**Response to Independent Review of Children’s Social Care Services**

**1. Recommendations**

**Recommendation 1: NICCY recommends that children’s rights explicitly inform and shape the transformation of our children’s social care system.**

**Recommendation 2: NICCY recommends that the Department of Health ensures co-design principles with children, young people and families are built into this consultation and all subsequent consultations with regard to the transformation of children’s social care.**

**Recommendation 3: NICCY recommends the Department of Health stops the privatisation of children’s social care services.**

**Recommendation 4: NICCY recommends that the Department of Health removes ‘foster carers’ as a guiding factor**.

**Recommendation 5: NICCY recommends that ‘Poverty’ and ‘Community Development’ be added as principles guiding children’s social care transformation.**

**Recommendation 6: NICCY recommends that the monitoring framework measuring progress includes the implementation of these principles and children’s rights through Child Rights Impact Assessments.**

**Recommendation 7: NICCY recommends the Department of Health develops and implements policy and guidance that ensures effective training, support and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.**

**Recommendation 8: NICCY recommends the Department of Health and associated Arm's Length Bodies (ALBs) including Health & Social Care Trusts (HSCTs) to develop and implement effective policy and practice to ensure that the views and concerns of foster carers are treated with respect and given due consideration. The Corporate Parent must engage with, record, and properly respond to issues raised by foster carers. We also recommend that policy and guidance be developed and implemented that ensures effective training, support, and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.**

**Recommendation 9: NICCY recommends the Department of Health strengthens its recommendations with regards kinship care which was referred to by the Review as one of the strengths and successes of children’s social care in Northern Ireland.**

**Recommendation 10: NICCY recommends that the better region wide management of residential care provision is prioritised.**

**Recommendation 11: NICCY recommends that the establishment of additional intensively staffed residential homes should be considered by the Department of Health negating the need for placements outside Northern Ireland.**

**Recommendation 12: NICCY recommends that as a matter of urgency the Department of Health ensures equity of high-quality provision across Northern Ireland to prevent differential services depending on Trust area.**

**Recommendation 13: An Anti-Poverty Strategy and costed plan must be published as a matter of urgency by the Department for Communities as a vital preventative and early intervention measure.**

**Recommendation 14: NICCY recommends that there is no diminution of focus with regards the re-set of children’s social care towards ‘preventative’ family support. This will require initial additional resources to enable the re-set.**

**Recommendation 15: NICCY recommends that Sure Start services are initially available to families outside of the existing Sure Start catchment areas towards longer term consideration of expanding Sure Start age range up to 10 years old.**

**Recommendation 16: NICCY recommends that the transition period up to 25 years old should be flexible for children and young people transitioning to adult services and be case specific.**

**Recommendation 17: NICCY recommends that we progress as a matter of priority the implementation of a Barnahus model in Northern Ireland.**

**Recommendation 18: NICCY recommends that the Corporate Parent effectively discharges their role as the advocate for the child with all other relevant authorities in understanding how the different systems work particularly education.**

**Recommendation 19: NICCY recommends that effective measures are put in place to ensure the voice of the child in, and leaving care, being heard and prioritised in accordance with Article 12 of the UNCRC.**

**Recommendation 20: NICCY recommends the immediate and full implementation of the ‘Still Waiting’ Action Plan.**

**Recommendation 21: NICCY recommends that a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility be undertaken as a matter of urgency taking note of the Concluding Observations 43 (iii).**

**Recommendation 22: NICCY recommends that a new funding model for the community and voluntary sector be progressed [[1]](#footnote-2) as soon as possible stabilising service provision for children and young people.**

**Recommendation 23: NICCY recommends that the opportunity is taken at this point consider strengthening the legislative framework of RQIA to enable RQIA to ensure compliance with recommendations and the timely follow-up and monitoring of recommendations of inspection reports to ensure the best outcomes for children and young people.**

**Recommendation 24: NICCY recommends that the Youth Justice System must demonstrate that it is implementing the best interests principle and in line with the Concluding Observations[[2]](#footnote-3) by ensuring: custody is a last resort and for the shortest possible time; children are diverted from the formal system; statutory time limits are introduced for the processing of youth court cases of 120 days.**

**2. Introduction**

The Commissioner for Children and Young People (NICCY) was established in accordance with ‘The Commissioner for Children and Young People (Northern Ireland) Order’ (2003) to safeguard and promote the rights and best interests of children and young people in Northern Ireland. Under Articles 7(2) and (3) of this legislation, NICCY has a mandate to keep under review the adequacy and effectiveness of law, practice and services relating to the rights and best interests of children and young people by relevant authorities. Under Article 7(4), NICCY has a statutory duty to advise any relevant authority on matters concerning the rights or best interests of children and young persons. The Commissioner’s remit includes children and young people up to 18 years, or 21 years, if the young person has a disability or experience of being in the care of social services. In carrying out their functions, the Commissioner’s paramount consideration is the rights of the child or young person, having particular regard to their wishes and feelings. In exercising their functions, the Commissioner is required to have regard to all relevant provisions of the United Nations Convention on the Rights of the Child (UNCRC).

NICCY welcomes the opportunity to respond to this initial consultation and we look forward to the further consultations indicated linked to some of the Independent Review’s recommendations. It is vital that further consultation processes are co-designed with young people, carers and families. We commend Professor Ray Jones, the Review Team, VOYPIC and Children in Northern Ireland on their work in ensuring the participation of children, young people and families in the Review process.

This submission is not intended to be comprehensive but instead addresses the aspects which most directly speak to children’s and young people’s rights and best interests It is informed by NICCY’s recommendations from our Report issued in January ‘2023 - *‘Looked After?: A Formal Investigation into the Life of a Child in the Care of the State*’.[[3]](#footnote-4) This submission is also informed by the UNCRC Committee’s Concluding Observations following the examination of the UK State Party published in June 2023.[[4]](#footnote-5) NICCY has engaged with families, volunteers and staff at Home Start Causeway on this. NICCY’s overriding advice is that any changes in services, structures and governance arrangements in the children’s social care system must be based on / lead to the full implementation of all children and young people’s rights.

This submission should be read in the context of the Children’s Services Co-operation Act (Northern Ireland) Act 2015[[5]](#footnote-6) which places a mandatory obligation on all government departments and children’s authorities to work together to deliver on the eight wellbeing outcomes as stated, and as per the Northern Ireland Executive’s Children and Young People Strategy 2020-2030[[6]](#footnote-7) which recognises the particular vulnerabilities of children who have experience of being in the care of the State.

**Recommendation 1: NICCY recommends that children’s rights explicitly inform and shape the transformation of our children’s social care system.**

**Recommendation 2: NICCY recommends that the Department of Health ensures co-design principles with children, young people and families are built into this consultation and all subsequent consultations with regard to the transformation of children’s social care.**

**2.1. Children’s Rights**

Article 9 of the Convention of the Rights of the Child (CRC) states that:

“*States Parties shall ensure that a child shall not be separated from his or her parents against their will, except when competent authorities subject to judicial review determine, in accordance with applicable law and procedures, that such separation is necessary for the best interests of the child. Such determination may be necessary in a particular case such as one involving abuse or neglect of the child by the parents, or one where the parents are living separately, and a decision must be made as to the child's place of residence*.” [[7]](#footnote-8)

In other words, children and young people have the right to live in a family which cares for them with duty bearers ensuring that families are supported in realising this right. Leading from this it has been argued that Family Support services are not and should not be seen as an additional ‘intervention bonus’ which a child and family may or may not receive but as a human right under the UNCRC.

