary escalation of the use of force in the absence of alternatives.</p> <p>An Equality Impact Assessment (EQIA) on the use of Spit and Bite Guards in a post-Coronavirus environment is ongoing. Responses have been considered and the final EQIA report will be published when a decision is made by the PSNI Strategic Management Board on the continued use of Spit and Bite Guards. Partner agencies have been advised in</p>	
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			<p>writing that this is likely to be in June 2022. Following the publication of the EQIA report, a 12 month monitoring period will commence to assess any adverse impact from the continued use of Spit and Bite Guards in a post-Coronavirus environment (if applicable).</p>	
9.4	<p>Effective and early intervention and prevention initiatives must be used to ensure children and young people are diverted from the youth justice system. Such measures must be provided by the health, education and voluntary and community sector (VCS) and developed in consultation with young people their families and the Youth Justice System.</p>	DoJ	<p>The Department of Justice partially accepts this recommendation in as much as it recognises the value of early intervention and prevention initiatives in diverting children from the justice system. However, it does not accept that there is not a legitimate role for the Youth Justice Agency in this area.</p> <p>The statutory purpose of the youth justice system is set out in Section 53 of the Justice (Northern Ireland) Act 2002 and is to prevent offending by children. This includes the provision of Earlier Stage Diversion schemes to prevent offending and the Department considers that it is within the remit of the Youth Justice Agency.</p> <p>All of the activities of the YJA link back to that core statutory purpose, including Earlier Stage Diversion (ESD). ESD provides support to children on the cusp of, or involved in, the earlier stages of offending to help divert them from the formal justice system. Most of the referrals to YJA are in relation to children who have already come to the attention of PSNI. The main aim of ESD is to help children address their offending</p>	<p>This is something that the Commissioner is leading on in terms of the effectiveness of the YJA in providing services for Early Intervention.</p>

			behaviour before it escalates into formal entry into the criminal justice system. The Department recognises and welcomes the complementary role of Health and Education to deliver (either directly or through the voluntary and community sector) 'upstream' focused generic/universal Early Intervention services, such as Family Support Hubs and nurture units.	
9.5	All children and young people must have reasonable adjustments made to meet their additional support needs during court proceedings (virtual or in real time) including access to an independent advocate. Their attendance in person must always be facilitated.	DoJ	<p>The Department accepts the recommendations in respect of court proceedings. Provision already exists in certain cases for a range of special measures such as video-recorded interviews, live TV link, provisions of screens, removing wigs and gowns, giving evidence in private and the provision of registered Intermediaries.</p> <p>As recommended by Sir John Gillen in his report into how serious sexual offences are dealt with in NI, two temporary Remote Evidence Centres (REC), have been established in Belfast and Craigavon. While their use is optional, these facilities are providing practical support by ensuring that child victims of serious sexual offences do not have to give evidence in a daunting court environment and by removing any chance that they could encounter the defendant in the court building. Plans to deliver a bespoke REC for central Belfast are well advanced and we hope this facility will be ready for use by the end of the year. Further roll out of RECs will be informed by the evaluation of existing facilities.</p> <p>As also recommended in the Gillen Review, work has</p>	We welcome this response and steps taken or planned to improve how the judicial system engages with CYP.

		<p>started to scope and develop arrangements to test Pre-Recorded Cross Examination, initially with child witnesses under 13 in Belfast. This project is in its early stages and piloting new arrangements will be subject to funding.</p> <p>While not an independent advocacy service, the Department provides registered intermediaries (RI) who assist vulnerable victims, witnesses, suspects and defendants with significant communication deficits to communicate their answers more effectively during police interview and when giving evidence at trial. The RI Scheme currently operates in respect of criminal cases being heard in all Crown, Magistrates' and Youth courts.</p> <p>However, the management of individual cases including requiring attendance is a matter for the judiciary and is not something the DoJ (NICTS) can comment on or accept on behalf of the judiciary.</p>	
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