

Engagement with parents
and carers undertaken by
Children in Northern Ireland
for the Independent Review
of Children's Social Care
Services in Northern Ireland



BACKGROUND

In February 2022 the Department of Health announced that an Independent Review of Children’s Social Care in Northern Ireland would be undertaken, led by Professor Ray Jones.

Children in Northern Ireland (CiNI) was commissioned to support the review by ensuring its work would be informed by the views and experiences of parents and carers of children, who have received services. Since February, CiNI has worked closely with Professor Jones, the Advisory Panel, and the Review secretariat.

The initial stage of the work involved facilitating engagements with groups based in their own communities. Fourteen of these focus group meetings took place between March and August 2022. They provided participants with the opportunity to contribute their opinions and ideas to the work of the review. The meetings also served to support a selection of the groups to clarify their thinking and key messages in advance of direct meetings with Professor Jones which, again were facilitated by CiNI and took place in September and October 2022.

Some parents and carers preferred not to take part in group exercises, we conducted a series of individual interviews with them. Other parents and carers contributed their thoughts in writing.

CiNI also prepared parents and carers to attend and contribute to the meetings of the Review Advisory Panel, and the series of thematic workshops organised by the Review secretariat.

The groups participating in the initial engagements were as follows:

Initial engagements

Date	Group
30:03:22	Pause – parents whose children have been taken into care – based in NHSST
27:04:22	Pause – follow up session
20:05:22	Gateway Newry - parents of children with disability
25:05:22	Adoption UK (NI)
27:05:22	Infant Mental Health – ABC Pip
30:05:22	NIACRO (NI Association for the Care and Resettlement of Offenders)
31:05:22	Women’s Aid
23:06:22	Derry – Together as One
07:07:22	Autism NI
27:07:22	Change makers – parents of children with disability
03:08:22	Syrian Refugees – based at Footprints Women’s Centre
24:08:22	Syrian Refugees
24:08:22	Home for good – adoption group
31:08:22	Ad hoc group – women whose children have been taken into care

The following groups also participated in direct meetings with Professor Jones

Meetings with Professor Jones

Date	Group
05:09:22	NIACRO
05:09:22	Women's Aid
16:09:22	Derry – Together as one
16.09.22	Pause
11:10:22	Adoption UK (NI)

In all 178 parents and carers were supported by CiNI to contribute to the Independent Review of Children's Social Care Services.

We are enormously grateful to all the parents and carers who gave so generously of their time to ensure that the Review would be informed by their perspective and experience.

We also owe a debt of gratitude to the organisations and groups who went to great efforts to facilitate our access to their parents and carers.

All engagements were facilitated by Helen Dunn and Paula Keenan

WHAT PARENTS AND CARERS TOLD US

The following is a summary of the views that parents and carers commonly expressed across all group and individual engagements. For ease of reference these are organised thematically.

Themes

- Lack of family support and services
- Relationships and power
- Workforce issues
- Training
- Structural issues
- Voluntary and community sector
- Co-Production
- Key suggestions from parents and carers

Lack of family support and services

The issue most often raised by parents and carers was the lack of **family support** and the absence of specific service provision for their children. Many expressed the need for timely, practical and emotional support services, delivered within their homes and local communities. They felt family focussed services could help them to develop the capacity to cope with their more vulnerable members and facilitate them to thrive.

In the absence of these supports parents and carers, from a variety of backgrounds, described some common struggles.

Groups of adoptive parents, talked of the **paucity of post adoption support**. Women who had children taken from them by social services spoke of then feeling abandoned by social workers as they were given **no support to deal with their loss**. Nor were they given any help to change the circumstances which led to their children being taken.

“There isn’t post adoption support – it’s every man for himself.” (Adoption UK (NI))

“They took the children and forgot about me – the adoption social worker in particular did not seem to care about me.” (Pause participant)

Many parents and carers of children with disabilities felt that services were not addressing the needs of carers themselves.

“There is no support for carers – we should be treated like Trust staff, with care, support, training, holidays and respite.” (Parent of child with disability)

“Carers as people are only living to exist – we’re forgotten about, we are going through continuous trauma – we need regular, on-going therapy so that we can keep going. If we fall apart, it will cost social services much more money.” (Parent of child with disability)

Families in **rural areas** spoke of their difficulty in accessing services which were located many miles away because of the poor public transport infrastructure. Refugee families found it very difficult when they were moved to rural areas, as this had the effect of isolating them from their communities which were mostly settled in cities.

"Contact with kids – not local; no consideration for public transport times, I have to spend the whole day in the area." (Pause participant)

"We can be put in Lurgan, Newry, Portstewart – but our people are in Belfast." (Syrian refugee)

Parents and carers were particularly upset at the difficulties their children encountered in **accessing mental health** and therapeutic support. Some mentioned that it was only when their children attempted suicide that support was accessed.

