



Northern Ireland
Assembly

Committee for Health

OFFICIAL REPORT (Hansard)

Looked-after Children Strategy: Department
of Health, Department of Education,
Education Authority

28 January 2021

NORTHERN IRELAND ASSEMBLY

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Members present for all or part of the proceedings:

Mr Colm Gildernew (Chairperson)
Mrs Pam Cameron (Deputy Chairperson)
Ms Paula Bradshaw
Mr Jonathan Buckley
Mr Gerry Carroll
Mr Alan Chambers
Ms Órlaithí Flynn
Ms Cara Hunter
Mr Pat Sheehan

Witnesses:

Mr Ricky Irwin	Department of Education
Ms Elaine Lawson	Department of Health
Ms Eilís McDaniel	Department of Health
Mr Colin Reid	Education Authority

The Chairperson (Mr Gildernew): Officials are here to brief the Committee on the new strategy for looked-after and care-experienced children and young people. This is a joint strategy from the Departments of Health and Education. It is useful to see that joined-up work in the interests of vulnerable people. I very much look forward to this morning's presentation.

I welcome, via video link, Ms Eilís McDaniel, director of childcare and family policy in the Department of Health; Ms Elaine Lawson, head of looked-after children and adoption policy in the Department of Health; Mr Ricky Irwin, director of inclusion and well-being in the Department of Education; and Mr Colin Reid, head of safeguarding, welfare and inclusion in the Education Authority (EA).

You are all very welcome, and thank you for coming to the Committee. We look forward to your presentation and then, hopefully, a question-and-answer session with members.

Eilís, will you outline how you will roll out this morning's presentation, please?

Ms Eilís McDaniel (Department of Health): Thank you, Chair and members of the Committee, for the opportunity to brief you this morning. This is a joint strategy, and we are joined by Department of Education officials. I will start and then hand over to Ricky Irwin, who will deal with some of the educational aspects of the strategy. I intend to set out the background to the development of the strategy, the case for change and the strategy's overarching aims and objectives. I will also provide an overview of the strategy's key commitments to action. Some of the statistics that we provided you with

earlier in the week, which are in your papers, are slightly different from those that we will give today because we received updated figures in the last 48 hours.

First, I thank the children and young people, and their carers, parents and advocates, who helped in the development of the strategy. It is much richer and, probably, more relevant as a result.

As members are aware from the earlier correspondence from the Health Minister and the Education Minister, the new strategy will replace the existing strategy, 'Care Matters in Northern Ireland — A Bridge to a Better Future', which was endorsed by the Executive in 2009. The new strategy is being introduced at a time when more children are in care than at any time since the introduction of the Children (Northern Ireland) Order in 1995. At the end of September 2019, there were 3,362 children in care in Northern Ireland. Numbers have continued to increase during the pandemic, and there are now 170 more children in care than there were at the start of April 2020. That is the equivalent of more than 30 extra children's homes, if we work on the basis that there are five children per home, although I am not saying that all those children were placed in children's homes.

Between the beginning of May 2020 and the end of December 2020, the three-week rolling average for the number of referrals to children's social services was consistently higher than the pre-COVID average, which was based on the year ending 30 September 2019, and it peaked in late September, when the average number of referrals was 35% higher than the pre-COVID figures. In January 2021, the average number of referrals dipped below the pre-COVID average, but referral numbers have increased again to above pre-COVID levels. We saw that pattern at the start of the pandemic, and we saw it again during the circuit breaker. That is partly why, this week, the Safeguarding Board has reminded people to be mindful of children who may be at risk and to make referrals to children's services.

In addition to the rising numbers of children and young people in care, we are experiencing greater complexity of need in our looked-after and care leaver population. More children and young people have a disability, and some have mental health, emotional health or substance misuse issues. For example, 12% of all looked-after children have a disability: nearly half of those children and young people have autism; and a further 30% have a learning disability. That rises to 15% among care leavers at age 19. There are also higher numbers of young parents in care and in the care leaver population

There are, of course, many children and young people who have happy and fulfilling experiences in care and achieve their full potential. It is important to note that. However, over 40% of looked-after children enter care from the most deprived areas of Northern Ireland. In 2017-18, 43% of the children taken into care were from the 20% most deprived areas in Northern Ireland. In comparison, around 5% of children taken into care originated in the 20% least deprived areas. Research shows that children from those areas are more likely to experience health and social inequalities, such as lower life expectancy; higher suicide rates; higher rates of mental ill health, with more mood and anxiety disorders and more instances of self-harm; higher rates of alcohol-related deaths; higher rates of drug-related deaths; a greater likelihood of becoming involved in the criminal justice system; reduced incomes; and increased homelessness and unemployment. Through the strategy, we want to address the inequalities experienced by care-experienced children and young people in order to help children in care to reach their full potential. In particular, we want to close the educational attainment gap between them and their non-care-experienced peers. That is why the strategy is being taken forward jointly with the Department of Education.

This issue was recognised in the draft Programme for Government, which included an outcome to give children and young people the best start in life and a specific commitment to improve support for looked-after children. In the DE-led cross-departmental children and young people's strategy, children in care and care leavers are identified as a particularly vulnerable group who require additional support to reach their full potential. The new strategy for looked-after children will support the aims of the wider children's strategy by placing and maintaining a focus on care-experienced children and young people. The stated aim of the strategy is to improve the well-being of care-experienced children and young people and to give them the best chance of the life that they each deserve. We are all well aware of the need for and benefits of early intervention approaches and the particular supports needed during times of transition.

