

NICCY

northern ireland commissioner
for children and young people

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Office of the UN High Commissioner for Human Rights
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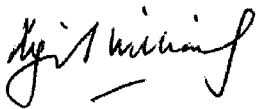
30 June 2005

Dear Sir/Madam

Please find the attached submission from the Northern Ireland Commissioner for Children and Young People (NICCY) in respect of the UN Committee on the Rights of the Child's 2005 Day of General Discussion on "Children without parental care".

For further information in relation to this submission please contact Teresa Devlin, Head of Research and Service Review at NICCY on 028 9031 1616 or by e-mail: teresa@niccy.org.

Yours sincerely



Nigel Williams
Northern Ireland Commissioner
for Children and Young People

OHCHR REGISTRY

- 4 JUL 2005

Recipients :CRC.....

Enc



Submission to the United Nations Committee on the Rights of the Child's General discussion on "Children Living Without Parental Care" (16th September 2005)

Introduction and Northern Ireland Context:

The office of Commissioner for Children and Young People (NICCY) was created in accordance with 'The Commissioner for Children and Young People (Northern Ireland) Order' 2003. The principle aim of NICCY is to '*safeguard and promote the rights and best interests of children and young people*'.

The office of the Commissioner for Children and Young People is a non-departmental public body and is independent of Government. The sponsoring body for NICCY is the Office of the First Minister and Deputy First Minister. However, as devolved powers are currently suspended in Northern Ireland, the Commissioner presently reports directly to the Secretary of State who is appointed by the Government of the United Kingdom.

Northern Ireland Government Departments are also accountable to UK Ministers within the current situation of direct rule from Westminster.

NICCY welcomes the opportunity to make this submission to the UN Committee on the Rights of the Child, as concerns increase within Northern Ireland that children's right to be safeguarded from separation from their parents is not being afforded the same level of priority as it is for children in other parts of the UK.

Research into Children's Rights within Northern Ireland was carried out for NICCY by the Queen's University of Belfast in 2004 (Kilkelly et al, 2004). This research involved direct consultation with children, young people and relevant professionals and its findings inform the content of this report.

Legislation, policy and practice affecting children and young people within Northern Ireland is distinct and separate to that in England, Wales and Scotland. The positive legislative, policy and practice initiatives recently introduced in England, following Lord Laming's Inquiry into the death of Victoria Climbié (2003), have not yet been implemented in Northern Ireland. This has had negative consequences in terms of both resources and practice for children and families in Northern Ireland. In effect, children and young people in Northern Ireland have been largely excluded from the considerable investment made by the Government in England and Wales across the board of health and social care and specifically in relation to early intervention, prevention and family support.

Under a devolved government in NI, there was recognition by local politicians of the need for a dedicated children's budget to protect services aimed at a range of child care issues, including those of family support and preventing separation from parents. That "Children's Fund" has now been 'mainstreamed'. As a consequence, the money has been absorbed into statutory provision, leaving many of the useful voluntary led preventative services short of funding and threatened with closure.

Legal Framework.

The statutory framework for the provision of child care services within Northern Ireland is contained within the Children (Northern Ireland) Order 1995. This legislation governs the arrangements for removal of children from their home and the application of care proceedings. If a care order is granted, it allows the Health and Social Services Trust to share parental responsibility.

The key principles of the Children Order reflect those of the UK Children Act 1990 and relate to the welfare of the child being paramount; children being cared for within their own family whenever possible; children being protected through safe interventions; and, in care proceedings, courts ensuring that delay is avoided when dealing with children and that orders are only made if to do so is better than no order.

The State's role in preventing and regulating separation.

Detailed policies and guidance are produced by the Department of Health, Social Services and Public Safety (DHSSPS). Four Local Health and Social Services Boards and eleven Community Trusts are required to assess the needs of children and young people and provide services.

The Draft Strategy for Children and Young People in Northern Ireland – 'R World 2' published earlier this year highlights the need for developing the 'whole child'; in part by ensuring the provision of family and community support (OFMD^{FM}, 2004). However, the current reality is that important aspects of provision for children are being constrained due to both a lack of leadership and strategy at government level and a lack of associated resources to fund services.