"My fourteen-year-old son is experiencing real difficulties in his life but there is no help available – CAMHS say he has to be severely harming himself before he can get help." (ABC Pip parent)

"My 16-year-old daughter knew that unless she tried to kill herself, she wouldn't get help, and that's what happened." (ABC Pip parent)

Parents and carers, across all groups, highlighted their need for hands on **practical support**. Parents and carers of children with disability described, in moving detail, their daily struggle to support their children, many of whom had multiple and complex needs. Women who had been subjected to violence in the home talked of the importance of the very practical support offered by Women's Aid to their families.

"You need practical help – someone to take the kids for an hour while you get a break. (Together as One)

"When my house was flooded it was Women's Aid who brought the practical help, clearing the place out, buying furniture, cleaning up – I could not have done that on my own." (Women's Aid)

"There should be funding for support workers that complement the social worker – fill the gaps, doing practical stuff." (NIACRO)

"The focus is too much on assessment, surveillance and monitoring – and not enough practical support." (Together as One)

A number of parents and carers told us that they had to engage **solicitors** to put pressure on Trusts to deliver the support families were entitled to.

"The only way I get help is through a solicitor's letter – it's the best thing I've ever done." (Parent of child with disability)

"Belfast Trust made zero contact with us - we only got anywhere in the end because we hired a solicitor and wrote a stern letter saying we needed to be part of the process." (Home for good group)

"Our Gateway assessment was completed 3 months ago but I'm still having to be supervised with my grandson because I took an overdose last year – I've had to go to a solicitor to get things moving." (Autism NI)

Even when support was potentially available parents and carers said there was a scarcity of **accessible information** guiding them towards sources of help. They often only heard of what was available through conversations with other parents.

"Leaflets and information would be useful – workers could be more human and understanding – see that people are doing their best and see what they actually need." (NIACRO)

"It's only through other parents that you find out what you need and where you can get it." (Parent of child with disability)

"There's a lack of information – you can't find out how to get help." (Parent of child with disability)

Many felt that the help they did get, didn't kick in until their situation had badly deteriorated. They gave examples of how **early help** would have made a difference not only to outcomes for their children, but also to the well-being of the whole family.

"My foster daughter has just been diagnosed, in her mid 20s with a learning difficulty, her children have been taken off her – they are in a better place. But the time to act was when she was a child – it could have prevented a lot of damage." (Autism NI)

"If I had got into Thorndale when my child was born, if I had got help then – he would never have been adopted – he would be with me now." (Ad hoc group)

"If my son had been given the support for Asperger's that he needed at the time, he could have been a professional footballer, he could have done a lot of things." (Autism NI)

"There's a lack of early intervention - which actually leads to mental health problems." (Autism NI)

Parents and carers told us that they often needed help and encouragement themselves to enable them to support their children. However, their perception was that social services were primarily focused on their children. Some felt that there was an overemphasis on the surveillance of child protection concerns, at the expense of efforts to support them to be better parents. Parents and carers told that **building in supports** for them at an early stage would be a more effective way of ensuring that children were protected and thriving and that families could stay together.

"When I had problems with my mental health social services treated it as if it was my fault – now that I have a physical disability it's not my fault, it's like I can't help it. But I'm not as much of a priority. Social workers come immediately if a concern is reported about my children. But I asked for family support to help, with my kids when I was leaving hospital in a wheelchair – I'm still waiting a year later." (Together as One)

“You have to have a breakdown before you get help – if social workers don’t look after the parents – there will be no one to look after the child.” (Parent of child with disability)

“At first it was the family’s Social Worker but as soon as I had a breakdown it became the Children’s Social Worker – and I got absolutely no support.” (Autism NI)

Parents and carers of children with disabilities often mentioned that one of the mainstays of their support, **direct payments**, was not actually helping. Some felt that the payment was a way of the Trust being seen to offer support, but that because of the difficulties involved in employing carers the payment often went unused, and families had to continue to struggle on their own.

“The Direct Payment goes into your bank account – if you can’t spend it (and it’s hard to find someone) it’s counted against your benefits, which will be cut. I had to pay someone to manage my account because it is so complicated – it’s too much to take on.” (Parent of child with disability)

“It’s not like there’s no money – they’re happy to throw money at the problem. A parent says to the Trust – I’m struggling, I can’t cope with the stress – the Trust says here’s some money, but you’ll have to take on additional stress of trying to recruit and employ your own support.” (Change makers)

Some **good practice** was highlighted. Young mothers who availed of the ABC Pip project (a partnership between the South Eastern Trust, Tiny life and Barnardo’s) were fulsome in their praise of the intensive specialist support they received. The women felt that this infant mental health project enabled them, during their pregnancy, to gain the skills and confidence and sense of wellbeing they needed to care for their new-borns.

The Pause project also offered wrap around support to women who had children removed from their care by social services. The intensive 18-month programme worked with the women to address the myriad issues which resulted in losing the care of their children. They were supported to regain mental well-being, to find appropriate housing, re-enter the job market and undertake training and education. However, the Pause participants were distressed that the project, despite its proven success, has had to close because Government Departments are unable to allocate funding while the NI Executive is in suspension.

