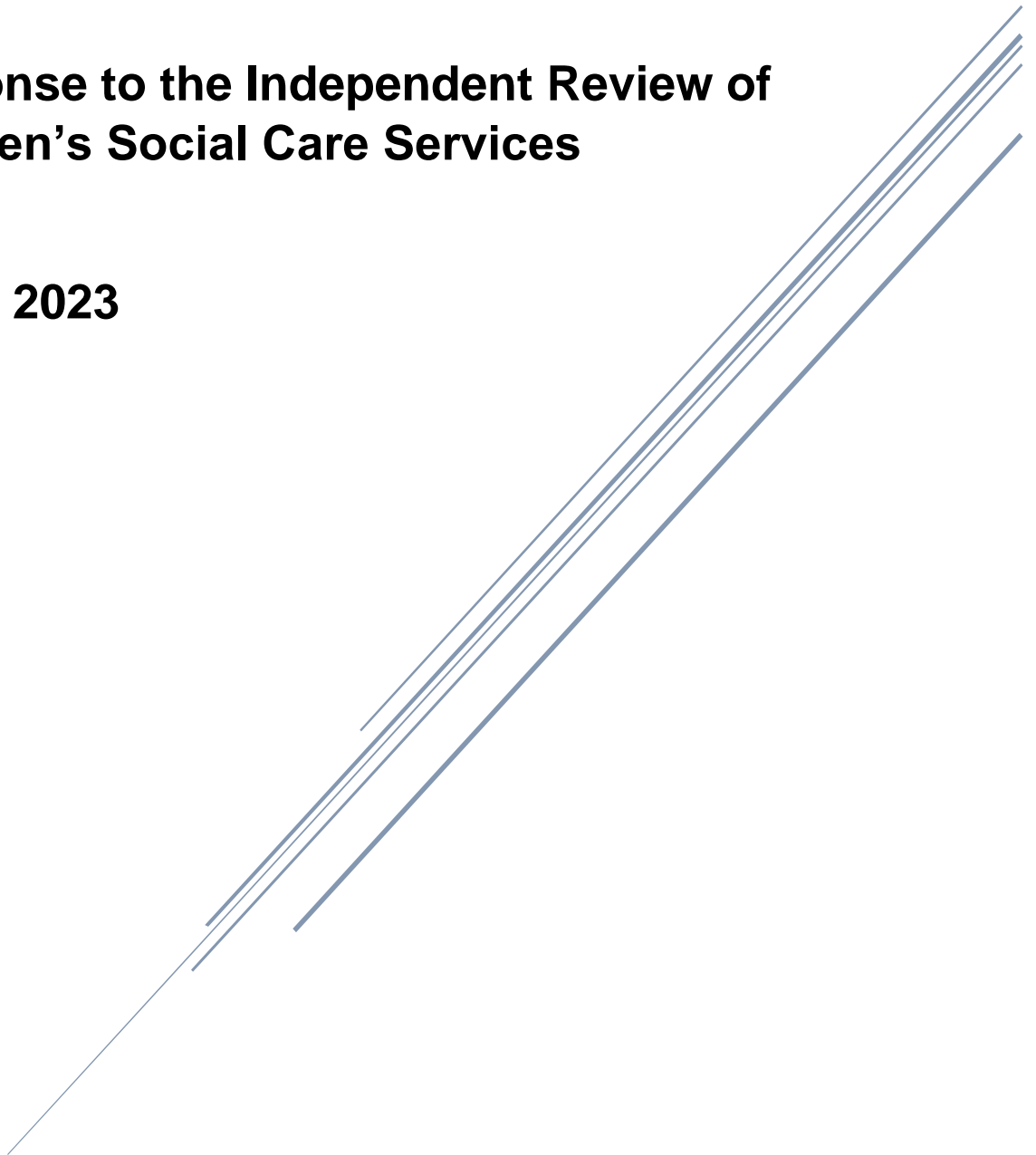


# Children in Northern Ireland



## Response to the Independent Review of Children's Social Care Services

March 2023



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## Context

1. Children in Northern Ireland (CiNI) is the regional umbrella organisation for the children's sector. We deliver a wide range of training, services and projects. In 2022, we were commissioned to support the Independent Review of Children's Social Care in Northern Ireland by leading a programme of engagement with parents and carers. Through a range of workshops, interviews, conversations and correspondence, we supported 178 individuals to contribute to the Review. We produced a report to capture the views and experiences of parents and carers, which was submitted to Professor Ray Jones and his team in early 2023.<sup>1</sup>
2. The context surrounding the Review is characterised by a number of major operational concerns and wider societal challenges. The Covid-19 pandemic, and the government response, brought a sharp focus to the importance of services and also the fragility of the current system. There are significant issues facing the workforce, including problems around the recruitment and retention of social workers in the statutory sector, which has contributed to unsustainable caseloads and unacceptable levels of unallocated cases, delays and lengthy waiting lists. Practitioners and Managers are well aware of how these factors negatively impact buy-in from families, and many staff are struggling under severe pressure. Dealing with more bureaucracy has led to less interaction and difficulties building relationships with families.
3. We now have the highest number of children in care since the introduction of the Children (Northern Ireland) Order 1995.<sup>2</sup> The number of young people on the Child Protection Register has been increasing gradually, every year since 2014.<sup>3</sup> Between 2017 and 2021, the main source of Children in Need referrals shifted considerably: Police referrals went up 10% (from 29% to 39% of total referrals; and Social Services referrals dropped 11% (from 20% to 9% of total referrals). One in five Children in Need (20%) are recorded as having a disability. Yet, despite legal duties under the Children Order 1995<sup>4</sup>, there is still no unified, robust system for collecting data on disabled children in NI, and parents consistently report that they do not get enough information and support.<sup>5</sup>