“*The UN Convention on the Rights of the Child (UNCRC) recognises that children’s rights are best met in the family environment which secures their care and protection. Furthermore, UNCRC directly and indirectly elaborates on the responsibilities of the states in securing support to parents and families to fulfil their family duties in the best interests of the child. Despite this, at the present time, even the countries most dedicated to the implementation of child rights have developed very few mechanisms and only modest resources are being made available for securing appropriate Family Support in the upbringing and safeguarding the well-being of children. Child protection as a right assumed. Why not a child’s right to support?*” [[8]](#footnote-9)

Dolan et al also state that:

“*Bearing in mind that parents and families are the best child protectors if appropriately supported, building the capacities of families becomes an integral part of the efforts to realise the rights and well-being of children. Therefore, in various circumstances, the right of the child to Family Support becomes a prerequisite for a full and indivisible exercise of the rights of the child altogether*.” [[9]](#footnote-10)

This is important as the whole premise of the Review Recommendations is that the dial needs shifted to supporting families. To quote Eleanor Roosevelt who, when addressing the UN General Assembly, described where human rights begin including in the family:

“*In small places, close to home – so close and so small they cannot be seen on any maps of the world. Yet they are the world of the individual person; the neighbourhood and family she lives in, the school or college he attends; the factory, farm, or office where he works.’ Ms Roosevelt eloquently explained: ‘Such are the places where every man, woman, and child seeks equal justice, equal opportunity, equal dignity without discrimination. Unless these rights have meaning there, they have little meaning anywhere*.”[[10]](#footnote-11)

The 54 Articles in the UNCRC outline the minimum standards for all children’s rights including those to protection, participation and the provision of services. Children have a right to develop in a safe environment where their physical, emotional, educational, and social needs are respected and met, and that allow children to thrive; this includes the right to be protected from all forms of violence, abuse, and neglect (Article 19, 34, and 35). While all children’s rights will have relevance for this Review, we have identified some of the key articles which are of particular significance; they include: the best interests of the child (Article 3), children’s right to participation (Article 12) a child’s right to information (Article 13), the rights of children unable to live with their family (Article 20), review of treatment in care whether in foster care or in hospital, and a child’s right to a standard of living that is good enough to meet their physical and social needs and support their development (Article 27).

Government has an obligation to ensure that appropriate measures and procedures, from preventative programmes to investigatory and judicial processes, are in place to realise these rights. The rights of the Convention are interdependent and indivisible – like children’s lives they cannot be compartmentalised nor are they negotiable.

NICCY undertook our first formal investigation in accordance with the Commissioner for Children and Young People (NI) Order 2003 (2203 Order). The purpose of initiating the investigation was to:

* Ascertain all relevant circumstances which led to the young person at the centre of it being held on remand for a protracted period (longer than 290 days;
* To identify any breaches of her rights;
* Ascertain why there remained ambiguity surrounding her learning disability, including a lack of referral to appropriate services and professionals; and
* To make recommendations where necessary.[[11]](#footnote-12)

Our Formal Investigation Report or ‘Vicky’s Story’ showed that:

“*Systemic failings and breaches of Vicky’s rights, at the various stages of her life, eventually resulted in her being placed out of Northern Ireland. From the outset of her life, planning for Vicky’s care was not based on her best interests. Instead, there was a lack of appropriate response by the relevant authorities and a failure to develop ‘tailored’ support structures and services to effectively meet her needs as corporate parents. The approach appeared framed by how Vicky could ‘fit into’ existing processes and structures rather than focusing more on meeting her specific needs. Vicky should have had her rights upheld and respected. However, as set out, the evidence shows where these rights have been breached.[[12]](#footnote-13)*

The key question guiding our response is whether Vicky’s ‘story’ would have been different if this Review’s recommendations had been implemented.

It is pertinent to note that the roots of the word ‘economy’ can be traced back to the Greek word *oikonomia*, referring to a ‘functioning household’ or thriving family. How we decide on the priorities of our economy is a political choice. The Independent Review of Children’s Social Care reminds us that family support must become a political priority.

**3. Commentary**

**3.1 Chapter 1 – Guiding Principles [[13]](#footnote-14)**

**Q1 Do you agree with the categorisation of these recommendations as guiding principles.**

**Q 2 Are you content with the proposal to adopt the principles to guide future reform in this area of service provision?**

**Q. 3 Do you accept the position taken in connection with recommendation 29? (Recommendations 1, 4, 5, 6, 26, 29, 50 and 51)**

NICCY agrees with the majority of these recommendations being framed as principles guiding the transformation plan other than the Recommendation 26 relating to foster carers.

The system of children’s social care needs to fit the size of NI.

We agree with the Review’s analysis that our children’s social care system continues to be very complex for parents, children and young people to navigate. It also makes joint strategic planning and multi-agency service delivery more difficult with a consequence that as the Review clearly demonstrates, children and young people receive different services dependent on the Trust area they find themselves in.

A focus on family support and preventative services.

Our Formal Investigation spoke to the significant levels of missed opportunities to prevent and plan. This led to the deterioration of Vicky’s physical and mental health over her childhood and adolescence and as young woman leading her to be placed in England through an extra contractual referral (ECR) costing more than £1,440,000.00 for the period of 2018 – 2021.[[14]](#footnote-15) Vicky remains in England at a continuing high cost. The Early Intervention Foundation in their report on the cost of late intervention in Northern Ireland concluded that:

“*Countries which have an emphasis on early intervention services backed up by and integrated with specialised services for children with additional needs, achieve the best outcomes for children and young people. The UK is at the bottom of the league table. The relationship between record numbers of looked after children and a system skewed towards helping families only when they reach crisis point is clear. As the cost-of-living crisis bites, more families are being pushed to breaking point. The annual short-run cost to the public sector of late intervention in Northern Ireland is estimated at £536m per year. This is equivalent to £1166 per child*.” [[15]](#footnote-16)

As our Formal Investigation so clearly demonstrated, the impact on a young person’s mental and physical health of late intervention is devastating. NICCY is also deeply concerned that the largest number of unallocated cases relate to a child with disability.

Urgency

NICCY has been extremely concerned at the cuts to the Northern Ireland budget and their cumulative impact on children and young people, particularly those families who need additional support to thrive such as with children and young people with disabilities.

It is important to note that these cuts come on the back of the worst cost of living crisis in 45 years, the absence of an Assembly and Executive Ministers, challenges associated with ‘Brexit’ and the ongoing impact of Covid, all of which have had an extremely detrimental impact on, and delivery for, children and young people in Northern Ireland, and their families.

In the conclusion of our report on the statutory response to the Covid emergency, ‘*A New and Better Normal’*, we wrote:

‘*It is the case that, when a public emergency occurs, the degree to which the processes in implementing children’s rights are effective and embedded in government policies and service delivery processes, will determine the degree to which children’s rights are prioritised during the emergency response. (…) We must learn the lesson that, alongside the vital actions required to support recovery, there must be a focus on embedding a child rights culture within the fundamental workings of government and its agencies.”* [[16]](#footnote-17)

With 22,875 children known to social services as a child in need and the number of children in care reaching a record high of 3,801 children[[17]](#footnote-18) and, as NICCY has discussed with NI Departments and the Head of the Civil Service, resourcing NI requires stabilisation and transformation of public services. As also referenced in the ‘Reimagining Children’s Social Care Services in Northern Ireland’ report, this crisis for young people needs a two-pronged approach: immediate stabilising actions and long-term transformation of our children’s social care system.[[18]](#footnote-19) However, we would also caution that urgency does not translate into performative policy making no impact on children and young people’s lives.