Relationships and power

Some participants were fulsome in their praise of individual social workers and expressed **great appreciation** for the help they had been given.

“There was one social worker I felt really cared about me and I had a relationship with, and I asked for her when my last child was being taken and I felt she was there for me.” (Pause participant)

“The assessment process from the enquiry right up until my daughter was placed with me was great. I had a great rapport and relationship with my social worker. I felt respected – it was almost therapeutic. (Adoption UK (NI))

“If it wasn’t for social services, I would never have had my child back – they fought alongside me.” (Together as One)

A number of mothers who were separated from their children felt that social workers were policing the **contact** they had with their children. What was viewed as the social worker's insistence that parents and carers refrain from physical or verbal expressions of love towards their children, was hugely resented.

"Can't say I love you – miss you – can't use the term mum – have to give a false address – reinforces the child is not loved." (Pause participant)

"I need some kind of 'love language' because I'm sending my child letters with no emotion in them – you're not allowed to say I love you or I miss you – you can send a birthday card that they can open when they're 18." (Ad hoc group)

While most participants were clear that having a good **relationship** with the social worker was critical to successful outcomes for their children and families - many described relationships characterised by judgemental attitudes, lack of trust, and broken promises.

"They need to change how Trust staff treat parents – how many lies they told, how many contracts they broke." (Parent of child with disability)

"The thing that would have made it much easier for me would have been basic manners and respect in my home – we 've been assessed as good enough parents – we give a lot of our time, money and careers and relationships to do this vocation and we deserve a bit of respect and care. As do birth parents." (Adoption UK (NI))

"Not one social worker helped at all – they did not do one single thing they promised." (NIACRO)

"My wife, who has a disability, has to take a taxi every day to take our autistic grandson to school – it costs us £200 a week just to take the child to school. Social Services said they would help us with that – they never did. They also said they would try to get him a school closer to us – that didn't happen. The financial burden on families who don't have a regular income is horrendous." (Autism NI)

"I always have someone with me when I have to talk to a social worker so they can't twist my words." (Women's Aid)

Parents and carers were acutely aware of the **power** social workers had, and for some that led to fear of reprisals and reticence in asking for help.

"Social workers literally hold your life in their hands, and you're so scared to talk back." (Adoption UK (NI))

"As health professionals we noticed that in the child's red book there was evidence of failure to thrive that had been missed. We flagged this with the Trust and were threatened that our little girl would be removed from us." (Adoption UK (NI))

"I felt I was under the microscope – scared to do anything" (NIACRO)

"I'd be scared to tell the social worker that my child didn't have something 'cos they'd judge me for not providing it." (Women's Aid)

*"We know parents who wouldn't come to this meeting tonight in case it effected the decision about whether they would get their children back or not – even though this is independent and confidential they were too afraid that what they said might get out."
(Autism NI)*

Many parents and carers said they felt a **lack of regard** from social workers. They highlighted failures of **communication** in relation to arrangements, record keeping, data security, and interpersonal interactions. Many parents and carers, whose parenting was under scrutiny, said they felt they were not given any advice, support or information about what they needed to do to satisfy social services **expectations**.

"There is no accurate record keeping, you have to fight to get the minutes of meetings then maybe you get them a year later." (Women's Aid)

"LAC meeting dates are changed at short notice and other professionals aren't informed – so it ends up that there is only social services input at the meeting when it happens." (Ad hoc group)

"I got notice of meetings the day they were happening – even important ones like case conferences." (Together as One)

"The policy is to get LAC minutes 48 hours before the next meeting – we never got them in advance – the Social Worker said – it's only policy, it doesn't mean we have to do it." (Ad hoc group)

"Things weren't explained to me – even when I said I didn't understand it wasn't explained any clearer to me – not at my level." (Pause participant)

"Birth parents were given a set of LAC notes where on the first page our first names were redacted and on the last page our surname was redacted. It got worse – we were visited by social services who told us that the birth dad, who is a violent criminal, had obtained our names and address. They advised us that we might want to move house and vary our route to work." (Adoption UK (NI))

"I was given no specifics of how I could improve my ability to parent – they just said I'm too unstable." (Pause participant)

"I didn't understand what was happening or what I was supposed to be doing to improve things. I would have needed a plan – told what needs to be done and given a timeline." (Together as One)

An example of **good practice** cited was the provision of advocacy services delivered by the voluntary and community sector. Parents and carers who availed of support from NIACRO and Women's Aid stressed the importance of having someone to represent and speak up for them. They felt that this went some way towards addressing what they saw as the power imbalance between themselves and social services. Advocates were in a better position to challenge some of the thinking parents and carers were encountering. In many instances they were able to explain court and administrative processes and help parents and carers to navigate the unfamiliar procedures.

Workforce issues

For some years now children's social care services have been beleaguered by difficulties in recruiting and retaining staff. Parents and carers detailed the impact on their families of this high turnover of personnel. Some cited examples of **not being allocated a social worker**, which meant they were unable to access particular supports or that serious issues were not addressed.