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<sup>1</sup> All quotes attributed to parents and carers that are used in this response to the Review are from the report compiled by Paula Keenan (2023) on behalf of CiNI entitled 'Engagement with parents and carers undertaken by Children in Northern Ireland for the Independent Review of Children's Social Care Services in Northern Ireland'.

<sup>2</sup> Department of Health, 3 November 2022, 'Publication of 'Children's Social Care Statistics for Northern Ireland 2021/2022'. Available at: <https://www.health-ni.gov.uk/news/publication-childrens-social-care-statistics-northern-ireland-202122> (accessed 31/01/2023).

<sup>3</sup> Department of Health, 3 November 2022, 'Children's Social Care Statistics for Northern Ireland 2021/2022', p.16. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/child-social-care-21-22.pdf> (accessed 31/01/2023).

<sup>4</sup> The Children (Northern Ireland) Order 1995, Schedule 2, para. 1.

<sup>5</sup> Children with Disabilities Strategic Alliance (CDSA), Manifesto Asks 2016-2020. Available at: [https://www.ci-ni.org.uk/wp-content/uploads/new\\_3181512\\_cdsamanifestoasks\\_2016-2020web.pdf](https://www.ci-ni.org.uk/wp-content/uploads/new_3181512_cdsamanifestoasks_2016-2020web.pdf)

4. When the former Health Minister, Robin Swann MLA, announced the Review, he suggested that it would be focused on: support for families; care of children away from families; structure of services; and support for staff. In October 2022, less than two weeks before he left his post, Minister Swann pledged to act on some interim findings of the Review. These centred around two key recommendations: addressing ongoing workforce challenges; and the establishment of a new regional Arms-Length Body (ALB) of the Department of Health with sole responsibility for Children’s Services.<sup>6</sup> The Minister stated that the use of agency social workers would cease within a specified timeframe (not disclosed in the press release); and that a detailed options appraisal for the future delivery of children’s services, including the option to establish a new ALB, would be completed within 3-4 months for consideration by a future Executive. The statement issued by the Department of Health notes:

“...[the new ALB] would replace the current model of delivery through the five Health and Social Care Trusts. It would have its own Chief Executive, local delivery bodies and a singular focus on Children’s Social Care Services. In Professor Jones’ view, this is necessary to ensure that children’s services receive the leadership and dedicated attention they require... Professor Jones also suggests that a new children’s services ALB has the potential to include a wider range of services within its remit, including those which currently are the responsibility of other Departments, including the Departments of Justice and Education.”<sup>7</sup>

5. The Review has not been operating in isolation. It has coincided with the publication of the Final Report from the Independent Review of Children’s Social Care in England (the MacAlister Review), which includes around 80 recommendations and proposes a five-year implementation plan requiring £2.6bn investment.<sup>8</sup> The UK government issued its response to the MacAlister Review in February 2023, launching a consultation on its strategy ‘Stable Homes, Built on Love’, which also responds to recommendations made by the Child Safeguarding Practice Review Panel report into the tragic murders of Arthur Labinjo-Hughes and Star Hobson, and the Competition and Markets Authority (CMA) Review into children’s social care placements.<sup>9</sup> The Independent Review of Education in Northern Ireland published interim findings in October 2022, and the Independent Review of Special Education Needs is nearing completion. Co-design processes in the development of new Executive social inclusion strategies, including Anti-Poverty and Disability, have been ongoing and are practically finished. The Welfare Mitigations Review Independent Panel have published their report and recommendations. None of this work should be considered in isolation, and it is essential that policymakers join the dots between all these strands of reform.

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<sup>6</sup> Department of Health, 18 October 2022, ‘Swann outlines planned actions on children services’. Available at: <https://www.health-ni.gov.uk/news/swann-outlines-planned-actions-children-services> (accessed 1/3/2023).

<sup>7</sup> Ibid.

<sup>8</sup> Josh MacAlister (2022), ‘The Independent Review of Children’s Social Care Services – Final Report’. Available at: <https://childrensocialcare.independent-review.uk/final-report/> (accessed 1/3/2023).

<sup>9</sup> Department for Education, February 2023, ‘Children’s Social Care: Stable Homes, Built on Love’. Available at: <https://www.gov.uk/government/consultations/childrens-social-care-stable-homes-built-on-love> (accessed 1/3/2023).