Participation and co-produced and designed by families, CYP and those delivering services.

NICCY is delighted by the level of engagement of children and young people in this Review and the importance placed not only in their participation in the Review but that this principle must be the foundation of the children’s social care system in the future. Article 12 of the UNCRC states the child’s right to express his or her views freely in “all matters affecting the child”, with those views being given due weight.

General Comment 5 published by the Committee for the Rights of the Child offers further commentary on the General measures of implementation of the Convention on the Rights of the Child.

“*Opening government decision-making processes to children is a positive challenge which the Committee finds States are increasingly responding to. Given that few States as yet have reduced the voting age below 18, there is all the more reason to ensure respect for the views of unenfranchised children in Government and parliament. If consultation is to be meaningful, documents as well as processes need to be made accessible. But appearing to “listen” to children is relatively unchallenging; giving due weight to their views requires real change. Listening to children should not be seen as an end in itself, but rather as a means by which States make their interactions with children and their actions on behalf of children ever more sensitive to the implementation of children’s rights*.”[[19]](#footnote-20)

It continues importantly by noting:

*“One-off or regular events like Children’s Parliaments can be stimulating and raise general awareness. But article 12 requires consistent and ongoing arrangements. Involvement of and consultation with children must also avoid being tokenistic and aim to ascertain representative views. The emphasis on “matters that affect them” in article 12 (1) implies the ascertainment of the views of particular groups of children on particular issues - for example children who have experience of the juvenile justice system on proposals for law reform in that area, or adopted children and children in adoptive families on adoption law and policy. It is important that Governments develop a direct relationship with children, not simply one mediated through non-governmental organizations (NGOs) or human rights institutions. In the early years of the Convention, NGOs had played a notable role in pioneering participatory approaches with children, but it is in the interests of both Governments and children to have appropriate direct contact*.”

A key adverse finding in the Formal Investigation is that there was little evidence that the necessary effort was made to ensure Vicky’s voice and her behaviour were being either heard or considered by the Corporate Parent.[[20]](#footnote-21)

Privatisation of Children’s Social Care Services

NICCY agrees with the Review’s Recommendation 29 to not allow the privatisation of children’s social care. In our third Statement on Children’s Rights in Northern Ireland, we referenced General Comment 5 and the emphasis placed by the Committee on State Party obligations under the UNCRC include ensuring that non-State service providers operate following its provisions, thus creating indirect obligations on such actors. It defined the private sector as including businesses, NGOs and other private associations, both for-profit and not-for-profit. It particularly noted the requirement for the establishment of appropriate standards in the areas of health and rigorous inspection to ensure compliance with the Convention. It is pertinent to note that the NI Department of Finance published public procurement notice PPN 05/21 on Human Rights in Public Procurement (November 2021), outlining departments’ actions to consider the same in these processes. The rights of children and young people must be protected in every environment they are in, including within the private sector.[[21]](#footnote-22)

**Recommendation 3: NICCY recommends the Department of Health stops the privatisation of children’s social care services.**

Foster Carers

NICCY does not feel that this recommendation fits as an overriding principle as it begs the question as to why other key stakeholders in the children’s social care system are not mentioned such as kinship carers and the community and voluntary sector.

**Recommendation 4: NICCY recommends that the Department of Health removes ‘foster carers’ as a guiding factor.**

NICCY recommends adding two additional principles.

Poverty

NICCY has consistently voiced its concern with regards the lack of progress in tackling child poverty over the past 20 years, and the fact that children are consistently the age group with the highest levels of poverty in NI.[[22]](#footnote-23) Also consistent over this time is the fact that child poverty rates have been significantly higher than for other age groups in Northern Ireland. Child poverty rates have been on average seven percentage points higher than equivalent rates for working-age adults, and twelve percentage points higher than for pensioners. This has remained consistent over this period, demonstrating that no progress has been made in addressing these critical inequalities in poverty rates across the age groups. [[23]](#footnote-24)

The Review strongly states that poverty is a:

“*major driver of the need and demand for children’s social care social services. It is highly correlated with numbers of children with child protection plans and who are in care. It is also highly correlated with ill health including mental health concerns and drug and alcohol misuse. There should now be no doubt that poverty is corrosive and it is contaminating*.” [[24]](#footnote-25)

We must reverse the unacceptable trends we see in increasing child poverty, poor health and mental health and more children requiring support from children’s social care. With the right policy interventions, investment and prioritisation, many more children can have the chance to thrive with their families. We urgently need an Anti-Poverty strategy informed by lifecycle approach reflecting the causes and impacts of poverty at different ages and including actions in relation to children, working-age adults, and pensioners. Actions relating to children should include introducing a new £20 weekly child payment for each child in poverty, affordable childcare, the removal of the two-child benefit cap and reducing the costs of education and travel.[[25]](#footnote-26)

Community Development

Only when families and communities are unable to provide support themselves should professionals step in. The level of that first, often non-stigmatising intervention of family support is determined by the wellbeing and assets of a community. Genuine citizen and neighbour led family community care needs noticed, understood and nurtured rather than ignored or trampled on by the state.

“*By reviving community, built around the places in which we live, and by anchoring ourselves, our politics and our economy in the life of families, we can recover the best aspects of our humanity*.” [[26]](#footnote-27)

**Recommendation 5: NICCY recommends that ‘Poverty’ and ‘Community Development’ be added as principles guiding children’s social care transformation.**

**Q4. Are there further comments that you would like to make in terms of how we ensure that the guiding principles identified by the Review are being adopted?**

The tracking of progress should include the extent to which decisions made are measured against these principles including the rights of the child as set out in the UNCRC through the use of Child Rights Impact Assessments (CRIAs)

**Recommendation 6: NICCY recommends that the monitoring framework measuring progress includes the implementation of these principles and children’s rights through Child Rights Impact Assessments.**

**3.2 Chapter 2 - More Effective Family and Children’s Services [[27]](#footnote-28)**

**Q5. Do you agree with the decision by the Department of Health to implement, through an already established programme board, recommendations 25, 28, 30, 33 and 49?**

**Q.6 Are there specific considerations you think we should bear in mind in taking forward recommendations 25, 28, 30, 33 and 49?**

NICCY agrees that these recommendations are implemented through the programme board. We urge the Department to ensure that there are clear and regular updates from the programme board accessible to children, young people and families with regards time frame and progress. We have specific commentary on some of the recommendations as below.

Review Recommendation 25

There were two key recommendations from our Formal Investigation with regards to Foster Care.

* Develop and implement policy and guidance that ensures effective training, support and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.[[28]](#footnote-29)
* Develop and implement effective policy and practice to ensure that the views and concerns of foster carers are treated with respect and given due consideration. The Corporate Parent must engage with, record and properly respond to issues raised by foster carers.[[29]](#footnote-30)

We recommend that these recommendations are implemented and that the Department of Health strengthens its own recommendations with regards kinship care which was referred to by the Review as one of the strengths and successes of children’s social care in Northern Ireland.