"My social worker moved job, the next one was out on long term sick. I now have no social worker, but you need one to make a referral for activities like summer schemes – if there's no social worker, there's no referral – my child will have nothing to do during the summer." (Parent of child with disability)

"Daughter is a looked after child aged 15 and has not attended school in 6 months. No social worker has visited her in this time." (Women's Aid)

"There are only two social workers on the children's disability team in our area – so many families are unallocated. Staffing issues are blamed on covid but were evident long before that." (Change makers)

"We're 3 years in and on our 10th social worker – we're a few months from court and neither us nor our child has a Social Worker assigned. There have been long periods without contact – I can understand how people get lost in the system." (Adoption UK (NI))

Many parents and carers outlined the consequences of **frequent changes of social worker**. These included lack of follow through on the previous worker's plans, having to develop a new relationship which often meant repeating information and having to recount traumatic experiences. Some parents mentioned that this situation was exacerbated because notes were not passed from one worker to the next. Others felt that changing social worker impacted on their child's ability to trust and build an effective relationship with workers.

"One day we were told that a relative had turned up – we were told we were going to lose our little boy and were offered counselling, which would have been great but the social worker changed and it never happened. I still have nightmares about that day – could still use counselling support." (Adoption UK (NI))

"It meant having to continuously re-explain and retraumatise myself." (ABC Pip parent)

"My kids have had 10 different social workers – the children build up a bond then they disappear, and they get a new social worker and get retraumatized by having to re-tell the abuse." (Women's Aid)

"Have to keep re-telling – they admit they don't read the file – why can't they work like nurses? As a nurse I leave a note about the patient for my next colleague, so they don't have to ask the patient." (Women's Aid)

"There are too many changes of social worker – the child will close down and stop interacting." (Together as One)

"Having a different person every time for contact was really challenging – our daughter was reaching a stage where she recognised people as familiar or unfamiliar and our

*anxiety levels increased through having to leave her with a different person each time.”
(Home for good group)*

Many parents felt that because of the scarcity of social workers some **inexperienced staff** were allocated to complex cases. Some also felt that those working in child care should, either be parents themselves or, have a lot of experience of dealing with children.

“If social workers don’t have kids there are things they don’t understand – my child was in the neonatal unit and the social worker rang the unit to ask why I was there all the time – they told her I was breast feeding – she said could I not just go once in the morning and once at night. The nurse had to tell her they were dealing with a baby, not a cat. It’s concerning that a childcare professional doesn’t know the basic needs of a child.” (Ad hoc group)

*“I had a social worker from Family Intervention – I had high hopes, but they were a learner with not much experience – I felt threatened they would take the kids off me.
(NIACRO)*

“Social workers who don’t have kids themselves just come from a textbook.” (NIACRO)

Although parents and carers offered many examples of how workforce issues were adversely impacting their families, they were not without **sympathy and understanding for social workers**. Many were very aware of the difficulties faced by social workers in relation to caseloads and the stressful environment in which they worked. They recognised that some of the difficulties were systemic.

“There should be more support for workers and less cases per worker.” (NIACRO)

“I feel newly qualified social workers want to make a difference and are actually quite good at their job, but it is so hard that the job sucks the life out of them. To the point that they become hardened and unapproachable.” (Women’s Aid)

“Young social workers are coming out and having to deal with 30, 35 cases – how are they expected to get round those children on a weekly basis. They’re struggling to do the visits never mind the paperwork – they leave or else go get paid £10k more in the south, with far fewer cases.” (Together as One)

“I felt the social workers were held back by lack of administrative support – they could have gone through the process quicker if they had had someone to type their letters etc – visiting their offices you could tell it was incredibly under resourced.” (Home for good group)

“Improve staff retention by paying your staff a proper wage.” (Parent of child with disability)

“Social workers are being let down by the system” (Parent of child with disability)

“We need an overhaul of the system – more Social Workers, manageable caseloads that’s not causing stress – the Trust is on its knees.” (Together as One)

Adoptive parents cited the “Home on time” scheme as an example of **good practice**. This pilot project was commended for streamlining the concurrent care process. Adoptive parents involved felt that the

social workers were skilled and enthusiastic and made efforts to ensure that they knew what was happening at every stage. The child was felt to be at the centre of decisions and progress in determining whether the child should return home or continue through the adoption process was felt to be smooth and speedy.

It was however, pointed out that when the successfully evaluated pilot was rolled out the necessary funding and staff allocation was much reduced, and this has had a serious impact on the scheme's effectiveness.

Training

Parents and carers consistently highlighted areas where they felt specialist training was needed for social care staff but also other professionals and adoptive parents.

Mothers whose children had been removed from them by social services highlighted the need for training around **trauma** and its effects. They felt that some social workers were unable to empathise with them but rather judged them as "bad mothers" because they failed to understand the factors that led to them losing custody of their children.

