



Northern Ireland
Assembly

Committee for Education

OFFICIAL REPORT (Hansard)

Cross-sectoral COVID-19 Support Plan for Vulnerable
Children and Young People:
Department of Education; Education Authority;
Department of Health; Health and Social Care Board;
Public Health Agency

18 November 2020

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Chris Lyttle (Chairperson)
Ms Karen Mullan (Deputy Chairperson)
Mr Maurice Bradley
Mr Robbie Butler
Mr William Humphrey
Mr Daniel McCrossan
Mr Justin McNulty
Mr Robin Newton

Witnesses:

Mr Ricky Irwin	Department of Education
Ms Brenda Shearer	Department of Education
Mr Mark Lee	Department of Health
Ms Eilís McDaniel	Department of Health
Ms Shauna Collinson	Education Authority
Ms Michele Corkey	Education Authority
Mr Maurice Leeson	Health and Social Care Board
Ms Geraldine Teague	Public Health Agency

The Chairperson (Mr Lyttle): I welcome our witnesses. I have a list, so please bear with me. I welcome Ricky Irwin, director of inclusion and well-being at the Department of Education; Brenda Shearer, head of special education at the Department of Education; Michele Corkey, director of education at the Education Authority (EA); Shauna Collinson, interim assistant director of pupil inclusion, well-being and protection at the Education Authority; Eilís McDaniel, director of childcare and family policy at the Department of Health; Mark Lee, director of mental health, disability and older people at the Department of Health; Geraldine Teague, the lead allied health professions (AHPs) consultant at the Public Health Agency (PHA); and Maurice Leeson, children's services planning professional at the Health and Social Care Board (HSCB). Is that everyone, Clerk?

The Committee Clerk: That is everyone, but we seem to have lost a couple. I am counting six.

The Chairperson (Mr Lyttle): We are waiting for everyone to dial in.

The Committee Clerk: We can perhaps ask Ricky to start.

The Chairperson (Mr Lyttle): You are all welcome. Since the start of the COVID-19 pandemic, I and members of the Committee have consistently asked the Education Minister and the Health Minister what is being done to identify and meet the needs of vulnerable children with disabilities, complexities and challenging behaviours and their families. We have taken disturbing evidence today that suggests that inadequate equality screening, consultation and planning have resulted in those children experiencing actual harm and inhumane treatment in families who are now at the end of their resilience as a result of a pattern of chronic underinvestment and underprovision of services for children and families with complex needs. The evidence has stated that the way forward must be a coherent and permanent vulnerable children process, which must be cross-departmental and multidisciplinary and have pooled resources in order to identify children's needs, with a visible pathway to meeting those needs.

Witnesses, in the course of your opening statement, for which you have up to 15 minutes, can you, please, set out why such a process is not in place?

Mr Ricky Irwin (Department of Education): We are here under the guise of the vulnerable children plan, and that plan is led by the Department of Health, so I invite Eilís McDaniel from the Department of Health to provide the first of three opening statements. I will follow, and Mark Lee will follow me.

Ms Eilís McDaniel (Department of Health): Thank you, Ricky, and thank you, Chair. Good morning to members of the Committee. I start by offering my thanks to the Committee for the opportunity to provide it with information on the vulnerable children and young people plan. I will explain why it was developed and say something about next steps, and Ricky and Mark will then say something about how the Health and Education Departments have worked together to respond to children with complex needs, including those with a disability, during the COVID-19 pandemic.

At the start of the pandemic, a decision was made by the Department of Health to collect data relating to children who come to the attention of children's social services on a weekly basis. Initially, our concerns were triggered when the number of referrals to children's social services fell in the earliest days of the pandemic. By the week commencing 6 April 2020, a weekly average of 646 referrals had fallen to 542. We knew from discussions with officials in other parts of the UK that that was a trend that was being repeated in all four jurisdictions.

The key concern was that children were no longer visible to services in Northern Ireland when it went into lockdown. That trend quickly reversed, however. From late April, the number of referrals to children's social services started to increase, and, by the week ending 11 May, the three-week rolling average for the number of referrals was consistently in excess of the average number of referrals received weekly before the pandemic. That was an indication that the restrictions were increasing pressures on many already vulnerable families. The loss of work or simply being at home for prolonged periods created financial pressures. Isolation and the loss of wider family support and social networks also contributed to family pressures. Many families were not able to access the same level of support from services as they could before lockdown, and school closures created particular challenges for families.

We know that some children and young people are at greater risk of harm in the home. That can be due to factors such as parental conflict and domestic abuse. Some children are also exposed to risks that originate outside the home: for example, as a result of being online. It was not difficult to predict that those risks would intensify as a result of lockdown. The data that we collected and the evidence that emerged from practice clearly showed that that was the case. We moved quite quickly — that was referenced by the Children's Law Centre (CLC) — to work with the Department of Education to get children known to social services into school, including looked-after children. Health and social care trusts also sought places for some children in childcare, including children who do not attend childcare in normal circumstances. That was not without challenge. The overriding public health message at that earliest stage was to stay at home. Many parents and carers were fearful of allowing their children to leave the home as a consequence. Indeed, some children were fearful about leaving their home, because of the risk that they thought that they posed to their parents or carers. Arrangements were also agreed with the police at a very early stage to monitor closely families where domestic violence was known to be an issue.

The joint working arrangements between Health and Education extended to supporting children with complex needs during lockdown. Contrary to what was said earlier, those arrangements continued beyond the end of June and into the summer, in preparation for school restart. Ricky and Mark will describe that in a bit more detail.

We were uncertain about how long the pandemic would last and conscious of the efforts of a number of Departments and agencies to support and protect vulnerable children and families, and we knew that we needed a more coordinated cross-departmental and inter-agency effort, so we sought to pull together those efforts in the form of a vulnerable children and young people's plan. That plan was developed jointly by the Health, Education, Justice, Communities and Economy Departments. The stated aim of the plan, which we have now consulted on, is to promote the safety and well-being of children and young people during the COVID-19 pandemic in the home environment and in the wider community. It also aims to strengthen system capacity to respond to current challenges and risks and to make preparations for the future rebuilding of services. The aims of the plan recognise that there are risks facing children and young people in and outside of the home. The plan also recognises the pressures on the system as a result of reduced staffing levels and the challenge of delivering services in the context of public health restrictions. There is the added difficulty of services having to adapt continuously in response to the progression of the virus and corresponding public health restrictions. The scale of the challenge is no greater or less for public services than it is for the private sector. It is just the nature of the challenge that makes the two different.

On the definition of "vulnerable child", we cast the net widely. It is intended to include children and young people who were receiving support before the pandemic as well as those who were experiencing increased pressure as a direct result of the pandemic. It includes children known to children's social services, including children on the child protection register, children in care, children on the edge of care, care-leavers and children placed for adoption. It extends to children in receipt of child and adolescent mental health services (CAMHS), those who have a statement of special educational needs (SEN) and those who are accessing the education other than at school (EOTAS) provision or education nurture units. It also includes children who are not known to statutory or voluntary community support services but are vulnerable because their family is under increased pressure due to COVID-19-related circumstances. Asylum-seeking and refugee children and young people whose parents have no recourse to public funds are also captured by the definition.

The plan reflects how services have adapted and enhanced provision to continue to support children and families during COVID-19, as well as new actions that have been undertaken specifically to address some of the risks and challenges. A key element of the plan is to ensure that children and families know how to access supports, particularly those that were not available in the usual way. That included the promotion of helplines, such as the NSPCC helpline and the domestic and sexual abuse helpline, which were advertised across TV, radio and social media early in the pandemic. It also involved signposting families to sources of help: for example, through family support hubs and the COVID-19 community helpline. We now have 29 family support hubs operating across Northern Ireland, and 600 organisations are attached to the hubs to provide supports to families. I can tell the Committee that families continued to receive supports through those hubs.

The plan also includes direct supports that have been provided to families, such as the provision of digital devices to support home learning; and additional funding to support families, whether for domestic violence or to access food through additional investment in FareShare, which is a national network of food distributors. Capacity building included putting in place protective measures to allow staff to deliver services to families safely, putting in place measures to ensure that adequate staffing levels were maintained and delivering services in different and innovative ways. We have put in place more frequent data collection to ensure that we have the most up-to-date information on which to base decisions and have continued to issue guidance in response to changing circumstances.

The plan was approved by the Executive and issued on 18 September for an eight-week consultation, which closed last Friday. Some 47 responses have been received from a wide range of organisations, including the CLC, from which you heard earlier. Those responses are currently being analysed by the Department of Health on behalf of the other Departments.

I emphasise that this was an emergency plan that was developed in response to a public health emergency. It was not intended to be and nor is it a substitute for longer-term planning under the children and young people's strategy and associated strategies for vulnerable groups of children and young people and/or their families. The planning process enabled us to identify and articulate the risks and challenges experienced by children and families during the pandemic, to identify what Departments were doing in response to those risks and challenges, to identify gaps in provision and to promote new responses. The pandemic has prompted, in some cases out of necessity, services to be delivered in innovative and new ways. It is important that we capture the lessons learned, both good and bad, from this experience and recognise the extent of the challenges for some children, young people and their families. It will also be important to ensure that the lessons learned are applied when

we are planning and delivering for vulnerable children and young people into the future. I assure the Committee that that is what we intend to do. At this point, I will hand over to Ricky.