**Recommendation 7: NICCY recommends the Department of Health develops and implements policy and guidance that ensures effective training, support and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.**

**Recommendation 8: NICCY recommends the Department of Health and associated Arm's Length Bodies (ALBs) including Health & Social Care Trusts (HSCTs) to develop and implement effective policy and practice to ensure that the views and concerns of foster carers are treated with respect and given due consideration. The Corporate Parent must engage with, record, and properly respond to issues raised by foster carers. We also recommend that policy and guidance be developed and implemented that ensures effective training, support, and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.**

**Recommendation 9: NICCY recommends the Department of Health strengthens its recommendations with regards kinship care which was referred to by the Review as one of the strengths and successes of children’s social care in Northern Ireland.**

Review Recommendation 28

We note the Review’s reference to NICCY’s Formal Investigation with regards Extra Contractual Referrals (ECR) and the argument that within a separate Arms Length Body (ALB) it would not make sense to continue having specialist ECR providing funded separately by DoH. Having the funding historically committed to ECR placements allocated to the ALB would give the opportunity to decide whether the money might be better spent by developing services provided by the ALB in Northern Ireland rather than the cost, vulnerability and distress of being placed in a care setting outside of Northern Ireland.

There is a need for better region wide management of residential care provision and NICCY supports the call for same, whether that be within a new ALB or within existing structures. Arguably the Children’s Services Cooperation Act (CSCA) was passed for such a purpose re integrated working. The establishment of additional appropriately staffed residential homes would be welcomed and as pointed out, could negate the need for placements outside of Northern Ireland. Avoiding the commercialised care of children is important, keeping the focus on the best interests of the child rather than the profits of the private entity.

**Recommendation 10: 0NICCY recommends that the better region wide management of residential care provision is prioritised.**

**Recommendation 11: NICCY recommends that the establishment of additional intensively staffed residential homes should be considered by the Department of Health negating the need for placements outside Northern Ireland.**

Review Recommendation 30

The wide variations across Trusts in provision of respite care was noted in the Review and from a child’s rights perspective greater equity of provision irrespective of Trust area must a priority. The need to replenish and to increase residential respite care services and to achieve greater equity of provision across the region has been widely recognised. NICCY has previously highlighted with the Department of Health and the Health & Social Care Trusts the pressures on vulnerable children, young people and families due to lack of respite care and services through complaints and concerns raised with our Legal & Investigations team.

**Recommendation 12: NICCY recommends that as a matter of urgency the Department of Health ensures equity of high-quality provision across Northern Ireland to prevent differential services depending on Trust area.**

Review Recommendation 49

We have already referred to the importance of reducing child poverty as one of the guiding principles shaping the transformation of the children’s social care system, the priority actions required and the importance of an Anti-Poverty Strategy following a life-cycle approach which places a priority on raising income levels. This was also noted as a key issue during discussions with Home Start Causeway families, volunteers and staff.

“*The review is not saying anything new, but it is repeating what families know: it’s practical help that families need to deal with stress, mental and/or physical illness, poverty, isolation. And this so true for families with a child or young people with a disability*.”[[30]](#footnote-31)

**Recommendation 13: An Anti-Poverty Strategy and costed plan must be published as a matter of urgency by the Department for Communities as a vital preventative and early intervention measure.**

**Q7. Do you agree that there needs to be a reset and greater focus and attention placed on/given to family support? (Recommendation 22)**

This has been stated as one of the guiding principles for the transformation process, so it is concerning that the Department’s response is that:

“*It is accepted that further investment in family support services is required to be able to stem the flow and turn the curve in relation to the increasing number of children and families engaging with statutory children’s social care services. This will be subject to the availability of budget in a constrained financial operating environment*.” [[31]](#footnote-32)

The Department’s response is worrying when coupled with the Review noting that:

*“What has also been difficult, and a limitation has been getting information on the allocation of funding for children’s social care services within Northern Ireland and how this funding has been used.”[[32]](#footnote-33)*

The Review recommends therefore that:

“*Mapping and accounting for total children’s social care funding is vital to provide future clarity on what money is available, how it is being spent, and to allow it to be re-patterned to support the refocusing of services and tackle priority issues.” [[33]](#footnote-34)*

We would be concerned that lack of clarity around total spend on children’s social care coupled with the caveat of a “constrained financial operating environment” means that in Professor Ray Jones’s words the “Titanic will not be turned.”

**Recommendation 14: NICCY recommends that there is no diminution of focus with regards the re-set of children’s social care towards preventative family support. This will require initial additional resources to enable the re-set.**

**Q8. Do you agree that Sure Start should be expanded so that children (age 0-3) and families outside current Sure Start catchment areas can avail of Sure Start services? (Recommendation 23)**

**Q9. Do you agree that the provision of Sure Start services should be extended to older children, i.e. aged 4 to 10? (Recommendation 23)**

**Q10. How do you consider other family support services could be expanded to meet the needs of children aged 4 to 10? (Recommendation 23)**

There was overwhelming support from the Home Start Causeway families, volunteers and staff that Sure Start should immediately be available on referral for those outside the existing Sure Start catchment areas, due to hidden deprivation, particularly in rural areas. And that in the long-term increasing the partnership and long-term investment in both Sure Start and Home Start might be one way of progressing widening access.

Overall, the families felt that there was still significant levels of stigma and shame carried by parents and carers in ‘not being good enough’. And that this was particularly an issue in close-knit communities where parents grew up together.

*“To remove the stigma of family help and support, we need to make it ‘normal’ that rom birth, families can access family support which they can choose to ‘opt out’ of rather than having to choose to ‘opt in’. And that these services seamlessly follow the child from 0-18 years old, or older with children with Special Educational Needs or disabilities.”[[34]](#footnote-35)*

**Recommendation 15: NICCY recommends that Sure Start services are initially available to families outside of the existing Sure Start catchment areas towards longer term consideration of expanding Sure Start to 10 years old.**

**Q11. Do you agree that we should introduce the Mockingbird Family Model into Northern Ireland? (Recommendation 27)**

**Q12. Are there other ways to better support foster carers in Northern Ireland and to deliver the aims of the Mockingbird Family Model? (Recommendation 27)**

NICCY is not sufficiently aware of the Mockingbird Family Model but would support any models which provide a support structure around the foster carer to create a ‘foster extended family and community.

**Q13. Do you agree that children with a disability should not automatically transition from children’s services to adult services at age 18? (Recommendation 31)**

**Q14. What do you consider to be a suitable transition period for children and young people with a disability moving to adult services? (Recommendation 31)**

**Q15. Should a transition period be case specific or apply to all children and young people transitioning to adult services? (Recommendation 31)**

NICCY agrees with the principle that the ‘18-years old cliff edge’ should be removed and that greater flexibility needs built in between 18 years and NICCY would recommend up to 25 years old for all young people recognizing that young people transition differently into adulthood. In addition, this transition should only happen if the adult services are securely in place. If this is not the case, current provision should continue. Families’ and young people’s fear of abandonment by the support structures they have managed to create has been well documented.

NICCY has intervened in Judicial Review cases involving the delayed discharge of children and young people from the Iveagh Centre. It should not take judicial intervention to ensure the Trusts meet their obligations. Even in these cases, with the spotlight of the Court on them, there have been problems with transition to adult services. NICCY therefore welcomes the proposal to extend the transition period and believes the transition period should be case specific i.e. based on the need of the young person.