"They need trauma training on the impact on mothers – to develop understanding, compassion and empathy." (Pause participant)

This point was echoed by other parents and carers.

"Those involved in children's services need more education – there is a disbelief in early childhood trauma – they think, sure, she'll just forget about it. Trauma focussed care is not on their agenda. There is a huge need for trauma-based training." (Adoption UK (NI))

"There is a need for specialist trained professionals in CBT, Trauma etc." (Women's Aid)

"In the training there was very little recognition of developmental trauma and the training you need to be ready for that." (Home for good group)

"Understanding of the needs of adopted children, and the impact of trauma, should be part of the curriculum for teacher training." (Home for good group)

Parents and carers also felt there was a need to develop understanding in relation to **mental health and addictions**.

"They lack understanding of issues like mental health and addictions." (Pause participant)

"There need to be services for people with addictions to both alcohol and drugs – the people coming through the doors of AA these days are all dual addicted. Social workers need to be educated about dual addiction." (Together as One)

Parents and carers who had experience of **domestic abuse** felt that social workers needed training in dealing with violence within the home. Others raised a number of concerning practice issues which clearly point to the need for better training. They cited examples of inexperienced women social

workers being “taken in” by their abusive partners and appearing to side with them. Other accounts described efforts to persuade them to stay within an abusive relationship, in order to keep their children.

Some felt that even though it was established that they were the victims of the abuse, their parenting was still scrutinised and monitored by social services.

“Make sure social services have training in domestic violence, try and be understanding not judge on the basis of anonymous calls.” (Women’s Aid)

“Social workers had no idea about DV and trauma – they said why don’t you just leave the abuser.” (Together as One)

“Social services perspective is that once the relationship ends the abuse is over – they want you to bring your children to see him and face ongoing abuse.” (Women’s Aid)

“Social workers won’t enter the father’s home alone out of safety concerns, yet they place a child there alone.” (Women’s Aid)

“The social workers take sides with the father – after all the mental abuse they see you at your lowest and there’s dad happy and confident, being charming.” (Women’s Aid)

“Social services said I couldn’t parent alone but I was in an abusive relationship at the time. I stayed with him to try to get my kids back even ‘though I was suffering.” (Pause participant)

“The social worker tried to persuade me not to end the relationship with the perpetrator because she thought he was making progress. When I insisted, she said I should tell him right away – over the phone. There was no plan in place for our safety. The next day he came to the children’s school and attacked me in the street.” (Together as One)

“I was in an abusive relationship but didn’t recognise it cos I wasn’t getting hit. Social services said if I didn’t remain in the relationship and show that I was committed, secure and settled down that I wouldn’t have a chance to get my child back.” (Ad hoc group)

“He was the perpetrator, but I was the one under the microscope, I was the one getting home checks. When writing their reports, it’s their own narrative – I had clean laundry in a basket for ironing – they wrote that the house was untidy.” (Together as One)

A number of groups raised the issue of a lack of understanding of **autism**, across a range of professions.

“The judge didn’t understand autism and refused her request to have her ed psych come to court to explain. The SEN statement says the child needs to be held at all times when outdoors – the judge ridiculed the mother for having the child in a safety harness, saying it wasn’t a dog.” (Together as One)

“My grandson has a lot of sensory issues related to his autism – he has difficulty eating. The social worker said my daughter isn’t pushing him enough. They don’t understand what autism is – they haven’t had the training.” (Autism NI)

"G.P.s, schoolteachers, and social workers all have difficulty understanding autism – it makes the problems worse – they all need to have regular mandatory training." (Autism NI)

"Social workers need proper training on autism – not a half-day session." (Women's Aid)

Finally, parents and carers felt that they themselves could benefit from training.

"The training you get as a foster parent or adopter bears no relation to reality – the training video said you don't have to be rich or well educated to adopt. The financial cost to us is that only one of us was able to work – the level of report writing you have to do through the application process I found difficult, and I do this in my profession. A lot of people who would be fantastic are put off by that. – your ability to write a report or do a PowerPoint presentation bears no relation to your parenting." (Adoption UK (NI))

"Parents need training in lifting and handling and medication etc." (Parent of child with disability)

Two examples of **good practice** were identified. In Ballymena the specialist domestic violence agency, Women's Aid, is involved in delivering training to social work teams. This is based on expertise accrued over many years of working with, and developing innovative responses to the needs of, those impacted by domestic violence in the area.

In Derry, the Together as One group involves parents and carers in delivering training to social work teams.

Structural issues

Parents and carers referenced several issues which might be categorised as structural. These ranged from the way service teams were organised, through the difficulties presented by concurrent care, and the problems relating to the lack of interagency cooperation. Issues highlighted included transitions across age boundaries and between categories of care. The wisdom of having 5 separate Trusts was questioned and the differentials in levels of provision was frequently cited as giving rise to a postcode lottery.

Parents and carers talked about the **disconnect between systems and services**. They felt that what they saw as artificial barriers led to problems for families who lost out on service provision as a consequence. Services were viewed as disjointed.