The Chairperson (Mr Lyttle): Thanks, Eilís.

Mr Irwin: Thank you, Eilís. Chair and members of the Committee, thank you for the opportunity to brief you on the support that has been offered to vulnerable pupils during COVID-19. I will outline the actions that the Department and the Education Authority put in place and the level of cooperation and collaboration between Health and Education.

We appreciate that the current circumstances present significant challenges for families of children with complex needs and remain committed to supporting them throughout the pandemic and beyond. Support from schools has been ongoing since March, when the Minister prioritised children of key workers and vulnerable children for access to schools for supervised learning as part of the Department's response to support those most in need during the pandemic. A daily survey was established to monitor the numbers attending schools, which included key workers' children, those known and not known to social services and those with statements of special educational need. The Department asked the Education Authority to establish a process to monitor children and families who were deemed vulnerable and children not attending school but known to the EA. A monitoring system recorded contact with vulnerable children and families, which allowed for more frequent contact where the risk was considered higher.

As was referenced by Eilís, many parents chose to keep their children at home, in line with the overarching public health message or owing to shielding. Recognising the low numbers attending and the protective factor provided by schools, the Minister wrote to school principals on 11 April to ask them to work with parents, the Education Authority and, where appropriate, social services to identify and assess vulnerable children at their schools urgently in order to determine whether the best interests of those children would be met by supervised learning. Detailed guidance for schools, parents and carers was published on 10 April. The Education Authority moved many pupil support and SEN services to remote and online delivery in order to maintain contact and provide support to families. Support for vulnerable children was prioritised. During lockdown, the Minister, the permanent secretary and senior DE officials provided regular, often weekly, verbal updates and written reports outlining the Department's COVID response to the Committee, including for vulnerable children. The Department worked closely with the Department of Health, the EA, the Children and Young People's Strategic Partnership (CYPSP), health trusts, the Health and Social Care Board and the Public Health Agency, through a joint Health and Education oversight group, to ensure that measures, including bespoke arrangements, were put in place to support families on a risk-assessed basis and in accordance with COVID-19 guidelines.

Trusts' staff identified a cohort of families with children with complex needs for whom it was felt that access to school, mainly special schools, would be in their best interests. Operational staff from the trusts and the Education Authority then worked, through multidisciplinary panels, to consider individual circumstances. Some schools were accessible from day one, while others required support to enable access, given the complex needs of children and the circumstances in the school. Of the original cohort of children that was identified, 66% were placed and 19% declined offers of placements. In 7% of cases, placements were deemed not suitable or not required. Around 8% were not placed because of the complexity of social distancing, accommodation in schools and the availability of staff.

We recognise that effective cross-sectoral collaboration is critical —.

The Chairperson (Mr Lyttle): Ricky, may I pause you for a second? Percentages are helpful, but I think that numbers would be even more helpful. Can you give the numbers behind those percentages?

Mr Irwin: I can, Chris. The trusts identified 209 pupils: 138 pupils were placed; 40 placement offers were declined; 14 were deemed to be not suitable or not required; and 17 pupils were not placed.

The Chairperson (Mr Lyttle): Thanks.

Mr Irwin: If you are happy, Chair, I will carry on.

The Chairperson (Mr Lyttle): Yes. Thank you.

Mr Irwin: We recognise that effective cross-sectoral collaboration is critical to providing support. Schools and the EA continue to work with the health and social care sector on individual cases. The Department and the EA maintained contact throughout the pandemic with special schools' principals to listen to concerns and develop bespoke guidance. A summer scheme for special schools was developed and delivered in 21 schools.

Aware of the impact that such rapid change in daily life could have for children with autism spectrum disorder (ASD), Middletown Centre for Autism rapidly revised its service delivery model and developed a comprehensive programme of support online, by phone and through resource development for young people with ASD, their families and educators.

Both Health and Education are providing services against the backdrop of challenging factors, such as COVID restrictions, social distancing, reduced staffing, difficult childcare arrangements, redeployment to front-line COVID response, and school COVID plans restricting access for visitors. The EA and Health and Social Care (HSC) bodies continue to work in partnership with schools to facilitate health and education services along with appropriate SEN support and therapies as a priority. Well-being support has been prioritised. The Department continues to work with the Department of Health through the weekly joint Health and Education oversight group to monitor progress for children with complex needs and to put in place multidisciplinary local-level solutions, where it is safe and appropriate to do so.

Lessons learned during lockdown include the need for a single referral point for all vulnerable children during school closure and a jointly agreed best-interests test in any multi-agency approach. The Minister's priority is for the continuation of face-to-face teaching as the best form of educational provision, whilst providing a safe and welcoming environment for children and staff. Ultimately, the physical safety, mental health and well-being of all pupils and staff throughout the pandemic remains paramount.

I now hand over to Mark Lee from the Department of Health.

Mr Mark Lee (Department of Health): Thanks, Ricky. Good morning, everyone. I add my thanks to those of my colleagues for the opportunity to speak to you this morning. Like my colleagues, I acknowledge that the pandemic has been a particularly challenging time, especially for the children and families whom we support. In order to continue to deliver services, the health and education sectors have had to change significantly the way *[Inaudible.]* Throughout, however, our main focus is on supporting as many children and families as possible and, in particular, those with the greatest need. Services continued throughout the pandemic, but they were delivered in a very different way to make sure that we were in line with public health guidance. I assure the Committee that the Department is acutely aware of the challenges that the pandemic has placed on families during what has been an unprecedented time.

The speed with which decisions were made to manage COVID-19, including the *[Inaudible]* closure of schools and, indeed, to find new ways of delivering services have undoubtedly had an impact, as, I am sure, you have been hearing. In addition, the public health measures required to manage the transmission have impacted on the ability of staff to deliver face-to-face services to the same level that they were delivered pre-COVID-19. I am acutely aware that the longer that the situation continues, the more challenges that there will be for young people, carers and their families. Staff in the health and social care system have been working incredibly hard to try to rise to that challenge and have worked closely with colleagues in Education throughout. HSC staff and their Education colleagues quickly set up processes, mechanisms and supports to stay in close contact with families. A number of innovative methods and initiatives that were adopted will be embedded into practice going forward.

Ricky has already mentioned the joint Health and Education oversight group, which has been meeting on a weekly basis since April and is still meeting. That forum is supported by local professional planning groups, which have proactively sought to manage the range of needs of children and families during this time. Panel discussion groups were set up across all trusts, with Education colleagues. They sought to identify a number of vulnerable children who would benefit from school access during lockdown. As Ricky mentioned, panel members work closely with schools, providing professional advice and support to enable them to complete individual risk assessments for the children who are identified. Ricky went into some of the detail on the number of children who were placed. The panels have changed their focus and updated their membership to ensure that the relevant health and education staff have been involved to support, for instance, the Education Restart, particularly as we look more closely at children requiring aerosol-generating procedures (AGPs).

The Chairperson (Mr Lyttle): Mark, sorry for interrupting. Will you adjust your camera slightly so that we can see you? That is better. I have had a request from lip-readers: they want to make sure that they can see your entire beautiful face *[Laughter.]* Thank you.

Mr Lee: I do apologise. Children are supported through community-based services, outreach and enhanced carer support to help address some of the pressures that they and their families are experiencing. Healthcare staff set up helplines, for instance, and developed and delivered virtual programmes and support, as well as face to face, as they sought to address the specific needs of children with disabilities, with special educational needs and with medical and other health and social care needs. Some families receive, for instance, short break support from trusts in partnership with other agencies. It is worth noting that short break services were initially curtailed to reflect the need to implement public health guidelines around infection control. Trusts sought to provide alternative support, however, and have been increasing residential short break capacity. As the Committee will appreciate, we are often talking about children who may be more vulnerable to COVID-19, so trusts took a cautious approach in the early stages, when there were still so many unknowns facing us. Formal mechanisms were put in place to monitor the delivery of short break provision, and that was overseen by the Health and Social Care Board. Where some services could not be delivered, we looked at direct payments or bespoke packages of support for families and children. Children and families with particularly complex and challenging needs were prioritised and supported with overnights, when necessary.

The Department is pleased at how the health and education sectors have worked so cohesively during this very challenging time. We sought to pick up learning from the first surge and have utilised the information and feedback gathered from staff, schools and families. We have jointly reflected on that in the Department of Education's Restart programme and in the Department of Health's rebuild programme. That learning continues, and surveys have been issued to staff. There have been focus groups and other engagement with families, children and other stakeholders, and those surveys will be completed before the Christmas period.

To support the responsive management of COVID-19, the PHA has established a dedicated, professionally led, seven-day education support cell to provide support and advice directly to principals of schools if any positive case is confirmed in the school community. I hope that that shows the priority that the health sector has placed on joint working with its education colleagues on the management of COVID-19.

