

The Independent Review of Children's Social Care in Northern Ireland

Introduction

The NSPCC is the leading children's charity fighting to prevent child abuse in the UK and Channel Islands. We help children who have been abused to rebuild their lives, protect those at risk, and find the best ways of preventing abuse from ever happening. To achieve our vision, we:

- create, deliver and evaluate services for children which are innovative, distinctive and demonstrate how to enhance child protection;
- provide advice and support to ensure that every child is listened to;
- campaign for changes to legislation, policy and practice to ensure the best protection for children; and
- inform and educate the public to change attitudes and behaviours.

Political and Financial Context

The NSPCC is acutely aware of the pressures the children's social care system is currently under, with reports from across the five Health and Social Care Trusts of high numbers of staff vacancies and unallocated cases.¹ The pandemic has placed additional pressure on a system already approaching crisis, but even before the pandemic, children's social care was facing extreme pressures. Workforce challenges and inadequate resourcing has been driving decision-making and there have been increasing numbers of unallocated cases.² In 2018, reported data from the Health and Social Care Board found that 567 children were waiting more than a month for a social worker to be allocated to assess their needs, and significant regional variation in the number of unallocated cases.³ Demand for children's social care continues to rise. In 2021-2022 24,545 children in NI were known to Social Services as a child in need, almost 2,346 children were on the Child Protection Register and 3,624 children and young people were in care in Northern Ireland. This is the highest number recorded since the introduction of the Children (Northern Ireland) Order in 1995.⁴

The current political and financial context to this Review is of particular concern as the lack of a functioning Northern Ireland Executive has serious implications for urgently required systemic improvements in children's social care. At present, legislation cannot be formally progressed, nor can we sign off on a multi-year budget. Recent media reports predict cuts to Government Departments of up to 10% in their budgets for 2023/24, exacerbated by a substantial overspend from the previous financial year. Concern has been raised about the

¹ [Northern Ireland health and social care \(HSC\) workforce vacancies December 2021 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/news/2021/12/16/northern-ireland-health-and-social-care-hsc-workforce-vacancies-december-2021)

² <https://www.rqia.org.uk/RQIA/files/11/114d0d50-eb71-47b5-bc55-ad1518643d44.pdf>

³ <https://www.thedetail.tv/articles/gaps-in-children-s-social-services>

⁴ [Children's Social Care Statistics for Northern Ireland 2021/22 \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/news/2022/02/24/childrens-social-care-statistics-for-northern-ireland-2021-22)

EVERY CHILDHOOD IS WORTH FIGHTING FOR

potential impact expected budget constraints will have on public services and no resolution to the current political stalemate appears likely at this time.⁵ This will have significant implications and present huge challenges for the implementation of the Review report recommendations and the reform of the children's social care system which is so urgently required.

The NSPCC is extremely concerned about the impact that these substantial budgetary constraints are having and will have on the lives of children and young people who require access to vital services to help them to recover from the pandemic and the ability of families to cope with the rising cost of living and increasing rates of poverty in Northern Ireland. It will place additional pressure on a system in crisis. It is vital that the children's social care system has sufficient capacity and resources to fulfil its statutory functions and to safeguard and promote the welfare of children and young people.

Despite several reviews throughout the years by successive governments in Northern Ireland and across the UK, many of the issues and problems have remained. In some cases, either because of conditions worsening or learning from emerging research, problems have become greater. Current pressures on staff, including the volume and complexity of caseloads, will likely continue to increase given the continued impact of the many additional stresses we know so many families are facing in today's society; the cost of living crisis, increasing evidence about how poverty is affecting children, and all within the backdrop of the pandemic. This is not unique to social work and other key core services for children and families such as health visiting, midwifery and mental health, are all operating against huge constraints. The NSPCC is of the view that we need a Government with a reinforced focus on, and the ability to invest in, prevention and early intervention. The lessons that have already been learned from successive research studies and reviews need to be implemented without further delay. Service providers need to be able to build relationships with and know the families, children, and communities in which they are operating. They need to be enabled to give adequate time to families to build trust, and the health and social care system needs stable and adequate workforces.