6. It is not surprising that a key theme, which garnered clear consensus, arising from the Review workshops was the need to strengthen Universal Services (Schools, Health Visiting, GPs etc.). These services are now facing unprecedented pressures and challenges as a result of many years of budgetary limitations and underinvestment. All of which is exacerbated by a lack of political leadership and stability. The Covid-19 pandemic wrought havoc on our children's education and mental health. Across a wide spectrum of children's services, face-to-face interactions are still limited compared to the pre-pandemic era; and respite care for disabled children is still not fully restored. Now a crisis in the cost-of-living driven by inflation and high energy prices will pull more into poverty, destitution and result in more families struggling to meet their child's basic needs.
7. When Professor Jones described the crisis facing Children's Social Care in Northern Ireland as both "endemic and systemic",<sup>10</sup> he encapsulates the reality that problems are rooted in localised factors and can be observed across the entire system. Simply put, the current crisis affects all services and is inherently linked to the way that they are organised. When engaging with CiNI's Members, Professor Jones suggested that Northern Ireland is contending with its own specific version of the 'toxic trio': trauma as a result of the legacy of the past (and not just historic but current issues impacting that trauma); a political vacuum and void, with no one pulling the levers of government to drive improvement and transformation; and severe poverty, that appears to be more prevalent and intense than other regions in the UK. While this all might sound familiar, Professor Jones' comments underline the importance of looking at the major issues through this lens, in order to grasp the need for radical structural change.
8. CiNI's response to the Review is underpinned by its engagement with parents and carers; but our objective is also to represent and give voice to the experiences, views, and aspirations of our member organisations that deliver services for children, young people and their families. The Community and Voluntary Sector (CVS) adds value, knowledge, and the experience of people using services to inform improvements. However, short-term funding arrangements, complex procurement and tendering processes stifle progress: increasing competition rather than encouraging collaboration; and threatening the sustainability of organisations. Too many programmes and projects, often cited as examples of best practice, are discontinued due to a lack of funding. The time for effective partnerships and collaboration across organisations, sectors and agencies is well overdue. Only then can we begin to properly address the problems that instigated the Review.

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<sup>10</sup> Children in Northern Ireland, October 2022, 'Professor Ray Jones visits CiNI offices to engage with Members as part of Independent Review of Children's Social Care'. Available at: <http://www.ci-ni.org.uk/professor-ray-jones-visits-cini-offices-to-engage-with-members-as-part-of-independent-review-of-childrens-social-care/> (accessed 1/2/2023).

## Family Support and Early Help

9. There is an urgent need to refocus on Family Support and extend the scope of Early Help. Articles 17 and 18 of the Children (Northern Ireland) Order 1995 clearly set out the statutory duties regarding services for children in need and their families. Yet, it became clear through the Review workshop discussions that some professionals in the statutory sector were unaware of these duties, and that those in the Community and Voluntary Sector (CVS) delivering services feel that Family Support is undervalued. The working culture surrounding Family Support needs to shift, and all those involved in delivering services must work together and value each other's contributions to improving outcomes for children. Family Support that strengthens relationships can lead to healthier children, staying safely at home, and doing better at school. This requires multi-skilled, multi-disciplinary teams that make use of advice and programmes available in the local community.
  
10. Asking for help is daunting, and there is still stigma associated with Social Services. Parents and carers often articulate how earlier help would have changed outcomes, citing issues such as obtaining diagnoses, access to support services, and the lack of early intervention. Some feel that they had no recourse to access support until their situation had reached the point of crisis. Families often say that there is too much time spent on assessment, monitoring, surveillance and other bureaucratic processes. They suggest that more practical help and support would have a positive impact and make a significant difference to their children's lives. Parents and carers told us:
  - “You need practical help – someone to take the kids for an hour while you get a break.”
  - “There should be funding for support workers that complement the social worker – fill the gaps, doing practical stuff.”
  - “The focus is too much on assessment, surveillance and monitoring – and not enough practical support.”
  - “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.”
  - “At first it was the Family Social Worker, but as soon as I had a breakdown it became the Children's Social Worker – and I got absolutely no support.”
  
11. Adoptive parents express concerns around the lack of post-adoption support, with one describing it as “every man for himself”. Women who had children taken from them say they feel abandoned and receive no support to cope with their loss, or deal with the circumstances that led to their situation. Parents and carers of disabled children feel that services are not addressing their needs, highlighting the lack of training, respite, and therapy. Families in rural areas are struggling to access services miles away from home, often hindered by poor public transport infrastructure. Refugees and Asylum Seekers say that they are isolated from their

communities, mostly based in Belfast, when they are allocated accommodation in other towns.

12. There is a lack of accessible information, guidance and signposting to Early Help. Some parents and carers only became aware of what support was available through other parents. Too often, they are told about their child's diagnosis without receiving any further information, guidance or signposting to support services. Some parents and carers say that they have to engage solicitors to access the support that they are entitled to. They told us:

"There's a lack of information – you can't find out how to get help."

"It's only through other parents that you find out what you need and where you can get it."

"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."

"The only way I get help is through a solicitor's letter – it's the best thing I've ever done."

"We only got anywhere in the end because we hired a solicitor."

"I've had to go to a solicitor to get things moving."

13. Parents and carers express frustration at the lack of information around processes, policies and how to meet social workers' expectations. Some describe a lack of communication, advice, and direction on what they need to do to improve their situation. They told us:

"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."

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

"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."