I will finish by saying that our staff have been instrumental in supporting the safe and quick return of children to school. For instance, medical specialists and paediatricians in the *[Inaudible]* community settings have prioritised their caseloads and assessed children who have been shielding or who have other complex needs to ensure that they are medically fit to return to school. Community children's nursing teams have been carrying out fit-testing for school staff who are supporting children who require aerosol-generating procedures to ensure that they can access the correct level of PPE. I know that Education Authority staff have been working closely with estate departments in schools to ensure that accommodation and equipment needs for children who require aerosol-generating procedures are in place. Our allied health professionals have worked closely with school staff to reassess children's needs and to ensure that therapy and educational programmes address those learning and development needs. Social care staff have continued to support families with reassurance and necessary supports, while school staff have worked tirelessly to put in place the appropriate public health measures to seek to manage and minimise the transmission of COVID-19 through the restart phase. We are confident that the relationships that have been built and the joint working developed throughout the pandemic will enhance collaborative work going forward.

The Chairperson (Mr Lyttle): Thank you, Mark, and thank you to the other witnesses for your presentations. Suffice it to say that that evidence is not entirely consistent with the evidence that we have received from organisations and from families of children with complex needs, who feel as though they have abandoned.

Members will have a wide range of questions, so I will get straight to it. I will keep my questions as concise as possible, and you should keep your answers as concise as possible.

Eilís, can you give us a brief recap of what constitutes a vulnerable child?

You are on mute, Eilís.

Ms McDaniel: Apologies for that.

The Chairperson (Mr Lyttle): No problem. Thank you.

Ms McDaniel: The definition captures children who are known to social services, either through the child protection system or through the care system, and it also includes children in need. Considerable numbers of children in need are referred to social services annually: around 34,000 in a typical year. It covers children who access CAMHS, children who receive EOTAS provision and children in access and nurture units in schools, but it also captures children and young people who may not have been known to social services before the pandemic, and that is a recognition that the pandemic generated challenges for families that were not present prior to it. It is therefore intended to cover that group of children and young people also. The final group is children and young people covered are asylum-seeking or refugee children with no recourse to public funds. That is it briefly, Chair.

The Chairperson (Mr Lyttle): That is helpful, and it includes children with a statement of special educational needs.

Ms McDaniel: Absolutely, yes.

The Chairperson (Mr Lyttle): OK. I realise that this will be difficult, but do you have an approximate idea of the number of vulnerable children in Northern Ireland?

Ms McDaniel: I know the number of children who are known to social services. There are around 3,500 children who are looked after, around 2,400 children on the child protection register and around 24,000 children in need. I have referred to the number of referrals to social services in any given year. That is children who are known to statutory social services.

The Chairperson (Mr Lyttle): OK.

Ms McDaniel: In addition, children are referred to family support hubs, for example. Last year, around 7,500 children were referred to family support hubs. I am also conscious that around 107,000 children live in relative poverty and that 91,000 children live in absolute poverty, so that number is significant as part of the overall child population.

The Chairperson (Mr Lyttle): Briefly, Ricky, in addition to that, how many children have a statement of special educational need or are in special schools?

Mr Irwin: The latest figure for statements is 19,200. The special school population, which mostly consists of children with special educational needs statements, is around 6,000. The remaining 13,000 children with statements are in mainstream schools.

The Chairperson (Mr Lyttle): So there are tens of thousands, at least, of vulnerable children in Northern Ireland. Why, then, was the multidisciplinary panel process dealing with 200 children?

Mr Irwin: Chris, I will start on that, and others can come in behind me as necessary. The overriding public message at that time was to stay at home, and many parents chose to keep their children at home, in line with that message. However, some children with very complex needs were identified by the trusts and brought to the attention of both Departments and various bodies. We were guided by those numbers and the trusts on the children, and that is where the figure of 209 comes from.

The Chairperson (Mr Lyttle): Are you concerned about the stark discrepancy between the amount of vulnerable children known to the Health and Education Departments compared with the numbers that the multidisciplinary panels were responding to?

Mr Irwin: The purpose of the panels, Chris, was very specific in relation to children with complex needs and disabilities. However, the Education Authority, through its various services, was dealing with many thousands more children in regular contact through those services on a risk-assessed basis. In some cases, families who were known to child protection and education welfare and so on, where the risk was higher, were being contacted daily. Others, through the Youth Service, may have had contact weekly. So, when you look at it, you see that the multidisciplinary process was a very focused process for those children with the most complex needs.

Ms McDaniel: Chair, can I come in behind Ricky in response to that question? The question suggests that we were not providing supports for other very vulnerable children and young people. I can tell you with absolute certainty that children's social services continued to operate throughout the pandemic. We put new regulations in place to support them to do that. No children's social services were suspended during the period of the pandemic. We may have given social workers a bit longer to undertake some work, and we may have allowed them to do things in slightly different ways, but they continued to respond to the children who were in need of protection and to the growing numbers of looked-after children who they have been looking after throughout the pandemic period. I just wanted to reassure the Committee on that point.

The Chairperson (Mr Lyttle): That is helpful, but, obviously, out of thousands of special-school pupils, that multidisciplinary panel dealt with 200. Ricky, you said that the Minister wrote to special schools to ask them to support the pupils for whom it would be in their best interests to be at school. What support did the Minister give to special schools to make that possible?

Mr Irwin: Chair, the Minister wrote to all school principals about all children deemed vulnerable, asking them to identify those children and make contact with those families. Specifically in relation to special schools, we did engage from an early stage with the special-school principals in developing bespoke guidance. The Department issued quite comprehensive guidance on vulnerable children early on in April. We then worked specifically with special-school principals to provide supplementary guidance, which identified some specific issues for special schools. We continued with that engagement with special-school principals, along with the EA, throughout the period of lockdown.

The Chairperson (Mr Lyttle): I am sure that they were very grateful for the guidance. What practical support was provided to the schools, given the exceptional circumstances in which they found themselves?

Mr Irwin: There were a number of elements to that, including funding that had been allocated in-year. Many millions of pounds were allocated to special schools through the monitoring rounds and also in relation to restart and the COVID response. In the earlier monitoring rounds, £3.4 million was provided to special schools. A further allocation of £3.2 million was provided to special schools, and there were further allocations to deal with COVID-19 pressures of around £3.3 million. There was also funding provided for PPE of around £2 million.

The Chairperson (Mr Lyttle): OK. I am pushed for time here, but, briefly, of the 200 children who were referred to the multidisciplinary panel process, you said that roughly 20% declined the proposed support. Do you know why?

Mr Irwin: I think that it was a combination of issues. A survey was carried out to look at that in more detail. Perhaps colleagues might be able to come in and give some detail on that survey.

Ms McDaniel: Geraldine and Maurice are on the line, so they could come in on that point.

Mr Maurice Leeson (Health and Social Care Board): First of all, I apologise that Geraldine Teague from the PHA and I are on the phone. Our attempt to log in by video defeated us.

On the question around the reasons given for declining the offer of support in schools, some families had to weigh up whether or not the offer worked for them and whether they wanted to take it. Some felt that it was not appropriate for their children and were concerned about their health when they were in school. So there were a number of reasons why offers were turned down.

Ms Geraldine Teague (Public Health Agency): In support of what Eilís has said, there has been ongoing support. Those 209 were considered, and a number were placed in relation to that. Health and Social Care staff, as well as Education colleagues, continue to support the families through a range of measures and means. Even for those who have been successfully placed, our staff were out working and providing telephone help lines, checking with parents, doing video demonstrations for parents, but also, for those children with the most challenging and complex medical needs who needed chest physiotherapy and medical input, there were *[Inaudible]* required, and we were still delivering that and providing reassurance to parents and carers at a very difficult time when the advice was to stay at home. We gave them support and advice with relevant PPE that we could work and continue to support their child.

Mr Leeson: The social workers remain involved with the families, and many existing services also continue. As Eilís said, our early intervention work continues. She mentioned the family support hubs; in the first six months of the year, 4,000 children were referred there, and 793 of those were children with a disability, so we were able to identify supports for those children as well. It was a massive job to move a lot of what we used to provide on a face-to-face basis to online. All of that took place, and all of that was available for families.

The Chairperson (Mr Lyttle): I have gone over my time, but this is my last question. Of the 7% whose offers were not suitable and the 8% who were not placed, what were the reasons for that?

Ms Teague: We had done some ongoing work led by the children with disability needs and our EA colleagues directly with families. We moved quickly following the announcement by the joint Ministers on 10 April to prioritise and work closely with families to try to place those children with access to supervised learning. As you will be aware, we developed an oversight group even prior to that announcement. We kept in close contact with local colleagues and engaged with families. Ricky and Maurice talked about a range of needs and difficulties, some of which were the decline in the timing that was delivered. There was also the issue of whether they felt that it truly met their needs. We have to recognise that schools were put in a very challenging position with the access to staff and help to support their EA colleagues to deliver that. Others were still anxious about their child going out into the local community and into a school environment with members of staff and other children. In some cases, they felt that the support that they were receiving at that time met their needs. That is some of the feedback that we have received from our engagement with families directly.

The Chairperson (Mr Lyttle): OK. I have many more questions, but I need to stop.