As a result, the strategy does not focus only on children who are currently in care or looked after but extends to those who are on the edges of care, including children with intense needs who require intensive support at home, those returning home from a period of care and those leaving care to make the journey into adult life. It is also intended to extend the strategy to children who are adopted from

care or who leave care to live with someone other than their birth parents: for example, under a private law order such as a residence order. The strategy is rights-based and firmly anchored in the Children's Services Co-operation Act (Northern Ireland) 2015, which requires Departments and children's authorities to cooperate with each other to improve the well-being of all children and young people in Northern Ireland.

In the strategy, well-being has the same meaning as in the Children's Service Co-operation Act and in the wider children's strategy, which the Act requires the Executive to adopt. By way of action under the strategy, the aim is to, as far as possible, ensure that care-experienced children live in a society in which equality of opportunity and good relations are promoted; that they are physically and mentally healthy and living in safety and stability; that they are learning and achieving, and enjoying play and leisure opportunities; and, finally, that they experience economic and environmental well-being and are able to make a positive contribution to their communities and wider society.

In the world of looked-after children, the term "corporate parent" is well understood. It captures the responsibility of health and social care trusts to look after children. The strategy introduces the concept of the corporate family, which recognises that trusts need the support of other public authorities — Departments and their arm's-length bodies; local government; and, indeed, voluntary, community and independent sector organisations — to deliver effectively improvements in well-being for care-experienced children and young people.

I turn to what we will do to improve the well-being of care-experienced children and young people. There are 61 commitments to action in the strategy, and I will focus on those actions, other than those that relate to learning and achievement. Ricky will deal with those separately. The key actions include a cross-departmental family and parenting support strategy, which will be developed to promote positive parenting, help to build resilient, stable and strong families and address the needs of families experiencing greater challenges. We will enhance family support hubs to reach a greater number of families who need early help services, and that may prevent the involvement of social services at a later stage. A new way of working with families within social services, known as the Signs of Safety practice model, will continue to be rolled out. That strength-based approach within social work seeks to involve the wider family and friends' network to help to keep children safe and well.

A new framework on integrated therapeutic care will be rolled out across looked-after children's services to ensure that the care provided is person-centred and therapeutic. It will place an emphasis on relationship-focused work and provide the basis for securing safety and stability for the child. Under the framework, practitioners will build an understanding of the child's presenting needs and put in place therapeutic supports and interventions for the child, their families and their carers to help them to build positive relationships. The practitioners will also support a range of improved outcomes.

In fostering, we will continue to work to attract greater numbers of committed individuals to this critical role through robust marketing campaigns informed by foster carers and the organisations that work with them. Foster carers know how best to attract individuals and families to fostering. They also know what we need to do to support people to enable them to stay in fostering. We will expand specialist foster care placements to support young people with additional needs, such as children with a disability, mother-and-baby placements, those with challenging behavioural problems and unaccompanied asylum-seeking children.

In residential care, we are introducing peripatetic support teams to provide multidisciplinary support to young people who may be in crisis, the aim being, among other things, to prevent entry into the criminal justice system, where looked-after children are over-represented. For example, in 2018-19, around two in every five young people in custody were in care. We are also expanding flexible outreach services to provide support when looked-after children feel particularly vulnerable, such as in the evening or at weekends. There will also be a capital programme for residential provision for children with a disability.

For children and young people leaving care, we are introducing post-permanence support teams. The teams will work with, for example, children who have left care through adoption and continue to need support to deal with early trauma or to minimise the risk of their new family home breaking down. We will continue to work with the Department for Communities and the Housing Executive to expand the accommodation options for care-experienced young people, including those leaving care, that keep them safe and offer a stable and supported home base from which to pursue a career, training or further education.

We are introducing a new capital scheme, Staying Connected, which is intended to enable children and young people to stay longer with their carers, stay closer to their last placement when they age out of care or remain with their sibling group. For example, the scheme could make it possible for a foster carer to extend their home or a trust to purchase a property in close proximity to a children's home.

We intend to introduce a regional social work assessment, reception and advisory service for separated, trafficked and unaccompanied asylum-seeking children. Social workers have the knowledge, skills, expertise and experience necessary to address their needs, and they can provide appropriate support to the increasing number of unaccompanied children arriving in Northern Ireland. We will invest around £10 million to establish a new regional purpose-built residential facility for unaccompanied asylum-seeking children, which will increase placement capacity. Work has already started with the Department of Justice to establish a new regional care and justice campus to replace the current secure care and juvenile justice arrangements. The campus will include a secure care centre, on-site step-down provision and community-based satellite services.

The Department is taking forward work on a new mental health strategy. I know that the Committee is aware of that strategy and the Child and Adolescent Mental Health Service (CAMHS). A managed care network for children and young people with high-intensity care needs will be established. A holistic health appraisal will be introduced in place of the current annual medical assessment arrangements, and school nurses will be involved. The views of children and young people were important and hugely helpful during the development of the strategy, and they will be equally important during implementation. Among other things, we will introduce a biennial survey to gather the views of care-experienced children and young people, and those responsible for their care, to assess whether they consider that their outcomes are improving.

Legislation will be required to deliver some of the actions, and this will be done by way of an Adoption and Children Bill. The Health Minister intends to introduce the Bill in the Assembly in March, subject to Executive approval. The Bill will place advocacy arrangements on a statutory basis; require trusts to publish details of the services that they offer to young people who have left care; enshrine corporate parenting principles in law; enable disabled children to avail themselves of short-break care away from their families without needing to be looked after by a health and social care trust; strengthen care planning arrangements and the operation of fostering panel arrangements; place a duty on health and social care trusts to undertake an assessment of need for adoption support services; extend support for care leavers up to age 25 to enable them to continue in or return to education or training; and, finally, place a duty on health and social care trusts to promote the educational achievement of looked-after children and young people, and to minimise disruption to their education when making decisions on where they will live.