14. The development of networks of Early Help through Family Support Hubs in Northern Ireland has been an important, positive step forward. These Hubs have encouraged 'help-seeking behaviour', allowing families to independently identify their needs and meet these through support that is coordinated within non-stigmatising structures and delivered by flexible and accessible services based in localities. A Social Care Institute for Excellence Review of Family Support Hubs in 2021 concluded that they 'offer accessible and timely support that are community-based, trauma-responsive and non-stigmatizing'.<sup>11</sup> All of these elements are

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<sup>11</sup> Social Care Institute for Excellence, 2021, 'Northern Ireland Family Support Hubs – Interim Review Report', p.1. Available at: <https://cypsp.hscni.net/wp-content/uploads/2022/02/Northern-Ireland-Family-Support-Hubs-Review-November-2021.pdf> (accessed 2/2/2023).

crucial to the success of Family Support and Early Help. CVS delivery partners report that hubs provide ‘accurate up to date information about community and local services, better integration between services...[and facilitate] access to families who are reluctant to engage with support [services]’.<sup>12</sup>

15. Family Support Hubs now work with over 7,500 families and 600 statutory and non-statutory organisations every year.<sup>13</sup> However, they are increasingly becoming the victims of their own success. Additionally, Hubs are only effective when they are surrounded by organisations and services (which is an increasing concern). Due to increasing demand year-on-year, and the need for signposting to other services, it is difficult to find local services that do not have lengthy waiting lists to refer to. Hub Co-ordinators report that they are dealing with more complex family situations than they would have previously, and they believe that this is due to increased pressures on Social Services Teams, staffing issues within the statutory sector, and other factors such as the cost-of-living crisis. Hub Co-ordinators say that they are facing increasing pressure in terms of their workloads, and they report spending a significant amount of time on inappropriate or incomplete referrals.
16. CVS organisations also suggest that there is a clear gap between Tier 2 and Tier 3 services. They say that early intervention and family support services are stepping up to address that gap, without appropriate resources, and without a safety net of statutory sector support. Based on the difficulties that are evident within Children’s Social Care, CVS organisations delivering services suggest that a review of thresholds, and how they are working in practice, is necessary. It is clear that the majority of Family Support Hub referrals, related to emotional and behavioural problems, are often the tip of the iceberg and many cases evolve when issues such as domestic abuse, financial insecurity, and poor mental health present themselves. Emotional/behavioural difficulties of children aged 5-11 has always been, and remains, the highest referral criteria for Family Support Hubs. Yet, these difficulties are often symptomatic of wider issues that Tier 2 services are not equipped to tackle. When they look for support from Social Services, these services report lengthy delays and trouble even getting to speak to a Social Worker because the system is overwhelmed.
17. Early Help for families is not happening early enough. We need to further invest in Family Support Hubs and bolster the network of CVS delivery partners. Some work undertaken with Queens University around 2020 indicated, at the time, that there was a reduction in referrals to Social Services Gateway Teams as Family Support Hubs were introduced across the region.”<sup>14</sup> Parents and carers say that what they need is non-stigmatising, accessible support that is delivered in their local community. Hubs are now vital infrastructure to accessing a wide range of

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<sup>12</sup> Ibid., p.1.

<sup>13</sup> Ibid., p.4.

<sup>14</sup> ‘Interrupted Time Series Analysis – Modelling the Effect of Family Support Hubs on Children’ Social Services Referrals’, March 2020.



Early Help, from practical support, for example: food; furniture; fuel vouchers; financial/benefits advice; through to parenting support for families with disabled children. In order to get families the support they need at a much earlier stage, we must utilise the community-based delivery model of the Family Support Hubs that is accessible, responsive, and flexible to local needs.

18. At policy level, the most effective way to recalibrate the focus of Children's Social Care towards Family Support and Early Help would be through the overarching framework of a new Family and Parenting Support Strategy. This has been in development for a considerable amount of time, subject to delays and disruption linked to the pandemic. If the Strategy was completed, and the resources available to implement it properly, we could instigate the culture change around valuing Family Support, mandate the development of multi-skilled/multi-disciplinary teams, and facilitate better collaboration.

## Systems and Structures

19. The guiding principle for Children's Social Care Services should be designing a system that improves outcomes for children and their families. These outcomes should be framed according to both short-term/immediate impact (e.g. children staying at home, attending school) and longer-term indicators (e.g. improved health/mental health, educational attainment). The system should not be process driven, or consist of complex bureaucratic practices that simply sustain and preserve existing structures. Continuous improvement and reform is essential. This should consider how and when professionals interact with families, how to nurture mutual respect and strengthen relationships, and how support can be delivered more efficiently and effectively.
20. We agree with the interim findings of the Review that the current model of delivery through the five Health and Social Care Trusts is problematic on a number of levels; and we fully support the calls for consistency in how services are delivered across Northern Ireland. In our view, the Children's Services Cooperation Act (Northern Ireland) 2015 and the Children and Young People's Strategic Partnership (CYPSP) provide the essential architecture for cross-departmental collaboration, collective responsibility and planning. Any restructuring arising from the Review must end the postcode lottery for certain types of support; facilitate better communication and collaboration between services and agencies; provide greater levels of transparency, accountability, and leadership; and ensure that children's services receive the attention and resourcing that they need.
21. As discussed in the previous section, the Community and Voluntary Sector (CVS) is best placed to deliver Family Support and Early Help services, through their embeddedness in communities, understanding of local needs, and non-stigmatising approach that is flexible and responsive to each child's circumstances. The contribution, values and advantages of CVS organisations must be reflected in funding arrangements. At the very least, there should be a central ring-fenced budget for regional services, based on evidenced need, and a mechanism for funding local services that is aligned to the high-level outcomes of the new Family and Parenting Support Strategy.
22. There is also an urgent need for multi-year departmental/Executive budgets, which would provide the necessary security (5+ years) for CVS to improve planning, refine implementation, and measure outcomes. At the moment, procurement is clunky and disproportionate (with respect to the bureaucratic burden on service providers compared to processes in the statutory sector). It is too complicated for statutory bodies to administer efficiently, and there is no clear path for CVS to seek to inform the commissioning process. Procurement, from the perspective of CVS, must be simpler and remain responsive to both local and regional needs. Assessment and evidence of need must include input from CVS, and there should be opportunities at departmental level (in terms of commissioning regional services or providing ring-fenced funding) that run