Ms Mullan: I think that we all have a lot of questions, but, unfortunately, we will not get them in. Thank you all for your presentations this morning. I have a very keen interest in the family support hubs. You talked about the 4,000 referrals. I would like to see a breakdown. I would like further information on what those referrals were and the support that was provided. Were extra resources given to the family support hubs so that they were able to cope with the increased demand? Maurice or Eilís, could you answer that?

Mr Leeson: I can answer that, Karen. I have a full report card that covers the period from April to June. I also have one for last year. I can make those available to you. They set out the activity that took place. I particularly commend to you the one that covered the period from April to June; I think that it will give you all that you want, because it breaks down all of the reasons for the referrals. It also has a piece around learning from COVID. It has a lot of information about the reasons for referral, how the hub and its partners worked differently in order to meet need, the emerging issues that came from the hub, and some of the anticipated need, barriers and challenges going forward. I can make that available to you.

The second question that you asked was about funding. Yes, additional funding was made available by the Department to the hubs for that period.

Ms Mullan: That is brilliant, Maurice. My experience of the community sector is that the partnership model and the collaboration in family hubs is a very good model of working. It is good to hear that they were invested in over that period.

You heard the discussion earlier with the Children's Law Centre, so there is no need to go over it. What we heard from the Children's Law Centre, and from families in particular, is that the experience during the second period of restrictions was not any better; it did not improve for a lot of families on the ground. In fact, it was clear that, in the second wave of restrictions, things were actually worse. The question for us has to be how that can be. Following on from that, can anyone explain why SEN support for children with autism was not provided when there is a legal obligation to do so? We know that a lot of that support still has not been provided.

Mr Irwin: I will start to answer some of that, Karen. We very much welcomed the fact that schools restarted at the beginning of term for all vulnerable children. The Executive determined that there would be a two-week extended half-term break in October. During that time, we continued to work closely with our Health and EA colleagues to ensure that services continued. From an EA perspective, services across both the SEN support side and the pupil well-being side were maintained during the half-term break. Those did continue.

On your specific question about children with SEN and autism, there was a huge effort on the part of both the EA and Middletown Centre for Autism to reconfigure service delivery and to make sure that families that the EA's autism advisory and intervention service was dealing with, and, likewise, those that the Middletown Centre for Autism was aware of, could continue to access support either online or through telephone contact. On top of that, Middletown developed additional arrangements and advice and ran a number of webinars on things like managing meltdowns and managing anxiety. It had 18,000 hits on those webinars. So huge efforts were made to try to supplement and maintain support services for children with autism. I am happy for others to come in, in any way, on the back of that.

Ms Shauna Collinson (Education Authority): I will, Chair. I just want to confirm that the Education Authority's special educational needs pupil support services are operational for schools and young people. We have been operational within Restart, but it is essential that we take a blended and flexible approach. Where those services are in an advisory capacity, we are, under the guidance on the pandemic, taking a remote approach first when engaging with families and schools. We are, however, also present in schools and connecting with schools on site. Where a direct pupil intervention is needed, there is a pupil-facing intervention approach first. With that will come the appropriate risk assessments in accordance with the setting, the young person and the school. We are interacting with our young people directly through our SEN services and with our schools, and the services are fully operational.

Ms Teague: I want to come in on that. Maurice and I have not heard the presentation from the Children's Law Centre. We are particularly keen to hear that, because we will always learn from others and our stakeholders. There has been significant learning. We have all learned from the first lockdown and have tried to adapt our practices to meet the needs. In particular, we are very fortunate that we know more about COVID. We know more about how to live with and manage it. We also know what the public health guidance is and where we have supported in lockdown, and that support, both over the summer and for the Education Restart, working very closely with our Department of Education colleagues to put in place public health measures and mechanisms to enable schools to open safely and manage the large number of pupils. Our Health and Education workforce has looked at what worked best during the lockdown period, when we ourselves faced a challenge situation. We have taken that on board and fine-tuned the provisions. The pandemic has led to very innovative ways of working and innovative ways of using technology that is interactive, and also very innovative ways of integrating across the Health and Education sector. We really want to enhance and continue that going forward post COVID. We recognise that remote technology is not suitable for all families. We have learned from that. We now have a number of resources and a range of mediums to support families, which enables us now to refocus our attention and re-baseline the needs of the children and families and provide the end-to-end intervention that they crucially need.

On our statutory responsibilities, particularly in relation to ASD, our ASD assessment and support services in each of the trusts worked very diligently. We recognise that the assessment of children for possible autism spectrum disorders is very difficult when you are faced with utilising PPE, but they have used innovative ways to do that. They have used Zoom to complete all the child development histories with the parents and do assessments. They have linked closely with Education colleagues. They have also set up helplines and supports that have been very responsive. Families have really acknowledged that that has helped to meet their needs. That was integrated across the Education sector and facilitated the Education Restart. We recognise that, going forward, children with autism face significant challenges in their ability to deal with unexpected situations. They need to be supported and have plans to enable them to do that. We have a number of very successful webinars that we have developed and delivered across all the trust areas and with EA colleagues to support the families in what measures to put in place to enable children to safely return to school. We have also provided social stories and booklets. So we are sorry to hear that that is the experience. We need to listen to that, to learn, reflect and try to adapt our practice so that we can work as a collective to really support as many families and children as possible going forward and post COVID.

Ms Mullan: Geraldine, thank you so much for that. It is really good to hear from yourselves with regard to the detail of the amount of work and listening that you are proactively doing in trying to make things better. It is vitally important — I know that you do some of it — that you work very closely with organisations like the Children's Law Centre, which is working with parents on a daily basis, and also the National Autistic Society, others and parents. They have solutions there; they want to help, to make it better and to be part of your work in shaping it. There is a lot of work going on, but there are still some people who are cut off and left behind. As you said at the start, we were in the middle of an emergency pandemic, but it is going to be with us for a while, so it is about how we can adapt to that, and there is much great work that is being done by yourselves.

To finish off with regard to the respite provision, which was raised in the earlier session as well, it is something that I have been continually raising, and I am wondering if any of you can answer. During the first lockdown period, we saw that respite facilities were closed down and repurposed. Some of them had started to open up. In my area in the Western Trust area, our short-break respite provision was closed down before the restrictions came in, and I am not getting any information in relation to when they are likely to reopen. Is there any information or any work that you are doing with regard to getting the respite provision back to pre-COVID levels? We have to be able to provide that service; just cutting it off is having a really detrimental impact on families, children and young people.

Mr Leeson: Like you, we absolutely recognise the importance of short breaks of all kinds, from day breaks facilitated by voluntary organisations through to overnights based in residential facilities for our more complex children. That is also with our fostering, because we have fostering short breaks. We are absolutely committed to having those all available at pre-COVID levels as soon as possible. Obviously, at the moment, we still work within the public health guidelines in order to keep children safe. I do not need to remind you, but these are, particularly in residential short breaks, the most complex children, and it is very important that we are able to offer a support service in as safe a way as possible. On a fortnightly basis, I meet all of the heads of service from disability services, and I can absolutely assure you that they are focused on getting as much of the service available as possible. They are very diligent and passionate advocates for the families that they work with. The children's social services continued to work throughout the pandemic, and they were in constant contact with the families. We have looked at —. One of the things that we have learned, in positions where the level of short breaks could not be maintained at the level that it was before the pandemic, is how we might be able to use the alternative methods to support families. So, for example, we looked at whether we could use the direct payments route in order to help some families. Could we use support from our voluntary and community partners? In many cases, what we were able to do was to put together support arrangements that encompassed both statutory workers and partners. During the pandemic — and it continues — the Department has freed up the voluntary providers from the normal targets that are set in their contracts in order to allow them to focus as flexibly as possible, within the current guidelines, in order to support families. It is not the same as it was before, and we acknowledge that. However, we are focused on the rebuild and we absolutely trying to find as many ways as possible in the meantime so that we can support families.

Ms Mullan: Brilliant, Maurice. Thank you.

The Chairperson (Mr Lyttle): I have received notice that Daniel McCrossan has to attend a funeral shortly. With members' grace, I will call Daniel next, and ask him to respect that grace by keeping his question as concise as possible.

Mr McCrossan: Thank you, Chair. I deeply appreciate that. I will be as concise as possible.

Thank you for your presentation, but I sit here and scratch my head and wonder why such conflicting statements are being made. It is almost as though the Department of Education is in a parallel universe to that of parents, the Children's Law Centre, the Children's Commissioner, the mental health champion and everyone else who has raised concerns about SEN and how families have been affected throughout the pandemic. I appreciate that good work is going on, but I do not think it is anywhere near enough, and it is certainly not scratching the surface. The reality is that, during the pandemic, children are suffering. They are being affected, and parents feel abandoned. When they reach out for help, they cannot get it. Contrary to everything that has been said, many who are listening in today will be saying that what you are describing is not reflective of reality. That gives me great concern, as a member of this Committee and as the uncle of a child who has severe complex needs — an autistic child, non-verbal, five years of age. I know the battles that I have had to go through to get him and his mother support.