We have already been able to secure recurrent funding for some actions. Others will be cost-neutral, and some will require new funding. We are launching the strategy in a period of challenging budget settlements, and that is likely to impact on the pace at which the Act can implement change. Successful implementation of the strategy will not rely wholly on new investment; it is also about doing things differently with the resources that are available to us. We have already trialled some initiatives using the transformation funding available to both Departments, and that has helped us to lay fairly strong foundations. Our intention is to continue to build on that as quickly as funding permits.

In measuring how well we are doing with implementation, the intention is to introduce a report card performance measure or indicators associated with each of the strategy's outcomes. Work is progressing on the identification of appropriate indicators, informed by responses to the consultation on the draft strategy. We will use a range of methods to measure performance. We will collect and analyse data, building on existing data sets; undertake surveys of children, parents and professionals; evaluate new services; commission research, where appropriate; and initiate inspections and reviews. It is important that we deliver tangible, lasting improvements in well-being outcomes.

If you were to ask me what success would look like, I would say this: fewer children in care, potentially; improved health and education outcomes; the attainment gap closing; greater numbers of care leavers in further and higher education, living in stable homes and generally doing well in adulthood; and care-experienced children who are loved, feel loved and know how to love with ease in return. In short, they should be living the lives that they deserve to live and which, collectively, we are duty-bound to make possible.

At this point, I will hand over to Ricky, and both of us will address any follow-up questions that you have.

The Chairperson (Mr Gildernew): Go ahead, Ricky.

Mr Ricky Irwin (Department of Education): Good morning. Thank you, Chair. Thank you, Eilís. Following on from Eilís's opening remarks, I would like to focus on the journey within the Education Department that led to this first strategy dedicated to looked-after children. We commissioned the OECD 2016 case study, 'Improving the educational outcomes for looked-after children in Northern Ireland', to help us to pinpoint the most effective interventions for this cohort of children and young people. Up to that point, supporting them had been a priority for the Department of Education for a number of years, albeit with limited success, and a refocus was required.

The case study included a number of key themes that have informed our approach going forward, including a coordinated strategic approach between the Department of Health and the Department of Education, with strategic priorities set from the perspective of the child; a focus on well-being for all children and supporting the particular needs of looked-after children, integrated in an overarching strategy; identification of the key drivers behind poor outcomes and addressing those in an integrated way; a steward, identified from within existing governance structures, to build a truly child-centred approach to the care, education and well-being of looked-after children; provision for looked-after children to be harmonised across the agencies, with the need for inter-agency working regularly reviewed; and removal of barriers, including insufficient funding, staff time or quality home placements and underinvestment in research and programme evaluation. It also looked at providing tailored support in education to children who are looked after to ensure that they have a positive and engaging learning experience; enhancing access to support resources and training for educational settings; building capacity in education on trauma and attachment; reviewing and adapting the personal education planning process and coordinating that with personal learning plans for children and young people with special educational needs; identifying the primary causes of the educational attainment gap and measures to address it; and developing an effective multi-agency approach. We believe that all these elements combined will transform the educational experience for our looked-after children and young people.

Taking those findings into consideration, we took two main steps. We agreed with the Department of Health that a joint strategy would be developed, and we developed a pilot that would test the role of champion for children and young people who are looked after in educational settings. That champion's role was to identify key interventions to raise educational outcomes at Key Stage 2, improve multi-agency working, challenge existing supports, and identify and respond early when looked-after children needed additional support. The educational element of the joint strategy focuses on building on the success of the pilot of the champion by establishing the role on a permanent basis in the Education Authority, supported by a new service, as well as targeting the areas that I mentioned previously.

That was a brief overview of the educational aspect. Thank you for the opportunity to update the Health Committee on progress. We are keen to hear your views and happy to answer any questions.

The Chairperson (Mr Gildernew): Thank you, Ricky and Eilís. The two presentations combined were extremely comprehensive. Clearly, a lot of work has been done. That is to be welcomed.

During the question-and-answer session, perhaps one member of the panel should lead on an answer unless something specific needs to be added. Eilís, you and your team can identify who will pick up on members' questions.

You mentioned significant funding resources and the difficult funding situation, Eilís, but can you quantify, in real numbers, the estimated funding that will be necessary to deliver the strategy? What are the prospects of securing it in the current climate?

Ms McDaniel: The estimated cost of delivering the strategy over the next three years is around £24.5 million. That is in resource terms, and we also estimate a capital need of around £11.5 million. In year 1, which is 2021-22, the cost of implementing the strategy is around £7.8 million. We have made bids to cover the cost of the actions that will be taken forward this year. The outcome of that bidding exercise remains to be determined, so I cannot say with any certainty that we will secure all the funding that we require to implement the strategy in year 1. I have made the point that the budget settlement next year will be incredibly challenging for us, and my expectation is that we may not be able to secure all the funding that we need. It does not mean that we will not do some of the things that we plan to do; it may just mean that we do them at a slower pace. Certain things might not be done in 2021-22 but could be done in a future year.

The Chairperson (Mr Gildernew): Briefly, does that £11.5 million in capital include any part of the care and justice campus, or is that separate?

Ms McDaniel: We have not costed the care and justice campus. It is too early to do that, Chair. We have just concluded the consultation on proposals for the campus. To be honest, we already invest a considerable amount across both facilities: the juvenile justice centre and the secure care centre. I think that we should be able to deliver something better with the funding that is currently available to us, but that remains to be determined.