One of the most concerning aspects of service provision within Northern Ireland is the 'postcode lottery' experienced by children and families depending on where they live. Services are delivered by some 11 community based Health and Social Services Trusts who have different approaches to their task within the broad framework of government policy. This aptly illustrates the lack of strategic thinking employed by government departments within Northern Ireland, particularly in relation to family support and early intervention.

Recent discussions with government officials about the long awaited family support strategy, has led to frustration at the news that the strategy has now been deferred for a further year. The unfortunate reality is that, if and when, a strategy is produced and agreed, a process of bidding for funding to support the strategy must then begin. This could mean a possible delay in implementation until 2007 or beyond. NICCY intends raising this unacceptable delay with the Minister for Health, Social Services and Public Safety.

In research carried out for NICCY in 2004, Kilkelly et al (2004) highlighted three key issues with respect to family support strategy:

- A lack of access to, and evaluation of, early years' preventative work, including out of school provision, especially in rural areas. Associated with this is the need to raise awareness among government, and society at large, as to the importance of an early intervention strategy.
- A lack of awareness raising programmes from Government, or any real lead on the issue of physical punishment.
- While there some schemes exist to support parents, concern was expressed that access to these was not evenly distributed across NI. Furthermore, support for certain parents was seen as inadequate, especially those parents who work, young single parents and those with a child with a disability.

The research went on to criticise the absence of an overarching family support strategy within Northern Ireland, stating that policy commitment must be matched with increased resource allocation. Support for families must also take account of the real impact of the Troubles (as Northern Ireland's 30 years of inter community conflict is generally known). This requires the development of services that are both geared towards addressing the issues for traumatised communities and sensitive to the needs of families affected by the deep divisions in this society.

Ensuring adequate levels of family support could help address some of the 'risk' factors for the mental health of looked after children, including communication difficulties, overt family conflict, family breakdown, and inconsistent parenting. We know that the earlier support is delivered, the better the prognosis for families and children. It would therefore be in the child's best interests to ensure that this support is available.

NICCY has expressed concern on both the issues of policy commitment and resource shortfall, and continues to raise the profile of children's rights to family life, prevention of abuse and measures to prevent children and young people becoming 'looked after' with government within Northern Ireland.

Meeting the Challenges of out-of-home care provision

Children who are unable to be cared for in their family of origin and, as a result, are cared for by Health and Social services Trusts and other organisations are called 'looked after children'. At the end of March 2004, 2510 children and young people were being 'looked after' in Northern Ireland.¹ Of these, 325 children and young people were in some form of residential accommodation, including two regional care centres for children in trouble with the law or for young people who require secure accommodation. A further 1529 children and young

¹ A detailed breakdown of these figures can be found in Table 1, Appendix 1.

people were accommodated with foster carers, while 561 children were placed with extended family. (DHSSPS, 2005).

Children who are offered placements with foster families tend to be younger and generally present with fewer difficulties. This is not to say that these children, once placed with foster families, are no longer in need of other support: research has shown that between 67% and 80% of children in foster care have mental health problems (Kilkelly et al, 2004). However, the pattern appears to be that older children with complex needs are placed in residential care.

The Northern Ireland Context:

Unique conditions within Northern Ireland have had a bearing on the pattern of looked after children. Northern Ireland society is currently emerging from 30 years of conflict and sectarian violence, which has had a consequent impact on children.

The National Children's Bureau found that there was an over representation of 'cross-community'² children within the care system in Northern Ireland (McCay and Sinclair, cited in Kelly and Sinclair, 2003). The impact of sectarianism and living in a mainly segregated society has also had a negative impact on the provision of services.

There is an over representation of children from communities with high levels of deprivation and high intensity conflict and civil unrest. These are the areas where adults and children have been most affected by the impact of the prolonged violent conflict in terms of both their mental and physical health.

In research commissioned by NICCY, it was reported that the Social Services Inspectorate and the Education and Training Inspectorate in 2002 drew attention to failings within the care system, in relation to both health assessments for looked after children and young people and their access to Child and Adolescent Mental Health Services (Kilkelly et al, 2004). Given their increased vulnerability, it is crucial that every effort is made to ensure services are developed and delivered to these children and young people.