There is a serious issue here that does not seem to be getting addressed. I do not know whether it is at the leadership of the Department of Education or quite simply *[Inaudible]* vulnerable children, but there is certainly something wrong. Given the size of this region — 11 council areas, 18 constituencies and six counties — we should be 10 times ahead of anywhere else and doing things much better. That is not happening, and serious questions need to be asked about why so many children are being let down. I am sorry for asking these questions so bluntly, but what you have told us today does not reflect reality. That gives me concern that the Department of Education is not getting the message or just does not know how to deal with this issue. Either way, something needs to be done, because the parents who are battering down my door are not reflecting what you are telling us.

In relation to a couple of points, why is educational policy to date, including the support plan, being developed without equality screening, without a voice of the child and without data collection in respect of the impact of the revised policies on vulnerable children and their families?

Mr Irwin: Daniel, thanks for that. I can start, and, perhaps, invite Eilís to talk a wee bit more about the arrangements for the plan itself. I can assure you that what I have seen during the past few weeks is an unprecedented level of Health and Education cooperation in proportion to the scale of the challenge. We can, of course, always do better, and will want to do better. We will look at the responses from the consultation and work with all our partners, including Health and the EA, and respond appropriately to try to put appropriate support in place where there are gaps.

Eilís, do you want to speak a wee bit about the plan itself?

Ms McDaniel: I can come in on those questions. In response to the question about the equality impact assessment (EQIA), the plan is a collection of policies brought forward by individual Departments. The expectation was and is that those individual policies will be subject to equality screening and rural needs assessment. That is the answer to that question.

I will put my hand up. Did we do as we normally do within the Department of Health — I am speaking for myself and my own area of policy? When we develop policies, we tend to involve children and young people quite significantly in the development of those policies. That was not done in quite the same way in connection with the vulnerable children plan. That is not to say that we did not have access to the views of children and young people, for example through the NSPCC's helpline, Childline. We worked with the NSPCC, Barnardo's and Children in Northern Ireland (CINI) to get some indication of the challenges that children and young people were experiencing. As I said at the start, the plan was developed in response to what the data was telling us. To ensure that the plan is delivering, I accept that we need to ensure that we have data to support that that is the case.

I hope that answers your questions, Daniel. I do not know whether that was satisfactory.

Mr McCrossan: I appreciate that and that it is a very challenging situation. Ricky was correct when he said that the COVID pandemic was unprecedented, but what is not unprecedented is the failure of the Department of Education to look after SEN children. That is a continuing trend. If I were to look at other jurisdictions, I would struggle to see the scale of failure that I see in Northern Ireland in how those families and young people are being let down. It is certainly not something that I would defend in any way.

I am quite tight for time, Chair, as I have to attend a funeral. I have one final question. Eilís, I appreciate your honesty. Can you advise us what lessons have been learned from lockdown and how they have been transferred into the action plan consultation? Specifically, what did you learn from lockdown about providing support to vulnerable children? What will you do differently if there is further disruption to education owing to COVID-19, which is highly likely given the situation that we are in and given that we are coming into Christmas and January? Finally, where are the new and different measures in the action plan consultation? Thank you in advance.

Ms McDaniel: I will start with the question about the lessons that have been learned. My first response is that we need to look at some of the consultation responses, because I expect that there will be lessons to be learned from those responses alone. We asked questions about every part of the plan, including whether the definition was right, whether we correctly identified the risks and challenges and whether we identified actions that will adequately respond to those risks and challenges. There will be learning from the consultation; I am in no doubt about that.

On the general learning that has taken place even in the Department of Health, there are a couple of points that spring to mind. The Children's Law Centre referred to the fact that we need to be able to mobilise quickly and with agility. We also need to be able to communicate and should be doing that frequently and clearly with each other and with the people who receive services. We need to collect and analyse data. We need to enable innovative practice, and I think that we did some of that during the pandemic by way of some of the funding measures that we put in place. We also need to make the best use of technology, and, again, I think that there were some very fine examples of where that was done. We need to protect and preserve some of the innovative practice that has reemerged during the period. Some very good things have been achieved, and we need to find ways of keeping that going into the future. We also need to maintain the effective working relationships that we established throughout the period. That happened, and I want to assure the Committee of that.

Finally, I think that we need to pay some level of homage to the front-line workers who worked with children and families throughout the period. In some cases, they placed themselves and their family at risk. Those are my thoughts on the learning from the Department of Health's perspective.

Mr McCrossan: Thank you, Eilís. I want Ricky Irwin to come in on the point about the lessons that were learned. That is important. If anyone needs to learn lessons, it is the Department of Education.

Mr Irwin: Yes, Daniel. Some of the thoughts are similar to Eilís's thinking, and, as we go through the consultation analysis, we will work with Health to structure them better. Some of my thoughts are as follows. Clearly, we have to do better with our communication and our communication about the processes that we put in place for vulnerable children. A huge amount of work was going on, but, perhaps, that was not conveyed appropriately. We need to maintain our stakeholder engagement with the likes of the Children's Law Centre and the Children's Commissioner and look at how we can enhance that in some way at times of emergency. We should think about our access points to education for vulnerable children. We did have two processes running: one in relation to children with complex needs, and a separate one in relation to other vulnerable children. We want to be clear about what the learning is from that and how we can improve that. As Eilís said, we want to look at how technology can be used to best effect in supporting children in their learning. Finally, we want to look at how we maintain the enhanced level of cooperation that there has been between health and education authorities, at both operational level and strategic level, and then learn from that for forward planning.

Mr McCrossan: Thank you, Ricky. Finally *[Inaudible.]*

The Chairperson (Mr Lyttle): Daniel, your connection is poor, and I need to bring you to a close. Try your final point one last time.

Mr McCrossan: Ricky, it is important that there is an overarching plan to help and support vulnerable children and their families. Yes, there is a lot of good work being done, but it is not coming to the surface. It is certainly not benefiting those who need it most, and that should be the main objective of any support mechanism. I would like any strategy to have an overarching plan to help and support those vulnerable children and their families. At the minute, that does not happen.

Mr Newton: I welcome each of the witnesses. Thank you for joining us. I am sure that all of you will be aware that, since the Committee was formed again, we have expressed concerns about children at risk, particularly children in special education. Let me join with Eilís in paying tribute to all the staff who have been working on the front line. I agree with her that some of them have put themselves and their family at risk in carrying out their duties.

I will make all my points first, and then, whoever wishes to can respond. I would like confirmation that all the children with special educational needs are now placed in the appropriate school to meet their needs. The Deputy Chair raised a point that I was going to raise about respite. I will take it back a wee bit. The Children's Law Centre referred to a proposal to build additional respite accommodation that was made 10 years ago, and that obviously never came to fruition. Perhaps someone would like to comment on whether that has been completely shelved or what the situation is with it.

I will read out a short statement from a report that we were presented with by the Children's Law Centre. Paragraph 37 of the report states:

"Children and families are currently suffering personal injuries, mental breakdown, threat to life and health and destruction of their right to respect for private and family life. Children are being chemically restrained in the absence of provision of services that they have previously been assessed as needing. These are grave and serious human rights abuses flowing directly from the decisions of state actors in relation to resource allocation."

Who would like to address those three points?

Mr Irwin: Robin, I invite EA colleagues to address the first point on unplaced children with statements.

Ms Collinson: Over the summer months and in the first month of term, a lot of work was done to ensure that the young people who had been identified as being without placements for school were placed. A number of specialist classes were set up to support those young people. To my knowledge,

fewer than five young people currently do not have a school placement. We will come back to you to confirm the exact number.

Ms Teague: I will just come in on some of the children's complex needs. Thank you for your question. First, as we said earlier, we have been working closely with the Education Authority, DE and school colleagues. As you will be aware, because of the implications of COVID for children with complex respiratory needs, we needed to identify them and work closely. That commenced in the oversight group, away back in early June, to start to plan and organise the services that they would need. Mark has mentioned that Health and Social Care staff have really been instrumental in enabling that. We identified 99 children who fell within that particular area of need. That was across both the mainstream and special schools sectors. We work closely to review that to ensure that those children were medically fit to return to school and were not being placed at any greater risk.

Our community children's nurses teams met regularly with schools and Education's estate services to look at the accommodation needs of those children. Due to the specific nature of aerosol-generating procedures, to protect staff and children, a separate room and robust ICT are required. They met regularly in relation to supporting that. They provided videos for staff on donning and doffing PPE in an education setting, and, as we have mentioned, *[Inaudible]* assisting staff to support those children in those settings. That is a critical part of that development.

We are making significant progress. At this stage, regionally, 92% of those children have returned to school, which is quite significant. Those are children whose parents want them to return to school and who are medically fit but do have complex respiratory needs that require aerosol-generating procedures. We expect the remaining 8% to return to school in the next couple of weeks. That is really encouraging.

You have made valid points. It is important that school is a safe place. A lot of health provision is directed in the school environment. We have therapy session support, regional integrated support for education (RISE) interventions and nursing support. That is critical. We have worked really closely with Education staff, principals and school staff, in line with the bubble arrangement, which is working particularly well — we are very pleased about that — to be able to target those children and treat those complex needs and disabilities, and the challenges that parents experience in the home environment, in the school environment and, critically, keep close to the families and put measures in place to manage them in any future lockdown or ongoing restrictions. I just wanted to assure you that we have that integrated approach across all our professions, from the tertiary services in the Royal Belfast Hospital for Sick Children, right down to the local level, working closely with schools.