The Chairperson (Mr Gildernew): OK. I declare an interest. I worked previously as a social worker and, at times, with looked-after children.

Eilís, I appreciate that you mentioned young people and people who are ageing out of care. There is clearly an awareness that it is not just children that we are talking about. We on the Committee are all very conscious of the cliff edge that many young people face when they leave looked-after care. Rather, they can face it; I am not saying that they always do. Will you explain what support is provided to older children and young people? Is a change to the age that support continues until being considered in the consultation? We know that the relationships, structures and support for a young person who is at that very vulnerable stage are very important. I know that some countries in Europe provide very good support right up to the age of 25. Are there thoughts or plans in the consultation to look at age?

Ms McDaniel: I covered that in my opening remarks; apologies if that was not clear. Under the Adoption and Children Bill, the intention is to extend the age limit for support after leaving care to age 25 for those in education, training or employment. There will be supports available to young people up to that age. Over the last couple of years, we have tried, for example, to extend the range of placement options for children who have left care. We now have around 16 supported accommodation projects across Northern Ireland that provide 165 placements. In the last couple of years, we introduced supported lodgings that enable young people to be not in a group setting but in a familial setting with a host family. We have around 30 placements from two pilot projects that we established. The intention is to roll that out across all five trusts and to extend it to 50 placements, which is 10 placements per trust. In the last couple of years, we have tried to make a better offer to children who have left care, and that will further improve when we extend the age range under the Adoption and Children Bill. Of course, that is not going to happen overnight. We need to get the legislation through the Assembly and move to its implementation. However, the proposal is there.

The Chairperson (Mr Gildernew): Thank you. That is very welcome. I know that you set out the areas where you want to close the gaps. What do you anticipate will be successful in closing the gaps so that younger people can make progress in education?

Ms McDaniel: OK. The statistics are not very pretty. Ricky may come in here. For example, we can look at GCSEs as a measure of how well children are doing, but I appreciate that there are other measures of how well children are doing. However, around 43% of looked-after children obtain five GCSEs at grades A to C, and in the general population, it is in the order of 70%. The attainment gap is huge. The strategy is a joint strategy with the Department of Education, and, if it is successful, we should see that dreadful statistic begin to move and the gap close quite substantially. It is one to watch. At A level, the gap is similar. I think that 7.9% of looked-after children achieve three A levels at grades A* to C, and in the general population, it is in the order of 40%. Again, the attainment gap is huge. It is a statistic that people want to closely monitor over the next couple of years, and it will be one determinant of how well or otherwise we are actually doing. Ricky, do you want to add anything?

Mr Irwin: Yes, thanks. Eilís covered the statistics. There is a huge gulf in attainment levels between looked-after children and non-looked-after children. GCSE and A-level results are just one indicator that Education will be looking at. The project that we delivered focused more on Key Stage 2 children and younger children, and we knew from evidence that performance in maths and English dipped significantly for looked-after children between Key Stages 1 and 2. That became the focus of the early intervention transformation programme that was delivered through the Education Authority. The evaluation of that showed us that the dedicated support and the approach that was taken resulted in the performance levels being in line with those of the rest of the population of children at Key Stage 2. For us in the Department of Education, our focus will be on primary initially and expanding out to other primary cohorts, particularly beginning at Key Stage 1 and potentially moving into early years. As we go forward with our delivery of the strategy, we will move into the post-primary area, with the additional investment that is required for that.

The Chairperson (Mr Gildernew): Thank you. Finally, Eilís, I am conscious that the strategy is extremely comprehensive. It has also been quite heavy in its language, which we all understand. However, how were the voices of children and young people included in the strategy's co-production and co-design, and how were they supported to engage in what are, in many ways, heavy enough issues? Are they involved in the ongoing review, and how is that being supported?

Ms McDaniel: Children and young people were very much involved in the development of the strategy. I will take you through some of what was done just to give you a measure of that, and Elaine may be able to come in after me with more detail.

I referred to the intention to undertake a biennial survey, so, periodically, we will ask children and young people how well we are doing, so, again, we will continue to capture their voices throughout the implementation of the strategy.

Just to give you a measure of the level of involvement of children and young people in the development of the strategy, there will be five public events in each of the trust areas supported by the Voice of Young People in Care (VOYPIC) and workshops, again facilitated by VOYPIC, in order to capture the views of under-12s, adolescents and children with a disability. The Fostering Network did exactly the same with the same group of children and captured the views of foster carers through a questionnaire that it issued and survey work that was facilitated by VOYPIC. Include Youth captured the views of older adolescents, care leavers and those in the juvenile justice centre, and Start360 worked with the same group of young people. MACS did a bit of work for us to capture the views of older adolescents and care leavers, and Children in Northern Ireland likewise facilitated discussions with a range of stakeholders.

I assure you that they were very much part of the development of the strategy and will continue to be very much central to its implementation. More importantly, their views will be captured and acted upon, where appropriate.

Mrs Cameron: Thank you, Eilís, Ricky and the team, for your attendance at the Committee. I welcome the opportunity to scrutinise an extremely detailed and ambitious cross-departmental strategy on looked-after children. It is particularly pleasing to see that, whilst the development of the document has been led by the Department of Education and the Department of Health, there is a substantive overlap with the work of all Departments in the commitments that have been presented. That is really, really good, and I thank you for it.

I will kick off with some questions. Your document states:

"In Northern Ireland, we are fortunate that over three-quarters of children and young people in care are able to live with foster carers."