"Addiction and mental health are managed by two different teams – but the issues are very connected." (Pause participant)

"The split between the physical and intellectual disability teams is crazy. Many children need both those services." (Parent of a child with disability)

"The different services don't link up – they don't connect, don't seem to know about each other – it's only through other parents that you find out what you need and where you can get it." (Parent of a child with disability)

"The service is disjointed - lots of different social workers, lack of information – arranging weekly contact seems to be impossible. We waited a year for a police check and then another year for a social worker to be assigned." (Adoption UK (NI))

"Our child has 7 half siblings – we're trying to put her life story together – not one person in the whole Trust has all the information on her family – no co-ordination." (Adoption UK (NI))

Particular problems were raised in relation to **concurrency**. Some parent's felt ill prepared for the dual roles of foster carer and adopter.

"We're trained as prospective adopters, but we're not trained about the obligations of being foster carers." (Home for good group)

"Concurrent carers fall through the crack, the child's social worker has no clue of the processes they are going through, and the adoption social worker has no idea about fostering allowances." (Adoption UK (NI))

"Concurrency is like the forgotten middle child that nobody knows what to do with." (Adoption UK (NI))

Problems in the system, identified by parents and carers, included **management structures and practices** that served to disrupt service provision. Parents and carers of children with disability often spoke of the fact that services are generally delivered on a Monday to Friday, 9-5 basis, with little support available during evenings and weekends.

"There need to be plans in place for families when they hit crisis e.g. care givers are sick, placements breakdown etc." (Parent of a child with disability)

"It just takes a couple of things to go wrong at once and we are left with zero support to do even basic things like getting the children washed and fed. God forbid things should go wrong at the weekend cos there is no one you can call on." (Parent of a child with disability)

"We need a crisis service that can be accessed 24/7." (Parent of a child with disability)

"There are far, far, too many senior managers – as someone from a business background I see the structure needs completely streamlined. It would enhance accountability." (Together as One)

"The system is focussed on bureaucracy rather than actual action – decisions can be in limbo for four months because they're trying to figure out what is in the budget, or who they can get to do the work. They said they didn't know who in their office had training on autism or where to get the training." (Autism NI)

"The management in Trusts arrange meetings to suit themselves and they don't listen, they don't want to know. They seem to want meetings in the late afternoon – from 3 to 4.30, when our kids are out of school, and we can't go!" (Parent of a child with disability)

Some parents and carers felt that the **lack of cooperation across Trusts**, and with other agencies, was wasteful of resources.

"Everything is in silos - the Trust should work with education, the youth service, with the voluntary sector – with schools even, the buildings are there, the staff are potentially in schools, – everything needed is there – there's just not the will from the Trusts to spend the money in that way." (Change makers)

"The multiple Trust situation in NI – there's a lot of disconnect between Trusts." (Home for good group)

"Agencies don't communicate with each other. The PSNI recommended I get security cameras, I'm a single parent – how do I pay for them – get them put up? They suggested I move house or get a sanctuary room installed – how? He broke into my house with a knife. I've been sitting in a house with boarded up windows for 3 months." (Women's Aid)

"Police and social services need to work more closely together." (Women's Aid)

Parents of children with disability expressed anguish at how badly the **transition** between child and adult services was managed.

"It's not as if they didn't know he was going to turn 18 – plans were supposed to put in place, arrangements made – but there was nothing. The stress it put on us as a family was unbelievable – I think it effected the mental health of everyone in the house." (Parent of a child with disability)

"We all know that transition planning starts at 14 – except it really doesn't – she was 17 before it was even mentioned. She was heartbroken at all the sudden changes." (Parent of a child with disability)

"The truth is that there isn't adequate provision developed for children with complex needs post 18." (Parent of a child with disability)

"Transition from children's services to adult services needs to be reviewed in terms of consistency." (Parent of a child with disability)

Equally, adoptive parents were incensed that once their children made the transition from being 'care experienced' they were no longer eligible for all sorts of supports and considerations.

"For the last five years we've had absolutely no post-adoption support. We have found that once our son was adopted, the fact that he was care-experienced was no longer relevant and he wasn't entitled to the supports that go along with that – it has worked to disadvantage him." (Home for good group)

"The SENCO was telling us about all the support our child could get through school – she had to come back and say sorry, as your child is now adopted, they are not entitled to any of that." (Home for good group)

"This has been an absolute scrimp and struggle and battle to get every tiny bit of support – even today his school is changing his assistant and there is no understanding

– because there isn't that care experienced bracket – you're adopted, you're grand – love is enough." (Home for good group)

Some parents were concerned at the variation in provision across the **5 Trusts** in Northern Ireland.