alongside the Health and Social Care Trusts' commissioning processes. At Trust level, commissioning is inconsistent across the five areas, it can be ad-hoc in nature, and at times does not provide sufficient resources. Issues around the lack of uplift and full cost recovery need to be addressed.

23. Parents and carers often cite a wide range of structural issues with Children's Services, including: a lack of interagency cooperation; gaps in transitional arrangements across age boundaries; and disparities between different categories of care. They say that having 5 separate Trusts with different levels of provision gives rise to a postcode lottery. Too often, families describe a disconnect between systems and services:

"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."

"Access to services is like a postcode lottery."

"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."

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

"The split between the physical and intellectual disability teams is crazy. Many children need both those services."

"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."

"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."

"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."

24. Parents and carers describe how the lack of coordination, awareness, and collaboration negatively impact those who have dual roles of foster carer and adopter (concurrency):

"We're trained as prospective adopters, but we're not trained about the obligations of being foster carers."

"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."

"Concurrency is like the forgotten middle child that nobody knows what to do with."

25. Some Parents and carers are critical of management structures and practices, including the lack of available support at weekends and evenings (for those with disabled children). They told us:

“There need to be plans in place for families when they hit crisis: [e.g. when] care givers are sick, placements breakdown etcetera.”

“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.”

“We need a crisis service that can be accessed 24/7.”

“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.”

“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.”

“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!”

26. Parents and carers also express frustration at the lack of cooperation across Trusts and other agencies, with a view that this appears to be a wasteful – or at least inefficient – use 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.”

“The multiple Trust situation in NI – there’s a lot of disconnect between Trusts.”

“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.”

“Police and social services need to work more closely together.”

27. There is a real lack of support for the transition from child to adult services, which is negatively impacting families. In our view, arbitrary age thresholds should be replaced with age bands (e.g. 18-25 years old) that recognise transition as a process. We also heard from Directors of Children’s Services at a Review workshop, who explained that policy responsibility for Children’s Mental Health and Disabilities still sits within Adult Services – and that this is not working. Parents and carers told us:

“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.”

“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.”

“The truth is that there isn’t adequate provision developed for children with complex needs post-18.”

“Transition from children’s services to adult services needs to be reviewed in terms of consistency.”

28. We need to design a system that has the best interests of the child at the centre of all decision-making. Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) states clearly that the best interests of a child should be a ‘primary consideration’ in all actions concerning children, including those undertaken by public social welfare institutions and administrative authorities or legislative bodies.<sup>15</sup> This Article recognises that often the best interests of the child need to be balanced against other interests or legal rights. For example the best interests of two individual children might be in conflict, or acting solely in the best interests of one child might prejudice the rights of others.<sup>16</sup> We recognise that in the vast majority of cases, social workers are able to strike this delicate balance and guarantee the welfare and wellbeing of a child. However, we are also aware of circumstances and structural barriers that are working against the principle of the best interests of the child.
29. While some parents and carers express great appreciation and gratitude towards social workers, others are critical of what they perceive to be policing contact with children and insistence that they refrain from physical or verbal displays of affection. In our view, across the vast majority of cases, this does not appear to be in the best interests of the child. Looked after children often report feeling unloved or that their emotional wellbeing is often disregarded. This can cause major difficulties later in life. It is also a source of great pain and anguish for parents and carers. They told us:

“[I] can’t say I love you – miss you – can’t use the term mum – have to give a false address – [this] reinforces the child is not loved.”

“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.”

<sup>15</sup> United Nations Convention on the Rights of the Child (UNCRC), 1990, Part 1, Article 3. Available at: [https://downloads.unicef.org/wp-content/uploads/2010/05/UNCRC\\_united\\_nations\\_convention\\_on\\_the\\_rights\\_of\\_the\\_child.pdf](https://downloads.unicef.org/wp-content/uploads/2010/05/UNCRC_united_nations_convention_on_the_rights_of_the_child.pdf) (accessed 2/2/2023).

<sup>16</sup> Information Commissioner’s Office, 2020, ‘Age Appropriate Design: A Code of Practice for Online Services’. Available at: <https://ico.org.uk/media/for-organisations/guide-to-data-protection/ico-codes-of-practice/age-appropriate-design-a-code-of-practice-for-online-services-2-1.pdf> (accessed 2/2/2023).