There are also commitments on recruiting more specialist foster carers. Will you provide more information on how the recruitment of higher numbers of foster carers will be achieved?

Is there a time frame for the development of the family and parent support strategy? It is deeply worrying that around 40% of young people in custody are or have been in care. Does that criminality generally present itself before a child comes into care? How will the strategy foster links with the innovative approaches by the justice sector to tackle that type of offending?

Ms McDaniel: Thank you, Pam. I will start with the recruitment of foster carers. You are right that 79% of children who are looked after are looked after by foster carers. It is important to point out that, in that group, we have a combination of kinship carers, which means that children are looked after by members of their family or some of the carers may be friends. It is important to note that, for the first year, the balance between kinship and non-kinship carers has shifted. We now have more children in that foster care bracket, kinship care, than in non-kinship care.

We encourage people to come into foster care on a rolling basis. Every year, we have foster care fortnight, and the purpose of that is to encourage people into the role. It requires a very special kind of person to become a foster carer.

One of the other interesting things that we did was to introduce private sector approaches. We used a marketing firm to develop a marketing programme in order to encourage more foster carers into the role. That worked very well, and we will continue to use that approach.

The development of the family and parenting support strategy has been slower than we would like. That is partly due to the pandemic. The family policy unit, which is responsible for the development of the strategy and for which I am responsible, had to work extensively on childcare issues over the course of the pandemic, and that distracted us somewhat from the development of the strategy. Our intention is to consult on a draft strategy, hopefully in the not too distant future. We have a draft, and other Departments have been asked to consider it. As quickly as we can, we will consult on that. It is important to point out that the family and parenting support strategy, likewise, is a cross-departmental strategy led by the Department of Health, but other Departments will have a role in it.

Custody issues are partly the reason why we are taking forward the joint care and justice campus programme. We recognise that we have an impossibly high number of looked-after children in the justice population. The intention of the programme is threefold. We want to keep children out of secure care, whether that is juvenile justice or the regional secure care centre in Bangor. We want to keep them out of that as much as we possibly can. We want to make a better offer for those who, unfortunately, enter secure care. That is partly about taking greater therapeutic approaches etc and establishing multidisciplinary teams in a secure care centre. The third aim is to have a better pathway for them out of secure care, purely for the purpose of ensuring that they are not readmitted to secure care in future. We need to better support them when they leave.

Those are the triple aims of the campus and the programme. It is pretty well developed; we have consulted on a range of proposals and are analysing the responses to the consultation.

Mrs Cameron: That is great. Thank you.

The Chairperson (Mr Gildernew): I will go to Cara Hunter and then Paula Bradshaw, Órlaithí Flynn and Gerry Carroll. Go ahead, Cara, please.

Ms Hunter: Thank you, Eilís, Elaine, Ricky and Colin, for being here today. I find this to be a really interesting report, so thank you for that. In the notes that you sent to us, you mentioned that trans-generational involvement in social services can often create alcohol and drug dependency. Are there any recommendations in the new strategy on how to tackle that for children in care?

Ms McDaniel: Thank you for your question, Cara. You are quite right; very often, the children of children in care end up in care themselves. That is a cycle that we would absolutely like to break through the strategy. The key to that will be early intervention. We need to get into families and work with them at an earlier stage. Over the last couple of years, we have placed a greater focus on earlier intervention with families, with initiatives like the family support hubs. We have 29 of those now across Northern Ireland, and they exist to ensure that earlier help is available to families when they need it. That can prevent problems escalating to the point where statutory social services need to become involved.

In the last couple of years, we have continued to run an early intervention transformation programme, which, again, is a cross-departmental initiative. Its aim is to act to provide families and children with greater help at an earlier stage. We need to do more of that, if I am honest with you. We have set that out in the strategy as one of our aims, and we will, hopefully, make a greater effort to offer earlier help to families.

Ms Hunter: Thank you, Eilís. You are absolutely right. That is fantastic to hear, because I know that children in care have a lot of complex needs.

I have two more questions. I read here that 63% of children who leave care aged 19 are either in education, training or employment. Are there any further recommendations in the new strategy to help to increase that number?

Ms McDaniel: That goes back to my response to the Chair's question about extending the age range for children who have left care. We will extend that to age 25, and the purpose of that is to ensure that help is available for longer for children who have left care, particularly for those who are in education, training or employment. Part of the solution, too, is to ensure that they have stable homes and that they are not moving from place to place. Greater stability of placement is important, and we want to deliver that. However, by extending the age range, we should begin to see that statistic improve and to see greater numbers of those young people in education, training or employment simply because they are better supported.

Ms Hunter: Yes, that is that wraparound support. Lastly, I noted the very welcome news about £10 million of investment to create a building for unaccompanied children of asylum seekers. Will you expand on that and tell us a little bit more?

Ms McDaniel: At the minute, we have a regional facility for unaccompanied and separated children in Northern Ireland. The intention is to develop that further in order to create a purpose-built facility, because the facility that we have at the minute certainly is not purpose-built. Through greater investment, we will increase the number of places that are available for those young people. The numbers have been increasing year-on-year, and I think that the statistics show that, in the last five years, there has been something like a 140% increase in the number of referrals to social services and a 177% increase in the number of unaccompanied children in the care system. In the last couple of years, between 2018-19 and 2019-2020, the number has doubled, so we have seen greater numbers of those young people coming into Northern Ireland, and we need to have placements for them. That is partly what we are doing through the creation of the new facility, and we need to have greater supports for them, too. As I mentioned in my opening remarks, we will put in place a new regional social work service so that we can build up the level of knowledge and expertise among social workers to empower them and make them better equipped to offer support to unaccompanied children. The numbers have increased significantly over the last couple of years.