NICCY welcomes recent initiatives relating to looked after children within Northern Ireland, in particular the review of residential care undertaken by the DHSSPS (Children Matter, 1998). NICCY notes that the *Children Matter* report made a number of recommendations, including that of residential accommodation for children and young people taking the form of small, domestic homes located in the community. Since June 2000, a Ministerial Taskforce has been working to ensure the development of more specialist residential services and specialist units for children and young people with emotional and psychological needs. However, it is crucial that these recommendations are taken forward and that further gaps do not appear between policy and practice with regard to this area.

² Children of mixed religious parentage, often from divided communities

Placement Issues:

Stability

The last comprehensive review on care placement stability took place in 1997 (Social Services Inspectorate). That report highlighted two key issues:

- Considerable variation in placement stability between Health and Social Services Trusts
- The overall level of instability was higher than that reported in England and Wales.

More recent research indicates that 68% of children under five had high placement stability with less than three placements over a two year period; the remaining 32% had more than three placements (Cousins et al, 2003 cited in Kilkelly et al, 2004). According to research carried out for NICCY, placement instability (which is an accepted feature of life for children in care in NI) leads to poor outcomes for children (Kilkelly et al, 2004).

Although there is regional policy advice on monitoring placements,³ the gap that exists between policy and practice is worrying. There is clearly a shortfall in placement provision, choice and appropriate therapeutic provision, fuelling concern that the best interests principle does not apply. In addition, children's wishes, in terms of appropriate placements, do not seem to feature in the thinking of placement planners.

Meeting the Needs of Looked After Children and Young People

Children and young people enter the Care system for a variety of reasons, including abuse, parental neglect and behavioural issues. In order for these young people to understand their circumstances and deal with their histories, specialist therapeutic support may be necessary. There is currently a shortage of therapeutic provision for young people in care, though there is a regional plan to create specialist units for children and young people with emotional and psychological needs.

Looked after children, have often experienced previous trauma and unrest in their lives, only to experience the further upheaval of being brought into a care system that comes with a range of additional problems that serve to accentuate their mental health needs. Approximately two-thirds of 'looked after' children and young people have mental health needs (Kilkelly et al, 2004).

Mental Health as an issue

For many children in Northern Ireland, the provision of psychiatric and therapeutic support is limited. Despite the fact that Community Trusts in Northern Ireland have child and adolescent mental health teams, there are extensive waiting lists for services. In addition, the specialist provision for children and young people

³ Circular 3.02 on the Roles and Responsibilities of Boards and Trust Directors for Looked After Children and Child Protection

provided for on an in-patient basis is not sufficient to meet demand. Many young people consequently end up accommodated in adult wards: in 2001/2002 an estimated 90 children and young people were admitted to adult units. This was proportionally five times the figure for England and Wales (O'Rawe, 2003 cited in Gilliland et al, 2005).

The Department of Health, Social Services and Public Safety (DHSSPS) in 1999 indicated that mental health problems are among the most common forms of ill health in Northern Ireland, with depression and incidents of suicide amongst children and young people on the increase (DHSSPS, 1999 cited in VOYPIC, 2004). Whilst there is general concern for the mental health of children within the community, there is a considerable body of evidence to suggest that looked after children present as a particularly vulnerable group.

In 1995, following a review of adolescent mental health services, the Health and Advisory Service produced a report called 'Together we Stand'. This report recommended that the main goal for the delivery of mental health services for children, young people and their families was that they should be 'seamless', and 'multi-sectoral' (Health and Advisory Service, 1995 cited in Gilliland et al, 2005). This seamless service would take the form of a four tier model, with each level representing a further step up the service ladder, so that those in need of intensive therapeutic support get access to this.

The development of such a model has implications for not only the organisation of service structures, but also the commissioning of services and training of practitioners within Northern Ireland. It is crucial that government take this matter in hand and start the process of developing a system that adequately responds to the mental health needs of children and young people.