A multi-year budget that prioritises health and social care is urgently required. There is an urgent need for much greater transparency around levels of need, budget requirements and the ability of the children's social care system to meet the needs of vulnerable children and young people. The NSPCC is keen to work in partnership with statutory partners and to contribute to solutions to current systemic challenges to improve outcomes for children and young people.

Policy Context

It is vitally important that the Review recommends the prioritisation of the development of vital children's social care policies at a central Government level and makes links with ongoing important policy developments which relate to the Review to ensure effective co-ordination. In Northern Ireland, there is a lack of focus on addressing child sexual abuse at a central Government level, there remains no regional CSA strategy and we now lag behind other UK nations. In England and Wales, a cross-departmental Tackling Child Sexual Abuse Strategy⁶ for preventing and responding to all forms of sexual abuse, including child sexual

⁵ [Stormont crisis: Punishment budget awaits Stormont, Conor Murphy warns - BBC News](#)

⁶ [Tackling Child Sexual Abuse Strategy](#)

exploitation (CSE), was published by the Home Office in January 2021. It includes measures for the Government to improve the criminal justice system for CSA victims and survivors and highlights the Lighthouse in Camden as an example of best practice. The NSPCC believes that it is vitally important that children in Northern Ireland receive the same priority and protection from CSA as their peers in other parts of the UK.

Given the clear link between physical punishment as a key risk factor for physical abuse,⁷ legislative reform should be progressed on equal protection as soon as a new Northern Ireland Executive is in place. The Department of Health should also prioritise the provision of information for parents of positive parenting.

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 Northern Ireland Executive Violence Against Women and Girls Strategy and social inclusion strategies, including Anti-Poverty, have been ongoing. The next seven year Domestic Violence and Sexual Abuse Strategy is currently being consulted on and the Welfare Mitigations Review Independent Panel have published their report and recommendations. It will be extremely important that clear linkages are made between all of these crucially important policy developments to ensure optimum collaboration to the benefit of children and young people and their families who are served by the children's social care system.

Children's Social Care Arms Length Body

In October 2022, the then Health Minister, Robin Swann MLA made a commitment to implement the interim findings of the Review which related to 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.⁸ The Minister committed to carrying out a detailed options appraisal for the future delivery of children's services, including the option to establish a new ALB, which would be completed within 3-4 months for consideration by a future Northern Ireland Executive. While we appreciate that the current model of delivery for children's social services is problematic and we concur that reform is required with a view to sustainability, meeting needs and improvement, it will be important that lessons are learned to ensure that the new structure is implemented and operates effectively. It will be crucial in overhauling the structures for the delivery of children's social care that there is a sufficient focus on joined up leadership, effective governance structures, autonomy to make decisions and shape the new ALB and accountability throughout the system.

It will be important that the review team's report outlines how it envisages the effective establishment of the children's social care ALB and the key aspects that will be required to ensure that it operates as intended. Where new and amended legislation and governance

⁷ Gershoff E.T. and Bitensky, S.H. (2007): The case against corporal punishment of children - Converging evidence from social science research and international human rights law and implications for US public policy. *Psychology Public Policy and Law*, 13(4), 231-272; Gershoff E.T. (2002): Corporal punishment by parents and associated child behaviors and experiences: a meta-analytic and theoretical review. *Psychological Bulletin*, 128(4), 539-579.

⁸ [Swann outlines planned actions on children services | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/news/swann-outlines-planned-actions-on-children-services)

structures are required to arrive at the optimum model for the delivery of children's social care in Northern Ireland, it will be important to outline what these are. It will also be vitally important that the Review Team fully examines and costs the level of investment required to improve the children's social care system in Northern Ireland to comprehensively meet the needs of all children requiring the support of the system and to secure as smooth a transition as possible. This will also be important for children currently in the children's social care system so that they are able to immediately reap the benefits of a new and improved children's social care system which focuses on meeting their, and their families, needs.

Consideration should be given to the potential of the Children's Services Co-operation Act (Northern Ireland) 2015 which requires children's services providers to work in partnership to deliver improved outcomes for children and improve their well-being. Effective co-operation is a precursor to improved outcomes for children in the social care system. Section 4 of the Act contains an enabling power to allow Government departments, agencies and other children's services providers to pool resources and funds to deliver children's services.⁹ We would urge the Review Team to consider how this power could be utilised to the benefit of children and families currently being let down by the system.