Mr Newton: Thank you for that. Maybe someone would address the provision of additional respite care that was due to be made 10 years ago and where it sits at the moment. That need was recognised 10 years ago, apparently.

Ms McDaniel: I will come in on that point. Respite can take many forms. Maurice and Mark have reflected that in their opening statements. It does not necessarily mean that a child is placed in a residential facility; it can take the form of specialist foster care, for example. There has been investment in things like specialist foster care over the past number of years and plans to increase that provision. Maurice, is there anything else that you want to say about other supports that we have provided? I am thinking, for example, about the South Eastern Trust, which has a specialist childminding and mentoring service in that area. Do you want to add anything about additional provision?

The Chairperson (Mr Lyttle): I am not sure if Maurice is still there.

Mr Leeson: Sorry, Eilís, I thought that you said "Mark". My apologies for that.

As Eilís said, there is a range of provision. Residential short breaks are at one end, and, at the other end, we look at day breaks for children using some of our voluntary partners. We have been looking at the whole issue of short breaks using foster carers during the day and for overnight stays. We are constantly looking at our provision and looking for ways to enhance that. We are currently looking at how we can better deliver support to the families. I have no doubt that that will include looking at a range of things.

I am not sure of the circumstances around the 10-year-old proposal. Residential short breaks, in particular, are a highly regulated activity. It is not an activity that can be very easy to bring to fruition

quickly, and, by the way, I am not seeking to defend [*Inaudible.*] You have identify the premises, they have to be specially adapted because of the complexity of the needs of the children and they have to be regulated. There can be a number of reasons why it can take a long time.

Eilís alluded to other things. As a particular example, we have used childminders to support families of a child with a disability.

Mr Newton: Would someone like to respond to the third point on paragraph 37, which states:

"Children are being chemically restrained in the absence of provision of services that they have previously been assessed as needing."?

Ms McDaniel: I do not recognise the statement, if I am honest with you. Geraldine, I do not know whether you can come in on the point about chemical restraint.

Ms Teague: It is important that we look towards our consultant medical colleagues and psychiatry colleagues in making the appropriate assessment that best meets children's needs, as based on NICE guidance. As I said, the restart and that support for families and children has been critical. Some children need medication to meet their needs — not in the chemically restraining way — but we need to engage. It is critical that our staff working in our specialist and mainstream areas and our medical colleagues working closely with families look at the impact of COVID on them. We expect emotional health and well-being challenges for all of us, but particularly for our families with children. We need to look at the best ways to provide support.

Ricky highlighted earlier the importance of a single point of entry. That is something that, from a health perspective, we have been really keen to progress to meet the challenges of children, particularly children with comorbidities, including children known to have ASD and ADHD.

We have a framework at the minute that will provide early intervention, and we are progressing with that and working closely with the trusts. That is about looking at better integration of services with early intervention to meet the needs as soon as they start to put strategies in place, working closely with families and then looking at comorbidities, not only in the diagnostics sense but as to the support that those families need. Some of that may be from a prescribing basis, but it is much wider than that. It is all the supports that Maurice talked about and all the therapeutic interventions that the families need.

We said earlier that we are really keen to hear the voice of the parent, the child and our wider stakeholders. We have done some work on that, and we need to do more and plan to progress that. That will be a key feature. From a health perspective, we have responsibility for public involvement. We take that very seriously. We all aim to move towards a co-produced approach. This is a fantastic opportunity from a health and education perspective, with the Children's Services Co-operation Act. We are looking at joint plans that will be monitored closely by our inspectorate. We want to look at those very carefully and ensure that we target those families most in need so that they do not need to progress to needing more formal medication.

The Chairperson (Mr Lyttle): Can I bring in Robbie Butler? Robbie? Is he not there?

Mr Butler: That is me unmuted now, Chair. I could not find the button.

Thanks, everybody, for your contribution so far. We really do not have a lot of time, so I will be as brief as I can. I join Robin and Eilís in recognising that a lot of our front-line staff have worked incredibly hard and, whilst there have been failures and areas of concern, there has been evidence of good work. I just want to thank the people, the professionals, who have worked in incredibly challenging times.

It is good to hear the discussion so far about lessons learned. Hopefully there will be plans in place to do things better and fill in the gaps and learn from the things that went wrong. I want to concentrate, if you do not mind, on looked-after children. Obviously there was a piece in the Programme for Government, previously, that specifically talked about looked-after children.

There is also the issue of the impact of COVID on looked-after children with regard to their educational outcomes at GCSE and A level. I had the privilege of helping out a young guy out at exam time,

because there was that whole confusion around how marks were awarded, and so on. The university, to be fair, did square up. It was Ulster University, I think. I helped out greatly.

With regard to what we are still going through, with lost classroom time in particular, has the impact of that on looked-after children been looked at? What are the views of each of the bodies here today on the educational impact of any further lost classroom time on looked-after children?

Mr Irwin: Robbie, I will try to answer some of that for you. Looked-after children are a specific cohort within the vulnerable children category. Both Departments have been working very closely on the development of a looked-after children strategy. Ahead of that, there has been some significant work on improving educational outcomes for looked-after children. We have evidence from some pilot schemes, which suggests that a trauma-informed approach is one of the things that will actually enhance educational outcomes for those children. We are looking at how that can be rolled out more widely as part of the implementation of the strategy.

It is important to say as well that the Engage programme, which the Minister announced, was intended really to catch up on that element of lost learning, and that would be for all children who need it most. If that includes certain looked-after children, then they would be included in that. Funding of £11.2 million has been allocated to secure additional teaching resources to deliver the Engage programme. I would fully expect that some looked-after children will benefit from that directly if they need it. Eilís, is there anything that you want to add to that?

The Chairperson (Mr Lyttle): Very briefly, Ricky, is that funding not available to special schools?

Mr Irwin: Chair, thank you for raising that. We are now working with the special schools in a co-design approach for a bespoke Engage-type programme specifically designed for special school children who could also benefit from making up for learning lost as a result of the lockdown. That engagement is under way.

The Chairperson (Mr Lyttle): OK. Robbie, do you want to come back in?

Mr Butler: Thank you. I think Eilís had been asked for her view on that.

Ms McDaniel: To add to what Ricky said, in addition to focusing some of the attention on the challenges posed by the pandemic, we continued to develop the looked-after children strategy. Hopefully, that will be published in the not too distant future.

You are quite right, Robbie; the educational achievements for looked-after children are incredibly poor in comparison with their peers, which is why the strategy focuses on learning, achieving and outcomes and for them. It is also why we developed a strategy jointly with the Department of Education. There was investment in looked-after children services during the pandemic by the Department of Health. That included providing support for foster carers, etc, to assist with children and young people in their care while they were out of school. We also put money into children's homes in recognition of the challenges that residential care was experiencing. I assure the Committee that both Departments are committed to working together to close that educational attainment gap, which, frankly, needs to be closed.

Mr Butler: Eilís, thank you for that. I declare an interest as a part-time foster parent, and I put it on record that I did not receive any payments from anybody at any stage because we did not foster over the break.

A lot of the good work that was done pre-COVID and possibly through COVID has relied on partnerships with community and voluntary organisations. Eilís, you talked about some of the provision for looked-after children, but there are other charities, which are, perhaps, struggling at the moment. Is there a fear that some of them may not exist post COVID? Some of the previous relationships, and so on, will underpin the plan for moving out of COVID. Are there any issues with that?

Ms McDaniel: The Department of Health's core grant scheme funds 67 voluntary and community sector organisations. During the pandemic, we did a couple of things to try to get money out the door more quickly than we normally do in any other year. We also gave organisations the scope to adjust what they do in a normal year so that they could focus some of their attention on support for families,

etc, impacted by COVID. I do not know whether anyone wants to add to that. Perhaps, Maurice would like to comment from the board's perspective.

Mr Leeson: Thank you for your acknowledgement of the contribution of front-line staff. They will be pleased to hear that. They have worked hard, and they will be encouraged by your support.

One point to come out of this is that, where we have worked well in partnership with the voluntary and community sector, we have been able to deliver the most effective support to families. I know that time is precious, but I would be happy to share with the Committee some work that we have done through our Children and Young People's Strategic Partnership to look at partnership work that was done during the pandemic. We have produced a report into the impact on children and families, as well as a specialist report that looks at the impact on emotional health and well-being. We also produced a report that looks at a number of activities that were undertaken during the pandemic and which really helped to support families. The key issue in all of those is that those things would not have been possible without the support of the voluntary and community sector.

On 25 August, we had a learning event. We brought together all of our partners from the voluntary, community and statutory sectors and looked at how well they worked together. I will give you one example of what came out of the learning, involving the voluntary and community organisations. Due to COVID, social distancing is an important issue. We have, therefore, created a venue locator that will allow organisations, in any sector, that want to work with children or families but are constrained by the fact that they do not have appropriate premises to find premises that can help them. As Eilís said, we have been flexible with funding over the pandemic period. We have engaged with organisations and said, "We know you normally do x, but can you do something slightly different to support families now?" We have had a good response to that. We can learn. Across our structures, we engage with the voluntary and community sector on our locality work, our family support hub — we have over 600 organisations networked through that — our outcomes group and through the CYPSP itself. We have a continuous dialogue going on there. I sincerely hope that we will not see a massive impact because, as I said, Robbie, during the pandemic, the voluntary and community sector has worked enormously hard and been very helpful in helping us, and it has worked in partnership to support families.