Ms Bradshaw: Good morning, everyone. I thank the panel very much for your presentation this morning. My first question is a broader one, and it may well be for Colin. It is about the week that is in it and the revelations about the mother-and-baby homes etc. What are the safeguarding mechanisms in this? It is very easy, half a century away, to say, "We did not know. We did not ask the right questions. We did not have the right provision in place". Could you speak to me about safeguarding, please?

Mr Colin Reid (Education Authority): That is a complicated question, Paula. Through the projects that we are involved in, we hope to enable children to be safe, cared for and well looked after in the educational context, to facilitate their educators and teachers to understand the position of looked-after children and to facilitate trust and understanding about education among schools, foster parents and social workers. Through our project, we seek to build knowledge and understanding and take a trauma-informed approach to the life experiences of those children and young people, and we also want to try to facilitate a safe and caring environment for them to be educated in and brought up in through their experiences in education.

Ms Bradshaw: Is there anything from a health point of view in safeguarding?

Ms McDaniel: One of the outcomes that we are seeking to achieve by way of the strategy is safety and stability, so we need to make certain that children are safe where they live. There have been challenges over the last couple of years with issues like child sexual exploitation etc, and we have had a number of reviews into that, and, as a result, recommendations have been made. We are focusing on that. Reports have been done, and recommendations have been made, and those recommendations are being acted on by, for example, bodies like the Safeguarding Board for Northern Ireland. It is absolutely in our sights, Paula. We will seek to achieve, among other things, safety for those young people.

Ms Bradshaw: My second question is about the Stay Connected service and accommodation options in that. A few Health Committee members and I met VOYPIC and some young people during the summer, and they talked about the cliff edge at 18, when you go from being in a caring and safe fostering home to sometimes moving to accommodation that is not in the county you have been living in. Could you give a wee bit more detail on that? Time is of the essence, because people are approaching their eighteenth birthday and the more accommodation that can be put in place quickly, the better.

Ms McDaniel: That is one of the aims of the Staying Connected capital scheme. The scheme is about enabling some young people who have reached the age of 18 to stay close to the people whom they are familiar with, possibly from a number of years in children's homes. We have created the scope for trusts to purchase property using capital funding that will enable some of those young people to stay closer, maybe, to a children's home that they have just come out of at the age of 18. There are other things in place such as the Going the Extra Mile (GEM) scheme, which is a foster care arrangement, and the intention is to put that on a statutory basis by way of the Adoption and Children Bill. The GEM

scheme enables young people to stay with their foster carers for longer and beyond the age of 18. There are currently around 253 young people in the GEM scheme. Placing the scheme on a statutory basis will further strengthen it.

Ms Bradshaw: At Christmas, my daughter turned 18, and they are not really adults. They are adults in law, but, sometimes, emotionally, they are not there yet. The looked-after group is very vulnerable if young people are in the community and do not have proper support. Thank you.

Ms Flynn: Thank you, Eilís and Ricky, for your presentation. Eilís, I want to touch on some of your opening remarks. The final version of the strategy document is dated September 2020. Obviously, the Departments will have been looking at the impact of COVID and how the outworkings of that have meant that kids have needed to go into care. It was mentioned that there are now 170-plus children in care who have entered since April 2020 and that you have noticed a trend in an increase in referrals. Have any of the lessons learned from COVID been reflected in the Department's work and strategy? When the Committee was briefed at the beginning of the pandemic, there were concerns about schools closing, as the teacher is the most likely person to identify risks and to make referrals. There was a fear that referrals might decrease because of school closures. Can you tell me more about the figures from the middle of the pandemic? Are those kids still being picked up? What lessons can we learn from the past 11 months about picking up kids who might have been missed in more normal circumstances?

Ms McDaniel: Thank you, Órlaithí. You are quite right that COVID has had a huge impact on children and families, and it is partly why we developed the vulnerable children plan. We will be briefing the Committee on that plan in a few weeks' time. The plan was intended to be a mechanism for Departments to work together to respond effectively to the needs of very vulnerable children as a result of the pandemic. Under that plan, we had a strategy to get vulnerable children into school. Ricky might be able to give a bit more detail about that. The strategy did not work as well in the first lockdown, but arrangements are currently in place to get as many vulnerable children into school as possible. School provides them with a level of support that they may not have at home for many reasons, and that is very important.

In Health, we provided additional support for foster carers, for example. We added to the household element of the foster care allowance to support foster carers to deal with children who would otherwise have been at school. At the start of the pandemic, trusts made payments to all the foster carers in Northern Ireland to help them to support children in their care. We have invested in residential care where the pressures have been great because of staff illness and staff self-isolating and, simply, their having to deal with challenging behaviours. We made an investment in residential care of the order of £2.5 million. That was about enabling trusts to put contingency staffing arrangements in place but also to put in place isolation units, which were necessary in residential care.

In addition, working closely with the Department of Education, we have made investment of around £4.5 million to increase capacity in our family intervention teams and to try to get children into school. We have tried to provide support to those caring for looked-after children during a very difficult period. You are right that there will be a tail to this; there will be a legacy. We have 170 more children in care than we did at the start of the pandemic, which has created pressures for the system. We have had to find 170 additional places for those young people, which has been a challenge for health and social care trusts. Some of the investment was intended as a response to that.

Have we fully reflected it in the strategy? Possibly not, Órlaithí. That is one thing that we may need to look at. That said, we did develop the vulnerable children plan as a response to the COVID-related experience of children and families.