**Recommendation 16: NICCY recommends that the transition period up to 25 years old should be flexible for children and young people transitioning to adult services and be case specific.**

**Q16. Do you agree that a transitions advice and advocacy service is required in Northern Ireland for so that young people with a disability and their families are supported and assisted during the transitions process. (Recommendation 32)**

**Q17. How do you suggest the advice and advocacy service is provided? (Recommendation 32)**

**Q18. Is there scope to combine implementation of recommendation 32 with recommendation 36?**

Our Formal Investigation recommended the following, which include transitioning to adult services:

*“To ensure the views of the child are being actively sought before all formal processes or decisions are made with regards to every aspect of their life. This should include, but not limited to, providing children with support to be active participants in their care, health and education and to understand the reasons that decisions are made.”****[[35]](#footnote-36)***

In addition, the Concluding Observations recommendation stated the need to:

*38 (i) have access to independent, well-resourced child-friendly advocacy services and specialised support, including mental health and therapeutic services. [[36]](#footnote-37)*

It is worth noting that this ‘transitions and advocacy service’ should also be for Children Looked After. In the case of the young person who was the focus of our Formal Investigation, the failures of the Corporate Parent i.e., the Trust, meant that Vicky might have benefitted from a transitions and advocacy service.

NICCY recommends that a ‘transitions advice and advocacy service’ and an ‘independent parent advocacy service’ should be kept separate with the key criteria being that children and young people’s rights are duly met.

**Q19. Do you agree that the Gillen Review should continue to help shape civil and family justice modernisation priorities? (Recommendation 34)**

**Q20. Do you agree that informal arrangements between members of the judiciary and leaders of children’s social care services should be put in place as recommended? (Recommendation 35)**

NICCY provided advice to the Gillen Review [[37]](#footnote-38) and follows updates on its implementation with great interest. It shares concerns held in the Review Report regarding the passage of time between publication of the Gillen Review and recommendations being actioned. The Gillen Review should most definitely continue to help shape reform of the civil and family justice systems. NICCY would support any proposals that build on the relationship between the judiciary and children’s social care, as this will help both sectors understand the priorities and workforce pressures of the other, and ultimately help the administration of justice for children and young people at the centre of family court proceedings.

With regards the wider Gillen Review recommendations, NICCY has been consistently calling for a child centred health and justice model, such as Barnahus, which seeks to improve outcomes for both children and the criminal justice system.

**Recommendation 17: NICCY recommends that we progress as soon as possible to implementing a Barnahus model in Northern Ireland.**

**Q21. Do you agree that improvements are necessary in how parents who are engaged with children’s social care services are supported, including through advocacy support? (Recommendation 36)**

**Q22. Do you agree that greater support, including advocacy support, needs to be delivered by way of an independent organisation? (Recommendation 36)**

**Q23. Is there scope to combine implementation of recommendation 36 with recommendation 32?**

The ongoing complexity of children’s social care services clearly requires some kind of navigation / involvement of and for families. However, reducing this complexity would seem to be an equally important goal. It is worth repeating at this point that the role of the Corporate Parent should have greater focus as well by the Department as a key area for improvement.

Our Formal Investigation report stated that:

*“The role of the Corporate Parent, i.e. those with parental responsibility for children who are in the care of the State, has been a central ‘theme’ throughout the life of Vicky and is, as stated elsewhere in this report, fundamental to the entire approach in how the State ‘cares for’ our children when the need to do so arises. The Children (Northern Ireland) Order 1995 (1995 Order)10 sets out the roles and responsibilities of Social Care Bodies in such circumstances.”[[38]](#footnote-39)*

The lack of support provided to the foster parent in our Formal Investigation was a constant theme running through the young person’s childhood and one of NICCY’s recommendations centres around ensuring effective training, support, and supervision of foster carers:

*“Develop and implement policy and guidance that ensures effective training, support, and supervision of foster carers specifically for children with complex needs. Such guidance should be monitored to ensure compliance.”* [[39]](#footnote-40)

The next recommendation also referred directly to the Corporate Parent’s role as an advocate for the child:

*“Ensure that the Corporate Parent effectively understands how different systems work and discharges their role as the advocate for the child with all other authorities, particularly education*.”[[40]](#footnote-41)

With this in mind, NICCY would be supportive of improvements in advocacy for parents engaged with children’s social care services, in whatever form that takes.

**Recommendation 18: NICCY recommends that the Corporate Parent effectively discharges their role as the advocate for the child with all other relevant authorities in understanding how the different systems work particularly education.**

**Q24. Do you agree that children and young people in and leaving care should be able to identify and name a person they trust to negotiate their engagement and relationships with and within children’s social care services? (Recommendation 37)**

In NICCY’s Formal Investigation, one of the underlying themes throughout the lifetime of the young person was the voice of the child not being heard *(See Recommendations 12, 18 and 29)*. The young person’s family also complained about being left out of, or not properly consulted upon, important decisions. Recommendation 44 of the NICCY report includes the recommendation that relevant authorities involve both the young person and their family in any future decisions.[[41]](#footnote-42)

It is with that background that NICCY supports any steps that would assist in the voice of the child being heard, something NICCY envisages Recommendation 37 of the Review Report as putting this into practice.

*“Young people who are care experienced have commented the need for an adult as a continuing presence through care and beyond care. Could be relative, family friend, teacher, youth worker etc..”[[42]](#footnote-43)*

**Recommendation 19: NICCY recommends that effective measures are put in place to ensure the voice of the child in, and leaving care, being heard and prioritised in accordance with Article 12 of the UNCRC.**

**Q25. Do you agree with the plan under the Mental Health Strategy to further develop emotional health and well-being services and mental health services for children and young people? (Recommendation 42)**

**Q26. Are there any other approaches that could be considered? (Recommendation 42)**

NICCY published *‘Still Waiting: A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland*’ in 2018 which demonstrated how child and adolescent mental health services (CAMHS) can be ‘rights compliant’. It outlined how:

*“**A children’s rights compliant mental health system, is one which is responsive to children and young people as their needs arise. It is integrated and takes a whole-system, end-to-end approach, extending from prevention through to inpatient services.” [[43]](#footnote-44)*

Our report referred to General Comment 20, published by the Committee on the Rights of the Child in 2016 on the implementation of the Rights of the Child during Adolescence:

*“States should adopt an approach based on public health and psychosocial support rather than over medicalization and institutionalization. A comprehensive multi-sectoral response is needed, through integrated systems of adolescent mental health care that involve parents, peers, the wider family and schools and the provision of support and assistance through trained staff” [[44]](#footnote-45)*

NICCY published its last agreed Monitoring Report in February 2023[[45]](#footnote-46) reporting on progress against the 50 Recommendations in Still Waiting.

Overall, we found that in March 2022, at the beginning of NICCYs final year of monitoring progress of the ‘Still Waiting’ recommendations, it was apparent that whilst slow progress was being made in some areas, many of the recommendations would not be complete by February 2023. For this reason, during 2022/23 NICCY has given significant focus to informing and influencing processes and / or structures that will enable and support the longer-term work needed to reform the mental health system. This has included NICCY representatives meeting more regularly with the Inter-Departmental Group (IDG) representatives (DoH officials and SPPG personnel) to review progress on a more regular basis. It has also included an agreement between NICCY and IDG on a Performance Framework for the SWAP that could also potentially inform other longer term strategic work such as the Mental Health Strategy.

The framework focuses on 4 key thematic areas: Funding, Workforce, Data and Engagement. Furthermore, it was agreed that all incomplete actions from the Still Waiting Action Plan (SWAP) not already linked to longer term strategic work would find a home. In the 2022 monitoring report NICCY emphasised the need for plans and reviews to be translated into supports and services that would make a positive and visible impact on children’s lives. The pandemic, cost of living crisis and lack of functioning Government are just some of the key external factors that has made it extremely challenging to progress the plans set out in the SWAP and which have also exacerbated poor mental health and wellbeing of children and young people. We are not seeing the positive change we had hoped in the trajectory of the key service activity indicators we use to determine the impact government actions have been having on accessibility and quality of support for children and young people. The CAMHS Data that NICCY has been following over the last five years indicates that we are moving back to pre-pandemic levels for some measures and for others the situation is worse than at any other timepoint.[[46]](#footnote-47) This work has now been passed to the Mental Health Champion.