Mr Irwin: Robbie, I will come in on the back of that quickly. A piece of work was being taken forward centrally by the Department for Communities, which has lead responsibility for supporting the voluntary and community sector. I think that a trawl took place around individual Departments to identify the charities and organisations that Departments were working with that would potentially be at risk.

I beg your indulgence, Chair, for a second to nip back to the issue of looked-after children and ask Shauna to provide a bit more information on some of the direct support that the EA has provided.

Ms Collinson: Thanks, Ricky. In the Education Authority, we have the looked-after children project team, led by the looked-after children's champion. We had 98 young people who were open to that project, going into the pandemic, and we continued to work with staff and the foster parents of those young people to make sure that they had some educational resources that were of benefit to them at that time. The project team also created a directory of resources and tools to support with home-learning and emotional regulation and connection at the time.

We also developed two separate guides on supporting looked-after children during the COVID-19 pandemic through a trauma and attachment lens, one for schools and staff and one for parents and carers. We also provided support on coping with exceptional school closures for those young people. There was also a helpline and electronic correspondence available for all carers and social workers with looked-after young people into that team, and, through that team, we supported 271 looked-after young people during the partial school closure period. In addition to that, we have 59 young people who are children looked after registered on our EOTAS programmes. Those young people had daily and weekly support for their education and learning as well as their own well-being.

In addition, in preparation for Restart and through the lockdown period, a suite of resources was provided to schools to support the education particular to that cohort of young people returning to education and activities of a therapeutic nature and promoting the care of those young people in our educational settings. That team continues to work with schools, social workers and foster carers to support their well-being and to address any educational underachievement at this time and as we progress.

The Chairperson (Mr Lyttle): OK, Robbie?

Mr Butler: Yes, that is absolutely brilliant. Thank you very much. That was comprehensive, guys.

Mr McNulty: Good afternoon, Ricky, Brenda, Michele, Shauna, Eilís, Mark, Geraldine and Maurice. Thank you very much for your important evidence. I recognise the enormity of the challenge that you have all faced since the onset of the epidemic. I know that your worlds have been turned upside down. Your roles and the roles of your teams have been turned upside down. Your front-line staff have worked incredibly hard, and they have put themselves and their families in danger in many cases. I am sure that it has been really difficult for them. Many of them will see the kids who they work with as part of their family, and to have that blocked and stopped so abruptly in the manner that it was must have been very tough. I have no doubt that the thoughts of you all were to do the best by the kids.

You have reported today on the many positive things that have happened as a consequence of the pandemic, where the health and social sector has worked so cohesively. You would hope that that would be happening all the time, but that is still positive. You said that you have had to be innovative, and you have recognised the will of the Children's Law Centre for the need for services to move quickly and with agility. The experience of all the MLAs who have spoken today from the information and the case studies that have come into our offices is that that has not been the case, sadly. I recognise that you have all been working very hard to try to make things right, but the reality on the ground is very different from the positive story that you are giving us today.

I have been raising, as has Robin Newton, a point during the pandemic about something that is really worrying for me. We have seen many surges during the pandemic, and we have seen a surge in domestic violence, which is really scary. What has been the impact on at-risk children or on children who have been affected by domestic violence? What data do you have on how many children have been impacted and are now not safe in their homes as a consequence of the pandemic, as a consequence of lockdown and as a consequence of not being able to get to school, where school was their safe place? How many kids have been impacted?

Mr Irwin: Justin, thanks for your question. Both Departments probably need to try to address that one. From an education perspective, I will invite Shauna to talk a bit about some of the direct support that the EA provided to those children who are most at risk.

Ms Collinson: Thank you. Yes, the Education Authority, with immediacy, established a vulnerable young person's focus team as part of its structural response to COVID. The team dedicated our resources to supporting vulnerable young people and their families during lockdown, and we are very well aware that there are young people experiencing home situations with a toxic mix of drug and alcohol abuse, domestic violence, extreme parental mental health issues and more general welfare issues. The team's priority was to make sure that contact was made with all the young people in our services, so that those young people felt safe, knew that they were heard by someone and knew where they could access help. The team included a mixed skills base across the Education Authority and was made up of education welfare officers and staff for looked-after children, who are all social work trained. It included teachers, youth workers and officer staff who have experience of well-being and welfare in support of vulnerable groups and families. We coordinated our response with programmes and contact.

Each young person open to services from the announcement of partial school closures had contact, and a contact and welfare plan was put in place. That amounted to around 5,500 young people per week, and those contacts were made, first, on a daily basis. Then, in collaboration with other agencies involved with the young people and the families, as well as what the needs of the families and the young people were, those continued daily throughout the lockdown and partial school closure period or they went to two or three times a week or, at the very least, once a week.

Some of the programmes that were in place came from our post-primary and primary EOTAS centres, where young people were provided with learning through online lessons, with up to 30 lessons on literacy, numeracy and well-being, and there were some very creative subjects through those online platforms. They were also assisted with food, with access to technology and with general well-being and mentoring support. Education welfare officers were connected with 130 families, and each officer made contact in accordance with the need of that family. There were also 85 school-age mothers with a plan in place that included online sessions, mentoring, access to food and technology and signposting to other support in the community. One of the roles that our support officers needed to play was making sure that families were aware of what services were there to provide for them, what

services could help if they needed it and how they could access welfare, food, free school meals applications, food banks and anything that was required during that time, and that was also to support them through some of the difficulties with job losses.

The Chairperson (Mr Lyttle): Shauna, sorry to intervene; we are running really close to time here. Could you draw that summary to a close, and I will allow Justin to ask a further question? Thank you.

Ms Collinson: Yes. Those 5,500 young people who were open for welfare issues across our services were supported on a daily basis. Plans were put in place. Those plans were always in collaboration with other agencies, be that CAMHS, social services or youth justice, that were open to that young person and that family so that they could be confident in the support that they got. Lots of the feedback that we have had from families and young people is that they feel supported by, and welcome, services connecting to parents and families, rather than services going through schools and young people to families. That is one of the positive learnings that we have been able to take from that to build on the relationships that we have with our vulnerable young people and their parents and families.

Mr McNulty: Shauna, it is reassuring to hear that you have been so proactive. Given COVID-19, lockdown, restrictions and potential school closures, can you tell me that every child is safe in their home? Can you tell me that you are proactively ensuring that every child is safe in their home?

Ms Collinson: I would not be able to confirm that. However, I can confirm that, where we are aware that there are young people in need, our education services are in place to make sure that there is wrap-around care for those young people. We are connected with our Health and Social Care colleagues on their protection. We are following any escalation procedures that are needed. We are putting in place additional supports for young people and measures so that young people know where to connect with support, be that online or through their key connect professional.

Mr Irwin: Justin, I will invite Eilís to speak on the health side of that support and any child protection referrals and so on that have been made during lockdown.

Ms McDaniel: In response to your question about the numbers, Justin, we absolutely know that higher incidences of domestic violence and referrals have come to the attention of social services. In one trust, there was a 68% increase in domestic violence referrals in May 2020 compared with May 2019, and a 29% increase in July 2020 compared with July 2019. That gives you a measure of the extent of the issue that you are quite rightly concerned about.

In Health, further funding was put into the 24-hour helpline. We invested some funding in Women's Aid so that it could put in place a greater number of care packages for families experiencing domestic abuse. A number of awareness-raising campaigns were relaunched to remind victims of how to seek help, with particular emphasis on both virtual and silent solutions. I want to acknowledge the work that the PSNI did too. The PSNI led a proactive, multi-agency operational response. That involved making contact with victims who were at the highest levels of risk of domestic abuse. It also meant making contact with those who were known to pose a risk to victims. That was led by the PSNI with the support of other agencies as appropriate and necessary. Another thing that members may be aware of is the very innovative work that was done by Boots chemist. Boots created safe spaces for victims of domestic abuse so that an individual was able to make contact with support services safely.

Mr McNulty: Thanks, Eilís. I have one more quick question, Chair, if you will allow it.

The Chairperson (Mr Lyttle): Yes; be brief. Thanks.

Mr McNulty: We have already discussed respite at length. Obviously, respite cannot be done remotely. I know that families in Newry and Armagh really suffer as a consequence of the respite centres at Carrickore in Newry and Oaklands in Armagh not being available. Those two centres provide a lifeline for families. Financial support has been offered to families, but that is no use in the circumstances. They need the break that the brilliant services at those facilities provide. I have written to Richard Pengelly about the potential to provide further respite facilities. What is your perspective on the availability of respite for parents, families and children who need those short breaks? They rely on those for their family's mental and physical health and well-being.