30. Parents and carers also say that they are acutely aware of the power that social workers have, referencing their ability to remove a child from the home, which leads to fear and reluctance to ask for help. Some feel that they are constantly being judged, and they simply do not trust what they are being told. They said:

“We know parents who wouldn’t come to this meeting tonight in case it affected 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.”

“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.”

“I felt I was under the microscope – scared to do anything.”

“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.”

“Social workers literally hold your life in their hands, and you’re so scared to talk back.”

31. One of the ways to help mitigate this pervasive atmosphere of fear is to empower and equip children and young people with information and advice about what they can do, what their rights are, and how to complain about what is happening. There should also be greater support for, and access to, independent advocates. Parents and carers should be given adequate information and advice throughout all stages of their interaction with services. Adoptive parents cited the ‘Home on time’ scheme as an example of good practice - a pilot project that was commended for streamlining the concurrent care process. These adoptive parents felt that the social workers involved were skilled and enthusiastic, and made efforts to ensure that they knew what was happening at every stage of the process. They said that decision-making was swift, and centred around the child. However, it was also pointed out that when the pilot was rolled out further, the necessary funding and staff allocation was reduced, which has limited the scheme’s effectiveness.
32. Adoptive parents also highlighted serious challenges for children who made the transition from being ‘care experienced’ and were therefore no longer eligible for a range of supports and considerations. They told us:

“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 is ‘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”

“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.”

“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.”

33. There should not be a post-adoption cliff-edge when it comes to being able to access support. Families should have as much information and advice as possible regarding official processes. Expressions of love and affection should not be suppressed. These are just a few examples of how the Best Interests principle must be embedded further across policy and practice. A regional model for Children's Services, that is accountable and transparent, can ensure that this consistency is delivered.

## Workforce and Collaboration

34. We welcome the commitment to phase out the use of agency social workers, and address issues around recruitment and retention, as outlined by the former Minister in October 2022.<sup>17</sup> The interim findings of the Review reflect what many families are experiencing and what they recognise needs to change. Current pressures on staff are unsustainable and the level of unallocated cases means that some families do not have access to certain support and serious issues are not being addressed. Parents and carers told us:

“My 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.”

“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.”

35. Families consistently highlight how workforce challenges negatively impact them, including: difficulties building trust and developing relationships; re-traumatisation and anxiety from having to continually repeat processes; and frustration with the lack of experience and/or awareness of key issues. Parents and carers told us:

“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 re-traumatised by having to re-tell the abuse.”

“[Frequent changes in social worker] meant having to continuously re-explain and re-traumatise myself.”

“[We] 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.”

“There are too many changes of social worker – the child will close down and stop interacting”

“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.”

36. Parents and carers express deep frustration and alarm at the lack of awareness, understanding and basic knowledge of children’s needs shown by some social workers. They told us:

“If social workers don’t have kids [of their own, then] 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

<sup>17</sup> Department of Health, 18 October 2022, ‘Swann outlines planned actions on children services’. Available at: <https://www.health-ni.gov.uk/news/swann-outlines-planned-actions-children-services> (accessed 1/3/2023).



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."

"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."

"Social workers who don't have kids themselves just come from a textbook."

37. Many of the issues articulated by parents and carers, regarding the lack of understanding and awareness, could be addressed through training. Autism, domestic abuse, mental health, addiction, and trauma are common themes. Parents and carers told us:

"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."

"Social workers need proper training on autism – not a half-day session."

"Social workers had no idea about DV [domestic violence] and trauma – they said why don't you just leave the abuser."

"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."

"Social workers won't enter the father's home alone out of safety concerns, yet they place a child there alone."

"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."

"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."

"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."

"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."

38. Mothers whose children had been removed from them by social services highlighted the clear need for training around trauma and its effects. They felt that some social workers were unable to empathise with them, and instead judged them as 'bad mothers' because they failed to understand the factors that led to them losing custody of their children. They told us:

"[Social workers] need trauma training on the impact on mothers – to develop understanding, compassion and empathy."

“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-focused care is not on their agenda. There is a huge need for trauma-based training.”

“There is a need for specialist trained professionals in CBT, Trauma etc.”

“They lack understanding of issues like mental health and addictions.”

“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.”

39. Parents and carers identified two examples of good practice: in Ballymena, the specialist domestic abuse charity, 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 abuse in that locality); and in Derry/Londonderry, the ‘Together as One’ group involves parents and carers in delivering training to social work teams. These programmes should be enhanced, supported and rolled out on a regional basis.

40. There is widespread consensus, across parents and carers and the CVS, that social workers need more support and that individual caseloads should be reduced. Parents and carers told us:

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

“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.”

“Young social workers are coming out and having to deal with 30/35 cases – how are they expected to get around 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.”

“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.”

“Improve staff retention by paying your staff a proper wage.”

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

41. Families are often very appreciative and trusting towards CVS services, and there is a notable lack of stigma associated with these compared to statutory services. CVS organisations are consistently recognised for providing timely, practical, locally tailored responses to very challenging circumstances such as the Covid-19 pandemic and the cost-of-living crisis. There are significant advantages of using CVS services for families. Parents and carers told us that they preferred to avail of these services because it was less stigmatising, less formal, more connected to

their local communities and was able to offer an accessible and flexible response. They said:

“I reached out to Social Services for help but then had to deal with the stigma from other people.”

“Autism NI have been our only real support – they are the only route to us making headway.”