The Committee for the Rights of the Child in their recent Concluding Observations continues to express concern with regards “the long waiting lists for children seeking mental health services”.[[47]](#footnote-48) It recommended:

*43. The Committee recommends that the State party:*

*(i) Explicitly prohibits the detention or placement in adult psychiatric units or police stations of children with mental health issues, learning disabilities and autism;*

*(ii) Guarantees children’s right to be heard in decisions regarding their mental health care, to access therapeutic mental health services and to receive support from Independent Mental Health Advocates;*

*(iii) Establishes standards for determining the duration of inpatient mental health care and for appropriate follow-up, with a view to preventing unnecessary and prolonged stays in inpatient mental health care.*

*(b) Ensure that the Major Conditions Strategy includes infants, children and young people’s health, and prioritises the mental health of infants, children and young people;*

*(c) Develop or strengthen strategies, with sufficient resources, for ensuring the availability of community-based therapeutic mental health services and programmes for children of all ages, and for providing comprehensive mental health promotion, screening for mental health issues and early intervention services in schools;*

*(d) Urgently address the long waiting times for accessing mental health services, without stigma, including in the Overseas Territories; and ensure that the number of qualified medical professionals, including child psychologists and psychiatrists, is sufficient to meet children’s mental health needs in a timely manner and close to where they live;*

*(e) Develop adequately funded mental health services that are tailored to the specific needs of lesbian, gay, bisexual, transgender and intersex children, migrant children, children with disabilities and “young carers”, including through sufficient investments in specialist services;*

*(f) Address the overrepresentation of children belonging to minority groups, children with autism and children with learning disabilities in inpatient mental health care;*

*(g) Strengthen measures to address the underlying causes of poor mental health, eating disorders and other self-harming behaviours among children, and invest in preventive measures.*

*Adolescent health 44. The Committee recommends that the State party:*

*(a) Ensure access for adolescent girls to age-appropriate family planning services, affordable contraceptives and safe abortion and post-abortion care services, particularly in Northern Ireland and the Overseas Territories, with a view to ensuring that no adolescent girl has to travel to other jurisdictions of the State party to access reproductive health care;*

*(b) Integrate comprehensive, age-appropriate and evidence-based education on sexual and reproductive health into mandatory school curricula at all levels of education and into teacher training, and ensure that it includes education on sexual diversity, sexual and reproductive health rights, responsible sexual behaviour and violence prevention, without the possibility for faith-based schools or parents to opt out of such education;*

*(c) Strengthen measures to provide adolescents with information on preventing substance abuse, including of tobacco and alcohol, and to ensure the early identification and adequate referral of adolescents requiring treatment;*

*(d) Ensure the availability of accessible, community-based drug dependence treatment services for adolescents, and ensure their complementarity with mental health services as relevant.* [[48]](#footnote-49)

**Recommendation 20: NICCY recommends the immediate and full implementation of the Still Waiting Action Plan.**

**Q27. Do you agree with the proposal to undertake a review of service delivery in Beechcroft Child and Adolescent Mental Health Unit in-patient facility in response to the concerns raised by the Review? (Recommendation 43)**

**Q28. Is there another approach that could be taken to address the concerns raised in connection with Beechcroft Child and Adolescent Mental Health Unit in-patient facility? (Recommendation 43)**

NICCY has previously highlighted grave concerns with regards children and young people’s rights at Beechcroft as a result of complaints made to NICCY and agree that a review of service delivery should be undertaken. We note the Concluding Observations recommendation to:

*(iii) Establish standards for determining the duration of inpatient mental health care and for appropriate follow-up, with a view to preventing unnecessary and prolonged stays in inpatient mental health care.[[49]](#footnote-50)*

**Recommendation 21: NICCY recommends that a review of service delivery in Beechcroft** **Child and Adolescent Mental Health Unit in-patient facility be undertaken as a matter of urgency taking note of the Concluding** **Observations 43 (iii).**

**Q29. Do you agree with the Department’s position in relation to the need for an in-patient facility for children with a disability? (Recommendation 44)**

**Q30. Do you agree with the proposal to undertake a** **review of service provision at the Iveagh Centre in-patient facility, alongside implementation of the Strategic Framework for Children with a Disability? (Recommendation 44)**

It was due to the lack of an appropriate facility in Northern Ireland that the young person at the centre of NICCY’s Formal Investigation was sent to England on an Extra Contractual Referral, the high costs of same being referred to earlier in this response. For some time NICCY’s position has been that the need for an in-patient facility in NI is great and the resources spent on sending CYP from NI out of jurisdiction would be far better spent in the creation and staffing of such a facility in this jurisdiction. When discussing the costs involved in out of jurisdiction placements, the Formal Investigation noted:

*“The above noted sums could be better allocated in developing bespoke facilities within Northern Ireland. Such an approach could avoid moving vulnerable children and young people out of the jurisdiction, away from their families and familiar surroundings, thereby avoiding further distress or trauma.*”[[50]](#footnote-51)

**3.3 Chapter 3 – Operational/Organisational Effectiveness and Efficiency[[51]](#footnote-52)**

**Q33. Are you content for recommendation 14 to be considered as part of ongoing internal organisational re-design work within the Department of Health?**

NICCY is cognisant that the relatively recent HSC Act (2022) is in the process of being embedded with regulations and guidance still being developed clarifying the Act’s practical ‘on the ground’ implications for the governance of statutory children’s social care services. Greater clarity is required on which functions of the previous Health & Social Care Board (HSCB) are being transferred to the HSCTs and which to the SPPG within DOH whilst ensuring that adequate resources are made available to ensure that the HSCTS (or potentially a new ALB) can properly deliver on their governance and statutory functions and that the Department is enabled to monitor performance and hold the HSCTs to account. This includes the former HSCB’s role in ensuring regional consistency of services across the Trust areas and mitigating against postcode lottery.

**Q34. Are you content for recommendation 15 to be taken forward through the review, revision and re-issue of Departmental circulars that deal with the statutory relationship between the Department of Health and Health and Social Care Trust children’s social care services?**

The main issue for NICCY is that Circulars issued are effectively implemented and actions set out monitored. These and any reorganisation which takes place must ensure tangible differences for children’s and young people’s lives and outcomes.

**Q35. Are you content for recommendation 46 to be taken forward by the Safeguarding Board for Northern Ireland?**

NICCY agrees with this recommendation.