"It's only when you get together with other parents that you realise that all children with disability are not equal. A great deal of what you get in terms of support depends on where you live." (Parent of a child with disability)

"For a country the size of Northern Ireland we have 5 Trusts – but with things like the NI Ambulance service there is precedent for things being country wide – adoption networks are not huge, there's no need for a group in Lisburn and a group in Belfast doing things entirely separately." (Home for good group)

"Access to services is like a postcode lottery." (Parent of a child with disability)

In relation to interagency cooperation and interagency working, **good practice** was identified in the ABC Pip project. This is a partnership between the South Eastern Trust, Tiny Life and Barnardo's. The women availing of this service spoke of the range of supports they received; the advice given; the consistent and prolonged nature of the help offered; the connections between various organisations that they were able to access; the warm yet challenging relationships they developed with workers, how the systems were designed to suit their needs and the helping personal network they were able to establish.

Voluntary and community sector

A great many of the parents and carers we engaged with had some involvement with voluntary and community sector organisations. Many told us that they preferred to avail of services from that sector because it was less stigmatising, less formal, more connected to their local communities and was able to offer an accessible and flexible response.

"I reached out to Social Services for help but then had to deal with the stigma from other people. – (Together as One)

"Autism NI have been our only real support – they are the only route to us making headway." (Autism NI)

"We first went to a Northern Trust information evening – it was packed and rushed, the PowerPoint didn't work, and the social workers joked that potential adopters should get used to waiting. We then approached a voluntary agency – where we got a one-to-one meeting – and then things happened very quickly we were approved." (Home for good group)

"I honestly don't think our family would be here if it wasn't for the support we get from Adoption UK (NI)." (Adoption UK (NI))

Certainly, voluntary and community-based agencies were felt to offer comprehensive help at the point of need, and relationships with their workers were characterised as warm and supportive.

Organisations were likely to be well connected and networked in local areas, and they were seen as holistic and inclusive in their approach. They were regarded as having more specialised expertise

"I got no support throughout court it was horrific – PAUSE would have been phenomenal – the support they provide is amazing." (Pause participant)

"It helps when someone is like a friend, it was relaxed, she was there just for me, it wasn't just a job she genuinely cared." (ABC Pip parent)

"The worker emailed everywhere flat out to try and get me more support – but also stayed the course with me – the continuity of support, from the same person during my pregnancies made all the difference." (ABC Pip parent)

"My midwife and consultant have been brilliant in terms of mental stuff but in terms of practical support it's ABC PIP that has helped me get ready for the babies, referred me to Tiny Life, referred me to Home Start – they have all the contacts, they know everyone who can help with so many things." (ABC Pip parent)

"Women's Aid is positive and encouraging – they boost your confidence." (Women's Aid)

"Family First connected well, they done a lot for families." (Women's Aid)

"My first port of call is Women's Aid – social workers aren't trained in domestic abuse like Family First workers." (Women's Aid)

"Current worker from NIACRO is assisting the family as a unit." (NIACRO)

"I felt I wasn't enough for my family and all the problems we were having – the staff took a whole family approach and did sessions with my daughter and the baby to get them to bond, sessions with my husband too – real wraparound care." (ABC Pip parent)

Some voiced the opinion that statutory services were only able to operate because of the support provided by the voluntary and community sector.

"Dependence on voluntary services picking up slack." (NIACRO)

"I think they don't bother because they know Women's Aid will come behind and pick up the pieces. (Women's Aid)

As illustrated throughout this document parents and carers generally had no difficulty in citing examples of **good practice** within the voluntary and community sector. Across the board those in receipt of services from this sector were positive and enthusiastic. This sector enjoyed the trust of their services users. Their efforts were appreciated. A key factor in this is the lack of stigma attached to engaging with voluntary and community groups as compared to the perceived stigma of being involved in statutory social services. Alongside this the voluntary and community sector are recognised by parents and carers as providing timely, practical, local responses to situations like the Covid pandemic and the current cost of living crisis.

Co-production

One thing that all those who participated in this engagement had in common was an enthusiasm to be involved, to have their say and contribute to service improvement. The contributions emerging from such enthusiasm will help inform the conclusions of this review. Parent and carer views, experiences and ideas are a resource that can be tapped into in the future, to foster a co-productive approach to children's social care services here.

Co-production ensures that parents and carers are partners in the design, development, review, and delivery of services. Services can be more responsive, better targeted, and more effective as a result.

"Meeting today with other parents has been good for me because you live in isolation, talking to other people and listening to other people you realise the system is creaking and in the midst of that you have children and parents who are suffering – we can help identify what's wrong and what needs to be done to put it right." (Autism NI)

"Services should be working in partnership with parents." (NIACRO)

Parents and carers have clearly derived a range of benefits from **peer support** groups.

"Independently run support groups are hard to get to, parents don't have the time – but they are on zoom now. They have been invaluable for getting information from other parents on what help they are getting, and what you might be entitled to." (Parent of child with disability)

"It's so hard to quantify the feeling of safety, being heard and being held – and being in a group of women who are in the same position – it's so freeing. It brought me out the other side a much more confident parent." (ABC Pip parent)

"Everyone would benefit from meeting together with other parents – we all have different stories, but we get so much support from sharing with each other." (Together as One)

"Parents need to have opportunities to meet together to talk about their experience for mutual support." (Autism NI)

"In the last year we've been dealing with more and more melt-downs, aggression and destruction – we've been reaching out for support, but we currently don't have a social worker – the only support we get is from TESSA and the peer support from Home for good." (Home for good group)

Parents and carers understand that there is a role for them to play, including in the **delivery** of services as peer experts and as advocates. Those who have overcome difficulties and problems are able to share valuable learning and support with people currently struggling with the same issues.