Ms Flynn: Thanks very much, Eilís. I will follow on from that a wee bit. You touched on funding in response to Colm's question. You are looking at £24.5 million resource and £11.5 million capital. Will that funding come from the Department of Education and the Department of Health?

Just on that, obviously, we have other massive strategies coming through the Health Department that have a major linkages with the issues that you are dealing with in this strategy. You are talking about the higher rates of alcohol and drug-related deaths, the higher suicide and self-harm rates, the higher rates of children who need to go into care and the correlation of all of that with deprived areas. I am thinking that there will be loads of overlap with what will be contained in the 10-year mental health strategy and the substance misuse strategy. We obviously have the Protect Life 2 strategy as well. All those strategies need to be funded. What interaction can this strategy have with those other pieces of

work? For example, do you have anyone who sits on the Executive subgroup on mental health, well-being and suicide prevention? It is really important. It is great that we have all those new strategies coming to the fore, but how can we make sure that we get the most and the best out of them? There is all that overlap with the mental health, suicide and substance misuse strategies.

Ms McDaniel: I will deal with the funding point first. The figures that I quoted in response to the Chair's questions are the costs to the Department of Health of implementing the strategy. The Department of Education will make investments separately, and Ricky may want to say something about the extent of that investment.

You are entirely right that all these strategies are interlinked. I gave the example of the wider children's strategy. I made that point in my opening remarks. We have worked very closely with the Department of Education, which led on that strategy, to ensure that, within the wider strategy, focus is placed on looked-after children and they are identified as a group who require specific attention. Likewise, the mental health strategy is being developed within the group in the Department of which I am part. We have been working with officials involved in the development of that strategy to ensure that the specific needs of looked-after children are taken account of in it. We have worked with other colleagues across the Department on drugs and alcohol and suicide.

Where we can, we make the case, and rightly so, that a specific response may need to be made to looked-after children who have specific needs and that, actually, we are responsible for them. We have taken them into care, and we are the corporate parents. We need to ensure that their needs are met. I want to assure you that we try to influence the development of other strategies and work with officials in our Department and other Departments to ensure that that is the case.

Mr Irwin: I will come in on the funding point from an Education perspective. In respect of our commitments, we are looking at around £1.7 million per annum for the duration of the strategy. Indeed, some of that has already been baselined within the Department's budget, but the balance will need to be bid for in future budgetary rounds.

It is important to say that, in meeting the commitments in the strategy, the funding that I mentioned is not the only source of funding that will benefit children who are looked after. We have been working very closely with the Department of Health on an emotional health and well-being framework as well. Funding totalling around £6.5 million has been secured for that on a recurrent basis from next year onwards. Many children who are looked after will benefit from the projects that will be taken forward under that framework. Similarly, we have a nurture programme that is supported to the tune of around £4 million per annum. Many children who are looked after have attachment difficulties in primary school and would benefit from the nurture groups that are set up in primary schools. There is a range of frameworks and programmes that, in future years, will support children who are looked after.

Ms Flynn: Thanks very much.

Mr Carroll: Thanks, Eilís and Ricky, for the presentation. My first question is to Eilís. The increase since 2009 in the number of children in looked-after settings is obviously very worrying, as people have said. What is the assessment of that? It is obviously the year after the last recession, and it has increased. According to the strategy document, 43% of looked-after children come from the most deprived areas. What is the reasoning and rationale for, and understanding of, that increase? I presume that it is largely connected to economic precarity and financial pressures. Is there an expectation that that will increase further with the recession that we are in and will be further plunged into?

Ms McDaniel: Thank you, Gerry, for your question. You are quite right that the numbers have increased steadily over the last 20 years; it is something like 18% over the last five years, 30% over the last 10 years, and 46% since 1999. There are very clear linkages with deprivation. There are families who are struggling and, unfortunately, children are very often on the receiving end of that. That became very evident during the pandemic, too. The issues that families were struggling with, such as domestic violence, were exacerbated by being locked down. Children were being physically harmed, too, and there were greater instances of chronic neglect.

There is a very strong link between deprivation and, unfortunately, children having to come into care or, indeed, be placed on the child protection register. There are very strong linkages between deprivation and a child being placed on the child protection register. Research done by Queen's in the last couple of years specifies what the figure is; I just cannot remember that off the top of my head.

That makes a strategy such as a family and parenting support strategy incredibly important. It makes our doing things earlier incredibly important, too. We need to get in and help families to sort out some of their issues at an earlier stage, so that, potentially, children are not taken into care. That is all that I can say in response to your question, Gerry. The figures bear that out.

Mr Carroll: Thanks. Obviously, it is concerning that, in that period, there has been a huge increase in multimillionaires in Belfast. Belfast has gone up the league table in terms of wealth accumulating at the top, but there is an increase of people in economic destitution or vulnerability at the bottom. That is quite concerning.

I have one final question for Eilís. Did you say that the Adoption and Children Bill will be presented to the Executive in March? If that is the case, when is it likely to come to the Floor of the Assembly?

This is a final question for Ricky. Earlier this week, the Minister of Justice made a statement to the Assembly, in which she pointed to the fact that 80% of people in prisons had dropped out of school at a young age, with either very few or no qualifications. What is being done to reform education to make it more amenable to people so that they are not neglected, do not drop out and are not forced into prison as well? An answer on that would be useful. Thanks.

Ms McDaniel: I will deal with the Adoption and Children Bill first, and then I will pass over to Ricky and Colin. The intention is to introduce the Bill in the Assembly in March, so it will have its First Stage and Second Stage before Easter, and then it will come to the Committee for scrutiny after Easter. That is the plan at this stage, and we are on course to achieve that. It has to come to the Assembly by March at the latest, given that it is a fairly substantial Bill, with around 150 clauses. We need to introduce it in the Assembly around March time to give us a chance of getting it passed before the Assembly is dissolved.