Ms McDaniel: Maurice has already acknowledged that this is an area that we absolutely need to do better in. A number of members have raised it today. Unfortunately, in many cases, short-break services were suspended at the start of the pandemic. However, as Maurice described, there has been a concentrated effort to get those services up and running again. It is not just about residential services. There are other ways that we can provide families with the support that they need. We are doing that and have continued to do that through the pandemic. Do we need to do better? Absolutely, and I put my hands up to that.

Mr McNulty: The experiences of the families that I have spoken to have not been the same as what you are talking about. They have been offered only financial support, and that is no assistance in these circumstances.

Ms McDaniel: I admit that we need to do better on short-break provision.

Mr Leeson: We appreciate your question. Staff in all trusts are aware that the impact that COVID has had on the families they work with has been massive, particularly with regard to residential short breaks. Staff have done their level best to look at whether there were other ways in which families could be supported in the meantime.

I am aware that, in many cases, families have felt that what has been offered and put in place does not match what they had before, and we acknowledge that. Staff engage with families and keep listening. We are doing our level best to bring services back as quickly as we can. Obviously, safety is our overriding concern. However, I acknowledge what you say. Despite our best efforts, there will be families — and they do tell us — that feel that what we are doing is not matching what they had before.

Mr McNulty: I encourage you guys to move quickly and with agility, as proposed by the Children's Law Centre, and I wish you well in the important job that you have. I really wish you well.

Mr M Bradley: Daniel asked about planning that was designed for an emergency and to get us over an emergency. Now that we are in an expected second wave of COVID-19, and, possibly, a third wave in January, like Daniel, I ask this: what failings were identified in the initial measures and have they been addressed for the current wave and potential future waves of COVID-19? Unlike Daniel, I would prefer a written briefing to be submitted to the Committee, through the Chair, identifying any failings and telling us how they were addressed.

The Chairperson (Mr Lyttle): OK.

Mr M Bradley: What measures are in place for children suffering with dyslexia? Many children have difficulty in putting their ideas and solutions on paper. I am particularly concerned about teachers in general. Head teachers and assistant teachers are doing an exceptional job in exceptional circumstances, and I put my thanks to them on the record.

Most children suffering with dyslexia are in mainstream education. Nonetheless, that is a special need. Are teachers sufficiently trained or being offered appropriate training in identifying children who are suffering with dyslexia? Is there an educational programme to take that condition into account? I am thinking about oral and practical examinations to take the place of written tests and formal testing.

The Chairperson (Mr Lyttle): Good question, Maurice.

Mr Irwin: Thank you, Maurice, for that question. I will direct you to Shauna, from the Education Authority, who will speak about the support that is provided directly for children with dyslexia.

Ms Collinson: Our services that support the staff who are supporting those young people and that support the young people directly are operational. Training is available for school staff. We have put the majority of that training online, and it is accessible to staff at a time that suits them, as well as having appropriate bookable sessions. We have a suite of resources for staff and young people via our website and the C2k platform, which all education staff have direct access to. The service is then delivered, in the advisory capacity, working with the school and school staff in the way that best meets their needs. The service is maintained and delivered directly to young people. Where there has been an issue, be that with a school bubble or a risk assessment that does not allow that direct delivery to

happen, we are looking at all possible methods of delivery, be that online or connecting with the family. That service is maintained and presently delivered, and training is available for staff.

Mr M Bradley: Thank you very much for that. What is the uptake of training?

Ms Collinson: I do not have the numbers, but I can liaise with my colleagues in the services and report back to the Committee.

Mr M Bradley: Last one, Chair. I promise that I will be brief.

The Chairperson (Mr Lyttle): Thanks, Maurice.

Mr M Bradley: For someone suffering with dyslexia, should it be with letters or numeracy, how are they expected to cope with online learning?

Ms Collinson: One of the resources that are available from the Education Authority is a magazine that promotes the skills required for young people, and it is sent, electronically, directly to young people, families and staff. It is about school and service staff learning and trying to support young people in the new world of a blended-learning approach. Training will be developed in accordance with those needs.

Mr M Bradley: Thank you.

The Chairperson (Mr Lyttle): Members, we are on quorum, so I need you to stay with me. I have two quick, final questions for the Department of Education.

Ricky, temporary continuity directions specifying a minimum standard of remote learning for children learning at home have been issued by the Department for Education in England. Can you advise why a temporary continuity direction has not been brought forward by the Department of Education in Northern Ireland?

Mr Irwin: Thank you for the question, Chair. I can talk about what schools have been asked to do to support children through remote learning. If an individual child or a small number of pupils across the year group have to self-isolate for a designated period due to COVID, parents should be talking directly to the school about the provision of education materials. The Department has asked schools to have contingency plans in place for the delivery of remote learning in the event of a school closure or, indeed, of a class or group of pupils needing to self-isolate. Schools will promote remote learning tailored to the needs and aptitude of their pupils. In order to support schools in taking that work forward, the Department has relaxed a range of statutory requirements, for example, for assessment and school development planning, to reduce the bureaucratic burden and to free up time for curriculum planning and remote learning.

Chair, the answer to the question is that the Department does not feel that a temporary continuity direction would be the correct approach in those circumstances and would rather support schools in delivering remote learning for the pupils who require it.

The Chairperson (Mr Lyttle): That is a fairly bold conclusion. Why has England considered that it is a good policy?

Mr Irwin: I suppose that it is because the systems are different, Chair, as you know. Consideration has been given in the Department to how best to support children's learning needs, and that is our current position. A range of further resources and guidance materials have been provided to schools. That was considered as part of the Department's continuity of learning project. There is the use of C2k as an online service desk portal. The scheme to provide additional IT resources and Wi-Fi access to those who are educationally disadvantaged and vulnerable learners has been rolled out and remains open. A range of measures have been put in place to deal with the scenario of remote learning.

The Chairperson (Mr Lyttle): How is the Department monitoring or assessing the adequacy of that support and the consistency of remote learning provided to pupils learning from home?

Mr Irwin: Chair, I would probably need to write back to you with a detailed response. My understanding is that the Education and Training Inspectorate has been involved in the evaluation of

remote learning and the measures that have been put in place, but I would prefer to give you a more detailed response in writing to deal with that point.

The Chairperson (Mr Lyttle): I look forward to receiving that.

Very briefly, Shauna, you said that the Education Authority SEN support services are fully operational. My understanding is that that includes provision such as behaviour support and the autism advisory service for schools. Is that right?

Ms Collinson: Yes, that is correct.

The Chairperson (Mr Lyttle): The feedback that I am receiving to some extent is that there may be differences in the interpretation of "fully operational". In what way is that behaviour support and autism advisory service accessible? Is it available via mobile phone, or is it via email? What does "fully operational" mean?

Ms Collinson: On access to the service, any new referrals will come through the usual referral system. We are working directly with schools, so officers are directly accessible to schools and to families, if that is the correct provision under the service delivery. That may be online, it may be by phone, or it may be through home visits and visits in school. It is fully operational, and the method is dependent on the presenting circumstance of the educational setting, of the young person and of the service member of staff delivering it.

The Chairperson (Mr Lyttle): OK. Our schools are fully operational on an in-person daily basis. Is that the case for EA SEN support services?

Ms Collinson: Yes, absolutely, where they can be. There are some restrictions, for example, with regard to staff members crossing bubbles by being part of a class for observations or direct pupil intervention. Strategies have been put in place to support that by reducing the number of young people seen within a day but extending the time slightly, as well as other provisions that are needed to support that circumstance. All the service staff who deliver in schools are delivering in schools, or there are plans in place with schools for a flexible or blended approach at this time.

The Chairperson (Mr Lyttle): That is, obviously, an issue that the Committee will want to come back on. Thank you so much for the extensive time that you have all given to us today.

Mr Irwin: Chair, may I make a couple of final points? It will not take long. Is that OK?

The Chairperson (Mr Lyttle): Go ahead, Ricky. Be extremely brief, thanks.

Mr Irwin: Sorry to interrupt there, but I want to make an important point. On behalf of DE and EA, I assure the Committee that we are completely committed to removing any barriers to vulnerable children and young people accessing education and to supporting the most vulnerable in their learning needs. That is the first point. The second point is that we are completely committed with our Health partners and the organisations that you have heard from today to continuing that level of collaboration and cooperation and to learning the lessons from the first period of lockdown and the more recent restrictions about how we can improve services and make them better. Finally, like Health colleagues, on behalf of staff in DE and EA and across schools, I say that what I have witnessed is staff stepping up during what has been a very difficult period in all their lives, and I commend all the staff who have worked tirelessly over the last few months. Thank you, Chair.

The Chairperson (Mr Lyttle): Thanks for that, Ricky. For the avoidance of any doubt on my part as well, I cannot thank front-line staff enough. The Committee cannot recognise enough the service of front-line staff during the COVID-19 pandemic. The job of the Committee, though, is to scrutinise systems and budgets. We welcome the commitment and assurances that you give about the systems working for vulnerable children, but serious concerns and testimonies have been received by the Committee, so we will continue to do the job of asking questions about those systems to make sure that your aim is delivered by them. We thank you for your engagement with the Committee to make sure that, at the end of the day, we all contribute to that aim. Thanks very much indeed, folks.