“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.”

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

42. CVS organisations offer comprehensive help and wrap-around support at the point of need. Relationships between service users and professionals are generally warm, trusting and supportive, based on mutual respect and understanding. Organisations are well connected and embedded in local communities. They are seen as holistic and inclusive in their approach, some are also regarded as having more specialised expertise. Parents and carers told us:

“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.”

“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.”

“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.”

“Women’s Aid is positive and encouraging – they boost your confidence.”

“My first port of call is Women’s Aid – social workers aren’t trained in domestic abuse like Family First workers.”

“Current worker from NIACRO is assisting the family - as a unit.”

“I felt [like] 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.”

43. 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 navigate unfamiliar procedures. The symbiosis

between statutory services and what is provided by CVS needs attention. While some parents and carers highlighted what they saw as an overreliance on the CVS 'picking up slack', others discussed examples of good practice in interagency collaboration such as the ABC PIP Project: a partnership between the South Eastern HSCT, Tiny Life and Barnardo's. The women availing of this service spoke of the range of supports they received, the value of 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 supportive personal network they were able to establish.

44. Practitioners and managers know that when the CVS and statutory services work effectively together, outcomes for children and their families improve. The CVS is largely responsible for the delivery of Early Help and Family Support Services across NI. Many provide high quality services, which families say have been a 'lifeline' to them in times of need. Yet, a major difficulty for these organisations remains the issue of short-term funding arrangements. Despite the fact that many projects have been robustly evaluated, and organisations are able to demonstrate significant positive outcomes, they are continually hampered due to the insecure nature of their funding arrangements. Contracts are usually for 3 years with the possibility of one or two further years. This should be changed to five years as standard. Short funding cycles limit the potential of what can be achieved, and threaten the sustainability of innovative projects.
45. The Pause Project, which offered wrap-around support to women who had children removed from their care by social services, was an intensive 18-month programme that helped address the many complex issues which result in losing care of children. The women involved 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 that we spoke to were distressed that the project, despite its proven success, has had to end because government departments are unable to allocate funding while the NI Executive is in suspension.
46. We also need to change the systems and processes that drive competition between CVS organisations. This is counterproductive to what policymakers are trying to achieve. The sector does not, and should not, operate according to basic economic market orthodoxy because it is concerned with social outcomes, not profit margins. We recognise that more effective CVS collaboration would improve service delivery and lead to better outcomes for children and families. Therefore policymakers need to address the funding arrangements that discourage collaboration and reconsider competitive tendering processes. If CVS provision continues to be negatively impacted by flawed funding arrangements, then this will have a knock on effect on what Family Support Hubs can achieve.

47. Those involved in the design and management of Children’s Services should be working towards co-production with the families that they support. We heard from many parents and carers who want to help others that have been through similar circumstances to their own. This a valuable resource that is not being harnessed. Encouraging and facilitating peer support has a range of benefits, including: spreading information and awareness of support services; learning from experts by experience about how to improve services; mitigating the stigma associated with statutory services and building confidence and trust; and developing wider support networks that allow families to transition away from state-led interventions. Parents and carers told us:

“Services should be working in partnership with parents.”

“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.”

“Services need to be developed with expert parental input.”

“[The] have been invaluable for getting information from other parents on what help they are getting, and what you might be entitled to.”

“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.”

“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.”

“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 [worker’s name] and the peer support from Home for Good.”

“With everything we’ve gone through we could help other women in the same position”.

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

“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.”

“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.”

48. Parents and carers also highlighted examples of good practice. The ‘Change Makers’ began as a group of parents of children with disabilities who organised themselves to attempt to address the difficulties of finding support workers to employ through direct payments. The group has continued to work together as advocates for disabled children. They carried out a survey of 74 other parents in their area, which has helped define the scale of problems, and their report is being used as a lobbying tool to present evidence of how the current system is failing. In Derry/Londonderry, the ‘Together as One’ group is a forum for parents and carers

to meet regularly with Trust managers and practitioners. Those who take part would readily acknowledge that while the process is not always comfortable, it has led to tangible improvements in services.

49. The case for an independent Parent Advocacy Service and further Peer Support initiatives is a compelling one. Any restructuring or regionalisation of Children's Services must include provision for meaningful consultation with children, young people, parents and carers on an ongoing basis. The structure and procedures to facilitate this must be tailored to the needs of families. There should be formal mechanisms for parents and carers to be engaged on the design and delivery of services. While this is being developed, all Trusts should establish a parents and carers Reference Group, and there should be opportunities for their views and recommendations to play a direct role in how services are delivered.
50. In order to drive forward reform in Children's Social Care, across all departments and at Executive Level, we believe that a new office/portfolio of the 'Minister for Children' should be created. This would not necessarily require the creation of a new department and all of the accompanying resources. It could be achieved by creating a position in the Executive Office in a similar mould to the position of Junior Minister. It would entail a higher salary for the MLA appointed as Minister for Children, and an appropriate staff complement. However, we believe the benefits and advantages of introducing an Executive position focused on Children's Services and improving outcomes for young people would fully justify this modest investment.
51. In order to realise tangible improvement in children's lives and their circumstances, we need to invest in Children's Social Care Services. Transforming the system will require resources; and the pursuit of better outcomes and indicators is not an abstract objective limited to positive trends in official statistics. This kind of investment is about improving children's lives. All children deserve a decent standard of living, and the opportunity to thrive with the right support around them. With proper investment, we can secure a better future for all of our children and their families.