Mr Irwin: Gerry, on your broader question about how we stop children dropping out of school, that is a massive issue, and there is a range of programmes and initiatives in the Department that are designed to try to avoid that situation. Obviously, early intervention is a key underlying principle in supporting children from the moment that they come into contact with the education system. One way to illustrate it might be for Colin to set out a wee bit more about the project for looked-after children and the approach that was taken there to bring them closer to the education system.

Mr Reid: Chair and Gerry, you have heard us talk a lot about our project in education. The early intervention transformation programme started in 2016 and was funded jointly by the Health and Education Departments. Ricky indicated the research basis for the interventions. The programme has a very good research base for what it does. It has just completed and has had a very successful evaluation by the Department of Finance.

I will give you a bit of a flavour. We have worked primarily in Key Stage 2. Ricky mentioned earlier that the attainment gap for children starts to accelerate at Key Stage 2, so, for this preventative element, we worked with 450 looked-after children in 271 primary schools and 21 special schools over the period. The types of interventions that we put in included the appointment of a looked-after children's champion, who works across the EA and the education system. We have a cross-departmental project team that has steered our interventions, with representatives from Health, Education and the trusts. The project has 18 staff who have worked very closely with teachers, foster parents and trust staff to promote the centrality of education in the lives of looked-after children and to work with teachers to understand social services and with social services to understand schools.

We have provided resources and calm boxes for many primary schools with looked-after children. We have disseminated good practice guidance on care and education from the Department of Education. We created what was called the Attach project (TAP) in the South Eastern and Belfast Trusts, comprising a small, multi-professional team of educational and clinical psychologists, which provides a consultation model for schools and supervising social workers around education and a formulaic approach to those children with the most needs. That has been highly successful in helping social workers and teachers to understand the nature of what they are dealing with. It has a trauma-informed approach and an attachment approach at the centre of its interventions.

We have set up helplines and electronic inboxes to allow foster parents, social workers and schools to contact us about educational issues. We have seen that interventions by that project have had great success. Ricky mentioned that we have seen a reduction in the attainment gaps between looked-after children and their peer groups. The intention is that we will roll the project out to Key Stages 1 and 2,

with a focus, looking to the future, on moving into the post-primary phase and the nursery and early years sector. At the moment, we have about 18 staff, comprising educational welfare officers, educational psychologists, teachers and Youth Service personnel who work together on the project. Subject to funding, we will probably move up to a cohort of around 30 staff to cover the entire Key Stage phase.

Through the work of the project and our collaboration, it is interesting to note that we are able to gear up additional resources from other sectors. For example, Youth Service and EA are looking at putting in additional resources and our health and social care colleagues are appointing a number of band 5 social workers to focus purely on the needs of looked-after children and to work closely with our project. Through working in that collaborative way, we are able to embed early intervention and prevention with that cohort of children. Hopefully, Gerry, as we move the project through, we will see a reduction in children falling off or getting involved in criminal justice stuff and will prevent some of the things that you mentioned.

Mr Irwin: If I may, Chairperson, I want to make a further point about the importance of collaboration with and joint working between Health and Education, which is a central theme that runs throughout all of this. We talked about the COVID experience previously, and Eilís set out some of that in relation to vulnerable children. It is very clear that, if we are going to support our most vulnerable children, there needs to be very clear and integrated working between Health and Education authorities. That is something that I have seen enhanced over the course of the last few months, not just through the COVID experience but through a range of programmes, including for children with special educational needs, for example, and for children who are looked after.

I engage regularly with Eilís and her Health colleagues on a range of matters, and we have got to a point where there is excellent working. We are seeing improved outcomes as a result, and the vulnerable children plan and the contingencies that we have put in place to support children in the education setting and those children who are very vulnerable in the home setting have shown that.

We know that 55% of looked-after children have a special educational need. That is a significantly higher percentage than is the case in the general pupil population, where it is around 20%. It underscores the importance of ensuring that we are working together at various levels, both on the ground and at strategic and policy levels. We are doing that now.

Mr Reid: One of the things that has been most successful is that we worked with the Department of Education to develop PEP guidance. That is personal education planning for looked-after children. We piloted that with schools and social workers, working together for looked-after children. It was very successful in that we had meaningful, purposeful, real plans that involved the voice of the children in their educational needs.

Mr Carroll: Thank you.

The Chairperson (Mr Gildernew): OK. Thank you, panel. That has been very comprehensive, and I thank you all for your contributions. You finish on a very positive note, Ricky. It is in keeping with other things that we have heard. If one good thing is to come out of the pandemic, it appears to be that silos have been broken through, to a large degree.

In relation to the work that we are talking about, I was also struck by a presentation that I received from speech and language therapists in which they indicated the huge levels of speech and language issues with looked-after children and children and adults in the justice system. The whole idea of interdepartmental and multidisciplinary working will add value to everything that we do. To me, it is the modern-day equivalent of the old saying that, "It takes a village to rear a child". Everyone brings a certain part of the solution, and the more that we are open to that, the better that we can deliver for the people who so badly need it.

That has been very useful and comprehensive. We look forward to engaging with you on the vulnerable children plan and, I am sure, on this strategy as well. Thank you for your time this morning, your engagement with the Committee and your answers to the questions. I wish you all the very best of luck in the time ahead, in delivering and implementing the strategy. Thank you for presenting to us this morning.

Ms McDaniel: Thank you, Chair.