**Q36. Are you content for recommendation 47 to be considered through the Children’s Social Care Strategic Reform Programme and ongoing work relating to the Department’s Core Grant Scheme?**

NICCY has been deeply concerned about the cuts that the community and voluntary sectors have undergone and the pressure this has caused in reducing services and the impact on families and children. We support the recommendation of the Reimagine Children’s Collective which states that:

*“A new funding model for the community and voluntary sector should include multi-year contracts, flexibility to address emerging challenges, investment in early intervention, fair scrutiny, and full cost recovery for sustainability. Funding should be specifically allocated to the Children’s Sector to support children, young people and families in local communities.”[[52]](#footnote-53)*

**Recommendation 22: NICCY recommends that a new funding model for the community and voluntary sector be progressed [[53]](#footnote-54) as soon as possible stabilising service provision for children and young people.**

**Q37. Do you agree with the group of recommendations relating to the establishment of a Children and Families ALB in place of current arrangements? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)**

**Q38. If you disagree with the recommendation to establish a Children and Families ALB, do you consider that there is an alternative (to a new ALB) way to address the systemic and endemic issues identified by the Review? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)**

**Q39. The Review Report identifies which services should fall within the scope of a new ALB and those which should not. Do you agree with the report’s assessment of those services? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)**

It is beyond dispute that a radical rethink is needed to provide the support vulnerable children and their families need to thrive and to ensure that children who cannot live with their families have safe and loving homes; this has been known for many years. NICCY supports and understands the rationale and the evidence provided by the Review for the establishment of a Children and Families ALB informed by children and young people voices, participation, and rights. We are cognizant however that our health & social care system has undergone a significant level of change over recent years, and we have yet to see the full out workings of the Health & Social Care Act (2022) and the Integrated Care System.

We are also aware that other ‘co-ordinating’ support mechanisms of the system such as the Children’s Services Co-operation Act, the Children & Young People Strategic Plan 2020-2030 and the Children and Young Peoples Strategic Partnership also need further embedding. In addition, a key finding in the Formal Investigation was the absence of internal challenge between authorities in ensuring Vicky’s needs and rights were being met. We do have concern that placing a number of services in one organisation might diminish this challenge function even more.

“*Co-operation and partnership working are key when a child has increasingly complex needs and we did find a lack of coordination across systems but we also found a lack of challenge and have been alarmed that no professional seems to have said “this is not good enough” loudly or persistently enough.”[[54]](#footnote-55)*

As such NICCY broadly supports the establishment of a Children and Families ALB and looks forward to working with other key stakeholders in exploring the details of what such a body might ‘look like’. The extent and remit of this ALB will be shaped by the willingness on the part of other sectors to engage in this conversation and be part of any new organisation.

We also note the words of one of the Home Start Causeway parents:

*“It will be time consuming setting up structures such as a new body for Children and Families and we can’t let it distract from the many urgent things that need fixed in the meantime.”*

**Q40. Do you agree that a Children and Families ALB should be able to develop and operate its own quality assurance and development processes? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)**

**Q41. If you answered yes to Q40, how would these processes replace or supplement existing quality assurance arrangements, for example those managed by RQIA or statutory functions reporting to the Department of Health? (Recommendations 7,12,13,38,45 and associated recommendations 40 and 41)**

The 'Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003' applies a statutory duty of quality on the HSC Board and Trusts. This means that each organisation, large or small, has a legal responsibility to ensure that the care it provides must meet a required standard. This would be a matter of course in setting up the ALB if set up as a Trust under secondary legislation.

However, our concern with regards this recommendation is that there is scant detail with regards independent scrutiny of the ALB if this function is to be removed from the RQIA. Stating that “independent participation in the process by a link professional policy lead in the DOH” is not sufficient. [[55]](#footnote-56)

**Recommendation 23: NICCY recommends that the opportunity is taken at this point consider strengthening the legislative framework of RQIA to enable RQIA to ensure compliance with recommendations and the timely follow-up and monitoring of recommendations of inspection reports to ensure the best outcomes for children and young people.**

**Q42. Do you agree that a Regional Care and Justice Centre should be developed on the Woodlands site in place of the current arrangements? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)**

**Q43. Do you agree that the development of a Regional Care and Justice Centre on the Woodlands site should be conditional on the establishment of a Children and Families ALB? (Recommendations 7,12,13,38, 45 and associated recommendations 40 and 41)**

As with many of the issues raised in this Review, this one is not new. In our latest Statement on Children’s Rights in Northern Ireland 3 [[56]](#footnote-57)  we comment that when Justice was devolved in 2009, there was optimism that NI could demonstrate that a child’s rights-compliant criminal justice system was a realistic goal. Work had begun in 1998 to embed a welfare approach to children involved with the criminal justice system. The Review of the Youth Justice System in NI and its 31 recommendations provided a roadmap for the reform required in NI and work began on implementation. In 2015, the Criminal Justice Inspectorate NI optimistically found that 59% of the recommendations had been achieved. Tracing the Review 2021 (commissioned by four NGOs) outlines the areas where its recommendations were not progressed, and work is still to be done. The extent to which the Review 2021 was implemented is a source of debate, but 11 years later, the lack of effective implementation of the most significant recommendations reflects a catalogue of missed opportunities.

A child rights approach requires the State to see the whole child, taking a tailored approach to children and young people in a manner that recognises and responds to their individual needs. The work undertaken across many agencies in NI has raised awareness of the impact of childhood trauma on children, young people and their families. Embedding knowledge of ACEs across the system should inform how strategic decisions are made concerning all children and young people, including those in the justice system. Such an approach is more likely to reduce offending and re-offending by children. The absence of the NI Executive between 2017 and 2020 and the COVID-19 pandemic have thwarted progress on the fundamental issues raised in previous SOCRNI reports.

In March 2022, the DoJ published the Strategic Framework for Youth Justice (SFYJ), which helpfully sets the strategic direction for the system and specifically the YJA. NICCY engaged with the DoJ in the development of the framework and is broadly supportive of large parts of it. In November 2019, the UN Committee on the Rights of the Child published General Comment 24 on Children’s Rights in the Child Justice System,[[57]](#footnote-58) which along with the UNCRC and Concluding Observations 2023 are the benchmarks for any changes proposed.

Finally, the amendment in 2015 to the Justice (Northern Ireland) Act 2002 enshrining the best interests principle in the Youth Justice System is to be applauded. It is welcome that the system is increasingly recognising its obligation to the best interests of children and young people, including the Youth Justice Agency, which has included it as a principle in its aims and objectives. Recommendation 26(b) is clear that there should be guidance and criteria to evidence the realisation of the best interests of the child. Yet seven years after the passing of the legislation in NI, this remains elusive, and the Youth Justice System remains unable to demonstrate effective implementation of the legislation.

**Recommendation 24: NICCY recommends that the Youth Justice System must demonstrate that it is implementing the best interests principle and in line with the Concluding Observations[[58]](#footnote-59) by ensuring: custody is a last resort and for the shortest possible time; children are diverted from the formal system; statutory time limits are introduced for the processing of youth court cases of 120 days.**

**Q45. Do you agree that there should be the further development and deployment of multi-professional and multi-agency frontline teams and services to assist children and families? (Recommendation 16)**

**Q46. If you answered yes to Q45, which agencies and professions do you consider should be involved in frontline teams and services to assist children and families and in what capacity? (Recommendation 16)**

**Q47. Do you consider that agencies should be required to work together in frontline teams? (Recommendation 18)**

**Q48. If you answered yes to Q47, what is the best way to make this happen? (Recommendation 18)**

This set of recommendations is clearly in line with shifting the dial from child protection to family support. The Review states that these recommendations would bring life to Children’s Co-operation Act and the Children and Young People’s Strategy which can only be welcomed.