## Recommendations

52. Develop and implement a new **Family and Parenting Support Strategy** based on international best practice. This would provide a much needed central vision and policy framework that all sectors and organisations involved in the delivery of Children's Services can sign up to. Action plans and reforms must be adequately resourced. This new Strategy must be the vehicle through which we recalibrate the system and re-emphasise the value and significance of Family Support and Early Help. It must include clear indicators and measures of progress that are able to demonstrate improved outcomes for children and young people.
53. Establish a **new regional model for delivery** that guarantees consistency and accountability. Any new structures must account for, and recognise the value of, the Voluntary and Community Sector (VCS) in the delivery of Family Support and Early Help. All aspects of Children's care and support services must be considered, meaning that the new model should have a wider remit and include areas that are currently the responsibility of the Department of Education and the Department of Justice. This will create more opportunities for integration and strategic leadership. There is an urgent need to address imbalances in commissioning processes that will always prioritise acute services. A new regional model must also mandate the development of multi-skilled/multi-disciplinary teams in each locality and utilise any new structures (such as a dedicated Corporate Services function) to address workforce challenges.
54. Develop and implement a **regional plan for addressing unallocated cases**. This must include clear targets and timescales, with appropriate funding to address workforce challenges and implement more efficient, streamlined administrative processes.
55. Use the **Children's Services Co-operation Act** (Northern Ireland) 2015 and the **Children and Young People's Strategic Partnership (CYPSP)** as the legal framework and the vehicle for integrated care. The CSCA Act 2015 mandates closer co-operation and collaboration between Children's Authorities and there are some good examples. However, the potential of this new framework has never been realised and government departments are not fully utilising the structures of the CYPSP that could facilitate more effective partnership working and collaboration.
56. **Reform funding arrangements for the Community and Voluntary Sector** to encourage more effective collaboration and avoid a race to the bottom. Competitive tendering processes do not properly account for services designed to improve social outcomes. Short-term contracts threaten the sustainability of organisations and limit longer term strategic planning. Contracts should last five years as standard, and tendering exercises should be designed to increase collaboration between organisations. Based on levels of need, funding for Early Help should be ringfenced. A regional delivery model will also require

commissioning and planning at Departmental level, and there should be proper processes in place for the CVS to help inform this work.

57. **Review the operation of Thresholds of Need** on a regional basis, to identify any disparities and address any gaps in provision between Tier 2 and Tier 3. Policymakers should consult with CVS organisations that are concerned about the level and complexity of cases their services are dealing with.
58. **Strengthen the Family Support Hub network** by exploring ways to support Co-ordinators dealing with increased demand, and assessing unmet needs in specific localities.
59. **Explore the interface between Sure Start projects and Family Support Hubs to maximise the offer of Early Help to families** and consider increasing the age threshold for Early Years.
60. **Provide more support for the transition to Adult Services** for children with disabilities by **replacing the cliff-edge of an arbitrary age threshold with an age bracket (e.g. 18-25)** in which supports are still available and to better reflect the process and time required to develop bespoke long-term solutions for families.
61. **Policy responsibility for child mental health services and children with disabilities** should be transferred from adult services to the Director of Family and Children's Policy.
62. Explore options to **provide social workers with greater levels of administrative support**, to reduce the burden of bureaucracy and enable them to engage in more direct interactions with families. This could also include a review of current record-keeping, and consideration given to ways of streamlining processes that will help avoid families having to constantly repeat their stories when changes in personnel happen.
63. **Provide more training to social workers**, specifically on issues such as domestic abuse, trauma, mental health, addiction, autism and disabilities. Trainees should also be offered opportunities to do placements in a range of settings, such as nurseries and playgroups, where they will gain experience and knowledge of the needs of younger children. We need **multi-skilled / multi-disciplinary teams**, and there are also significant advantages to having professionals embedded in local communities and connected with wider support networks.
64. Social workers' **caseloads should be reduced to a sustainable level** and newly qualified practitioners should be offered additional support, career development opportunities and retention incentives.



65. Parents and carers who have children removed from them should be given **support to deal with their loss**, and helped to address the issues and circumstances that led to their situation. Where appropriate, they should have access to therapies that help to address trauma and other personal issues with a view to helping them build a better future.
66. Adoptive parents should be offered a **comprehensive package of post-adoption support**. This should include therapeutic services and be flexible in terms of when it is available (not limited to a specific time-frame based on when the formal adoption process occurred).
67. Measures should be put in place to **ensure that adopted children can access the same supports** offered to other care experienced children.
68. **Interpretation services should be available** to all those who need it, and families subject to immigration controls or applying for asylum should have their support extended beyond 3 months if needed. Options to develop support services tailored to the needs of ethnic minority communities should be explored.
69. Parents and carers of children with disabilities need access to an **emergency crisis service** that is available outside normal working hours. Options for pooling funds allocated to the Direct Payment Scheme and providing in-house support or commissioning a service from CVS should be considered.
70. **Parent/Carer Reference Groups, peer support groups, and independent advocacy services** should be established to help families navigate the system and provide expert input into how to improve services.