"With everything we've gone through we could help other women in the same position." (Pause participant)

“Services need to be developed with expert parental input.” (Parent of child with disability)

“Some of the burden should be removed from social workers, for their protection, by developing peer support and buddy systems.” (Parent of child with disability)

“It would help to have an advocate at meetings (not a social worker) to explain the process and the terminology – someone who is not emotionally involved, someone who has been there themselves and isn’t judging them.” (Together as One)

“Even though services aren’t perfect, this parent’s forum is proof that change is possible, that people do want to do better – it gives me a sense of hope.” (Together as One)

Two examples of **good practice** were highlighted. A group of parents of children with disability in one Trust area got together to address the difficulties of finding people to employ through direct payments, to support their children. The Change makers group has continued to work together, as advocates for their children. They have undertaken a survey of 74 other parents in their area. This helped them define the scale of the problem and their report is used as a lobbying tool to present evidence of the consequences of the failing direct payment scheme, to the Trust. In Derry the Together as One group is a forum for parents and carers to meet regularly with Trust managers and practitioners. Both parties readily acknowledge that while the process isn’t always comfortable, it has led to real improvements in services.

SUGGESTIONS

During the course of engagements parents and carers made a range of suggestions for improvement. These included:

FAMILY SUPPORT and SERVICES:

1. There were calls to ensure that, when it is necessary to remove children from mothers, this is undertaken in a sensitive and caring way. The women should be given **support to deal with their loss** and helped to address issues of trauma, alcohol and addiction, employment, education, housing, and personal development. The Pause project provides a model of how this can be successfully accomplished and should have adequate funding to allow it to continue and be replicated elsewhere.
2. Adoptive parents should be offered a comprehensive **package of post adoption support**. This should last for as long as it is needed and include therapeutic support.
3. There should also be measures put in place to ensure that adopted children can access the **same supports** offered to other care experienced children.
4. **Refugee families** felt they should be given more than 3 months support on arrival, and that support services could be developed within their own communities.
5. There should be a **crisis service** to support parents and carers of children with disability. They should be able to access the service outside normal operating hours.
6. Trusts should pool money set aside for **direct payments** and provide the support in-house or commission provision from the Voluntary and Community sector.

RELATIONSHIPS AND POWER:

7. Ideas for addressing these issues included the development of **advocacy services** to help vulnerable parents and carers navigate potentially intimidating situations e.g., court settings.
8. Adoptive parents felt that they should get **medical priority** to access their children's full medical history.

WORKFORCE ISSUES:

9. In relation to these issues parents and carers suggested that there should be more support for social workers and that their **caseloads should be reduced**.
10. Parents and carers suggested that trainee social workers should do **placements in nurse** settings, so that they can learn about the needs of younger children.

11. It was proposed that there should be a **review of record keeping** so that, for example, key points from UNOCINI forms could be summarised on two pages. They also suggested that case notes should be streamlined so that, given the frequency in change of social worker, new personnel could be brought quickly up to date. This, they felt, might avoid families having to tell their stories repeatedly.

TRAINING:

12. Many parents and carers made reference to the need for training. The subject matter should include trauma, domestic violence, mental health, alcohol, addiction (and dual addiction), autisms, and disabilities – including hidden disabilities. They suggested that trainee social workers, social work practitioners and managers, judges, teachers, and GPs, should avail of the training

STRUCTURAL ISSUES:

13. In relation to structural issues some parents and carers were critical of Northern Ireland being divided into 5 Health and Social Services Trusts. They felt this led to a **disparity in service provision** across the region and was responsible for an unfair situation where children and families were disadvantaged on the basis of which Trust they lived in. They suggested that the effectiveness of having 5 Trusts should be reviewed and addressed.
14. There was also a suggestion that the **management structures** of Trusts should be reviewed and streamlined.

VOLUNTARY AND COMMUNITY SECTOR

15. A high proportion of parents and carers expressed appreciation and gratitude to Voluntary and Community sector service providers. The only suggestion they made in relation to this was that voluntary sector providers and those based in the community should get **increased funding** and that this should be put on a more secure, and long-term, footing.

CO-PRODUCTION

16. Many parents and carers were involved in **Co-production** ranging from peer support groups to collective advocacy and engaging directly with service providers. Parents who had children removed by social services suggested they might get involved in the service they had received from Pause, by becoming **peer support workers** to women in a similar situation.
17. Equally parents and carers of children with disability felt that they were well placed to contribute their expertise by experience. They suggested that they could be engaged as **practical support workers** for other families.