However, it is important to remain aware of the context that we are in and the challenges these multi-agency and multi-professional teams will and are finding themselves in:

*“In a context of the continued stripping away of many of the key supports necessary to ensure children and their families flourish (such as decent incomes, family-friendly working, quality public transport services, adequate housing and local support services) an individualised risk-focused practice culture reinforces rather than ameliorates the struggles families face. Indeed, a disconnect is increasingly apparent, allowing governments to claim they are improving child protection while simultaneously promoting and implementing policies that increase the numbers of children living in poverty, reduce the support services available to them, and reinforce the inequalities that limit their potential.”[[59]](#footnote-60)*

**Q49. Do you agree with the proposal to reject Recommendation 19? If no, please explain why?**

Recommendation 23 of our Formal Investigation states:

*“That systems and procedures are in place to have one set of comprehensive records prepared and shared with those responsible for the care of a child*.” [[60]](#footnote-61)

The Department has rejected this recommendation on the basis that whilst adjustments to the Encompass system are required for children’s social care purposes, “*work is ongoing to make those adjustments and the timetable for implementation has been extended to enable necessary changes to be made.”[[61]](#footnote-62)*

NICCY would require information on what these adjustments are and how these address the Review’s concerns around the information and recording requirements of children’s social care being tied into what is essentially a hospital and health care information system.

**Q50. Do you agree that team structures within statutory children’s services should be rearranged to make them more community focussed? (Recommendation 24)**

This recommendation would seem to lend itself to the principle of family and preventative support and the importance of dialogue between those who experience services and those who design them, and crucially with children and young people.

**Q51. If appointed, which areas of children’s policy should a Minister for Children and Families for Northern Ireland have responsibility for? (Recommendation 39)**

**Q52. Would having a dedicated Minister help to give full effect to recommendation 39, that is, give political leadership and focus to the intentions of the Children’s Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland?**

**Q53. Is there another way (other than through the appointment of a Minister for Children and Families) to give effect to recommendation 39, that is, to give political leadership and focus to the intentions of the Children’s Services Co-operation Act 2015 and to champion children and families within the government of Northern Ireland**?

In principle having a new Minister for Children and Families for Northern Ireland would be a good thing as the Home Start Causeway discussions concluded:

*“It would help us ‘feel valued and seen’ and well as giving a focus to solving issues.”*

However, there are a number of considerations that require thought through.

Northern Ireland has had ‘Children’s Ministers’ over the years in the form of Junior Ministers in OFMDFM. It is our understanding that the Minister for Education role moved, with the Children and Young People’s Unit from OFMDFM to the Department of Education, although there is little evidence of the Minister for Education acting in this manner. Any proposal to develop a ‘Minister for Children’ role must have responsibility for coordination of strategic delivery for children across Government, across all wellbeing outcomes set out in the Children’s Services Cooperation Act 2015. A Minister for Children must lead delivery across the Executive of the Children and Young People’s Strategy, and the development and implementation of its Delivery Plan. It is critical that this role is not limited to delivery of a more partial remit in relation to children and young people.

Whilst this recommendation is in the context of a review of children’s social care, NICCY would only support the establishment of a Minister for Children if their role will not be limited to the area of children’s social care. The extent of the remit of the Minister and their department must be a fundamental consideration in taking this forward. In addition, a Minister without a Department would run the danger of being tokenistic with no budget and no real influence in shaping the Programme for Government.

A possible alternative or additional option might be to consider the establishment of a Standing Committee in the Northern Ireland Assembly with statutory powers to hold Ministers to account through the Children’s Co-operation Act and the Executive’s Children and Young People’s Strategy. The role of NICCY could also be considered here.

**3.4 Chapter 4 – Workforce [[62]](#footnote-63)**

We are not offering any detailed response under this section. However, we recognize that there is a significant programme of work underway with the ultimate test being the reduction of waiting lists in children’s social care services, a reduction in the numbers of unallocated cases that are particularly impacting on vulnerable children and young people with disabilities and a reduction in staff vacancy levels and churn. An effective staff and workforce complement is in children's best interests.

**3.5 Chapter 5 – Making and Tracking Progress [[63]](#footnote-64)**

**Q64. Are you content with the proposal to host a conference in Autumn 2024? (Recommendation 53) and the pace of implementation (Recommendation 52)**

**Q65. Are you content with the proposed theme of the conference? (Recommendation 53)**

**Q66. Are there further comments that you would like to make in terms of how we assess whether sufficient progress is being made? (Recommendation 53)**

We note that NICCY is mentioned as participating in the Annual Conference alongside a proposed Children’s Minister. NICCY’s remit is set out in statute. Part of our role would be to ensure that the rights and best interests of children have been at the forefront in decision making and that there has been tangible impact on issues such as waiting lists, reductions in levels of need and improvements in addressing poverty and its impacts.

We also recommend that resources are allocated to clearly feedback to children, young people and families about progress made increasing public confidence and to inform work planning going forward. We also recommend the merits of a separate Children & Young Person’s Conference.

**4.CONCLUSIONS**

*“The Commissioner gave a few more details on the findings of the investigation and also explained about the ‘Independent Review of Children’s Social Care’ and how it was hoped that this would be a vehicle for system improvement. Vicky was sceptical.”[[64]](#footnote-65)*

A question that we haven’t been able to answer yet is whether Vicky’s life might have been different with a Children and Families ALB alongside the other recommendations in the Review.

*“A central project for those concerned with protecting children is what are the economic, environmental and cultural barriers to ensuring children are cared for safely, and their relational needs and identities respected. Attending to these barriers would mark a significant shift in orientation away from the current project of repeated home visiting to investigate and assess individual risk, backed up, where available, by services designed to effect change in family or parental functioning. It would start with very different conversations about multi-agency working and community-based approaches.” [[65]](#footnote-66)*

Everyone suffers in a system where 80% of the resource available appears to be spent on gatekeeping, on managing the queue, on referring individuals from service to service, on recording every interaction to ensure that no one is responsible for those who inevitably fall through the gaps.” [[66]](#footnote-67) In this context, progress is measured by process targets: passing on the message; referring to a previous process; issuing a statement.

More money and reconfiguring services and bodies responsible is clearly part of the solution but the cultural changes required is what this Review also speaks to.

As Hilary Cottom shares in her book ‘*Radical Help’ states:*

*“The emphasis is not on managing need but on creating capability and building human connection. I have learned that when people feel supported by strong human relationships, change happens. And when we design new systems that make this sort of collaboration and connection feel simple and easy, people want to join in.” [[67]](#footnote-68)*

Family life, maintaining love and close relationships, is not easy for any of us in a society where working hours are long; wages may be low and the demands of consumption and the desire to keep up creep into our homes. The culture shift needed is placing thriving families as the key goal of our economy.

The costs of family breakdown across the UK is estimated at £48 billion a year, a sum that is almost double the budgets allocated to families with complex needs.[[68]](#footnote-69)

*“It is our intention that, through the recommendations, the social care system is able to meet the reasonably high expectations we have of it when it becomes a child’s legal parent – that the child experiences compassion, stability, kindness and love – that their best interests are always at the centre. It is apparent that all relevant authorities must have return to the basic principles of the child being the focus of the work – rather than completing paperwork. They must work better together sharing plans to support vulnerable children and improved outcomes but also be constructively challenge of each other if/when necessary, in the best interests of the child.”[[69]](#footnote-70)*

Underpinning this necessary culture shift, is that there are currently inequalities in children’s chances of living healthily, happily and safely within their families. These inequalities are directly related to levels of deprivation and other forms of inequality such as in mental and physical health. Anti-poverty strategies need to be joined up with safeguarding strategies locally and nationally. The social determinants of many of the harms experienced by children and within families need to be recognised, understood, and tackled and to protect children and promote their welfare we must re-focus services on the contexts in which they live with their families. It is vital that the values associated such as– fairness, care, empathy and solidarity – are recognised explicitly and championed overtly*.[[70]](#footnote-71)*

NICCY has welcomed this review and the opportunity to provide advice to government accordingly.

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