In July, 2005 the first draft report on the Review of Mental Health and Learning Disability by Professor Bamford et al will be released for consultation. The intention is for the review to lead to the development of a mental health strategy. NICCY will be seeking to influence the full implementation of the strategy as a unique opportunity to fill the existing gaps in assessment and service provision for adolescents.

Secure Accommodation and detention in custody

There is a commitment from the Northern Ireland Office through the Youth Justice Centre to diversionary strategies and the provision of alternatives to custody, including youth conferencing. This approach - of which there is evidence of success, aims to divert the young person from the criminal justice system and develop case-specific interventions. There is however a need to monitor that this approach is being consistently applied so that children and young people placed in custody are there as a last resort.

In Northern Ireland there are two Units providing secure accommodation to 15 young people. During 2002/03 there were 58 placements made; the demand always exceeds the supply (Kilkelly et al, 2004). In the Queen's research, carried

out on behalf of NICCY, significant issues were raised about secure accommodation, in relation to children's rights under the CRC. Particular concerns were expressed about the progression of looked after children into the criminal justice system. Between January 2002 and end of December 2002 there were 17 admissions to the Juvenile Justice Centre of 10 to 13 year olds, 8 of these were from the looked after system. In the first half of 2004 the numbers of children in the Juvenile Justice Centre rose from 4 out of 18 in January to 21 out of 36 in June of that year.

Further concern has been expressed about young people in these settings having access to advocacy services, though DHSSPS have commissioned a review of advocacy services for looked after children, including those in secure accommodation.

Conclusion:

It is difficult to be positive about the current situation within Northern Ireland in relation to children and young people at risk of coming into care, and the measures in place to prevent this. It is equally worrying that structures and systems are not properly in place to support those children and young people when they are being removed from home and placed in substitute care. There needs to be a renewed strategic approach adopted by Government, both in terms of policy and resources to support practice. In particular, NICCY would recommend the following actions:

- A review of legislation to bring it into line with best practice in the UK, particularly in terms of the emphasis in the Children's Act on early intervention and prevention.
- The development of a well resourced coherent family support strategy which aims to work with children and families to prevent family breakdown and separation of children from their parents.
- An assessment of the needs of looked after children, in terms of appropriate placement provision and a plan to develop placements to meet the needs of children.
- Commitment to the involvement of children in their placement planning.
- Greater investment in advocacy services for children who are looked after so that their voice is clearly heard within the system.
- The comprehensive resourcing of services to meet the therapeutic needs of looked after children.
- A review of the specific mental health needs of looked after children and provision of adequate services to meet those needs.
- Monitoring the movement of children in care to secure accommodation and custody and implementing remedial action to prevent this trend.

References:

DHSS (1998) 'Children Matter' Belfast: DHSS

DHSSPS (2005) 'Community Statistics'

(www.dhsspsni.gov.uk/publications/2005/CommunityStats03_04.pdf)

Gilliland, D. et al (2005) 'Developments in Child and Adolescent Mental Health Services' in Child Care in Practice Vol 11 no 1 Jan 2005 p.51-56

Kelly, K. and Sinclair, R. (2003) 'Children from Cross-Community Families in Public Care in Northern Ireland' London: NCB

Killkelly, U. et al (2004) 'Children's Rights in Northern Ireland Belfast: NICCY

OFMDFM (2004) 'Making it R World 2' – Consultation on Draft Strategy for Children and Young People in Northern Ireland' Belfast: Children and Young People's Unit OFMDFM

VOYPIC (2004) 'Managing Challenging Behaviour' Belfast:VOYPIC

Appendix 1

Table 1: 'Looked after' children and young people in Northern Ireland 31st March 2004

Placement Type	Number of children and young people	Percentage of total 'looked after' children and young people
Children's Home	325	12.9%
Living with Family	561	22.4%
Foster Care	1529	60.9%
Hospital/Secure Unit	95	3.8%
Total:	2510	100%

Source: DHSSPS (2005) Community Statistics ³/₄

(www.dhsspsni.gov.uk/publication/2005/CommunityStats03_04.pdf)