Family Support and Broader Skill Sets

The NSPCC welcomes the focus in the Review towards a system which will provide greater support for children and families. We agree with the view expressed by Professor Jones that help for families should not be time limited, should be available to families when they need it, for as long as they need it.¹⁰ The NSPCC practitioners were particularly supportive of this vision for the children's social care system in Northern Ireland. Many spoke about having had experience of working in the system when there was sufficient space to focus on preventative work but referenced an increase in the complexity and level of current work. They also spoke about the need to destigmatise engagement with social services in order to encourage families to willingly seek help. It was felt that both rising thresholds to access help, as well as a fear of seeking help from statutory social services may be contributing to families not seeking help early enough and more complex and serious issues emerging as families engage with the system only upon reaching crisis point. They referenced the need for an image shift in statutory social work with social workers in the community, building relationships with families and children and working in a non-judgemental and non-intimidating manner. Many mentioned a reduction in the suspicion of the public when working as a social worker in the voluntary and community sector as compared to in the statutory sector.

A move towards a greater focus on family support must be accompanied with a renewed policy focus in the Department of Health on the prioritisation of the new Family and Parenting Support Strategy. This strategy has been significantly delayed for a number of years and should be urgently progressed in order to provide an overarching strategic framework on the future direction of family support within a reformed children social care system.

⁹ [Children's Services Co-operation Act \(Northern Ireland\) 2015 \(legislation.gov.uk\)](https://legislation.gov.uk)

¹⁰ Engagement workshop with CVS CiNI, 28th February 2023.

With regard to the expected recommendations from the Review which relate to the utilisation of a greater skill set within the children's social care system, practitioners felt that this is vital, and that the opportunity should not be passed up. A broader skill base was seen as important in giving people the choice to have a wider range of support options, and a key aspect to the growth of public confidence in engagement with the children's social care system at an earlier stage and without fear. Practitioners felt that there should be clarity over the parameters of roles, but gave personal accounts of the value added by working with different teams in a multi-disciplinary manner.

We are aware that consideration is being given by the Review Team to the use of core competencies and the issue of over-professionalisation. The findings of NSPCC and ESRC commissioned research carried out by Queen's University Belfast may be of interest to the Team. The research looks what can be done to improve the recognition and understanding of the mental health needs of young people who have experienced abuse and neglect. The study considers whether mental health symptoms could be reliably assessed outside of a clinical setting. Staff in voluntary sector organisations used short, standardised instruments to screen for post-traumatic stress disorder (PTSD), depression and anxiety symptoms in a group of 141 young people attending two support services in Northern Ireland. Nearly three quarters (72.3%) of participants showed signs of possible post-traumatic stress. Those young people often had experiences of child protection or had experienced bereavement or loss. Many also had previous contact with mental health services. Around half the sample number also showed signs of anxiety or depression.

The study showed that staff were successful in reliably measuring symptoms in up to three quarters of the cases that were followed up with a clinical assessment. The study also highlights the important role that social care and voluntary sector services play in recognising post-traumatic stress in young people who have experienced abuse and neglect.

Increasing informal routes to social work was well received by practitioners and the role of the voluntary and community sector should be considered as a potential formal partner in contributing to the future children's social care system in Northern Ireland. There is a need to take a strategic overview of the necessary skill sets and recognise the benefit and considerable expertise in the voluntary and community sector. Research carried out by the Northern Ireland Children's Commissioner on children's mental health has shown that outcomes for children are most successful when services from both the statutory and voluntary sectors are received.¹¹ The 'Still Waiting' review report noted that young people talked very positively about having the support of both statutory CAMHS and voluntary and community sector organisations at the same time. They valued the complementary nature of the clinical care that statutory CAMHS provides, and the more flexible and practical support that voluntary and community sector services provide.¹² Again, consideration should be given to the statutory obligation in the Children's Services Co-operation Act (Northern Ireland) 2015 which requires all children's services providers to work in partnership to deliver improved outcomes for children and improve their well-being.¹³

Support for Families Living in Poverty

¹¹ [niccy-still-waiting-report-sept-18-web.pdf](#)

¹² Page 202, Ibid.

¹³ [Children's Services Co-operation Act \(Northern Ireland\) 2015 \(legislation.gov.uk\)](#)

The impact of the pandemic and the current cost of living crisis has compounded the difficulties faced by vulnerable children and young people and their families. Poverty levels in Northern Ireland and across the UK are increasing and political stagnation has meant that many vulnerable children and families have been left without support. Family poverty is strongly associated with child abuse and neglect.¹⁴ Based on research published in 2016, factors influencing the context of neglect on children and young people include the experience of deprivation and poverty. Within Northern Ireland, and before the current cost of living crisis, nearly a quarter of children (24% or 106,000) were living in low income households and deprived of four or more items that the majority of the population regard as basic necessities. Joseph Rowntree Foundation (JRF) figures show that in the period running up to the pandemic, relative poverty rates overall in Northern Ireland had improved, in comparison to England, Wales and Scotland, where there was an increase.¹⁵ However, as acknowledged by the JRF, Northern Ireland still significantly lags other parts of the UK as regards earnings and employment rates, which means more people either have to rely on social security for their income, putting them at very high risk of poverty, and/or the income they are able to secure through work is lower than it would be elsewhere in the UK. Further to this, we do not yet know what the impact is of the current cost of living crisis will be, and as acknowledged in the Terms of Reference for the Review, we have the highest proportion of children living in the most deprived areas compared with other regions of the UK.

An evidence review by Professor Paul Bywaters and colleagues published in March 2022 with the support of the Nuffield Foundation reported on the implications of international evidence about the relationship between poverty and child abuse and neglect published in the last five years.¹⁶ In updating the previous review published by JRF in 2016,¹⁷ the 2022 review confirms a steep social gradient in rates of substantiated abuse and neglect. The authors state that the *“focus of child protection systems and practice on the behaviour and circumstances of individuals and families deflects attention from social structures and the responsibility of the state for - and its potential for preventing - child abuse and neglect”*.¹⁸ They recommend the need for, *“a child protection system that actively engages with family poverty.”*¹⁹

Poverty rates in Northern Ireland have significant implications for this Review, and as highlighted by the Children’s Social Care Review in England²⁰ and the evidence from Bywaters et al, the chances of children in poverty living safely in their family and community are significantly lower than their wealthier peers. The England Review drew strongly on Bywaters’ work and stressed that deprivation is a contributory causal factor in child abuse and neglect, though poverty and neglect should never be conflated. The weight of evidence is clear, and accepting the significant impact of deprivation should lead away from framing

¹⁴ Bywaters et al, 2022, [Full-report-relationship-between-poverty-child-abuse-and-neglect.pdf](https://www.nuffieldfoundation.org/full-report-relationship-between-poverty-child-abuse-and-neglect.pdf) ([nuffieldfoundation.org](https://www.nuffieldfoundation.org))

¹⁵ [poverty in northern ireland 2022 0 \(1\).pdf](https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review)

¹⁶ See footnote 7 above.

¹⁷ Bywaters, P. et al (2016) The relationship between poverty, child abuse and neglect: an evidence review. Available at: <https://www.jrf.org.uk/report/relationship-between-poverty-child-abuse-and-neglect-evidence-review>

¹⁸ See footnote 7 above, page 8.

¹⁹ As above.

²⁰ [Independent review of children’s social care - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/107422/independent-review-of-childrens-social-care-2016.pdf)

the differences as ‘variations’ in children’s social care interventions and should instead frame them as ‘child welfare inequalities’. The England Review team suggested that this should drive policy thinking, particularly in terms of a levelling up approach for the poorest children and families.

While we can learn from the most recent England Review, we must also give due consideration to the impact of some key funding decisions in Northern Ireland in comparison to our counterparts. For example, continued prioritisation of Sure Start, including extra support during the pandemic and fundamental welfare reform mitigations have been of critical importance. However, the current realities facing so many families across Northern Ireland requires a significant shift in how we support families who face socio-economic deprivation. Sustainable and fair funding that takes account of the impact of deprivation and poverty on child protection services is vital. With more and more families struggling to meet basic needs, the availability of support earlier on, before families reach crisis point, is also more important than ever. But in order for this to happen, we need to know where the gaps are, and how best to strategically allocate staff on the ground. If there are huge volumes of unallocated caseloads and we do not take a strategic approach to filling vacant posts based on greatest need, the risk is that those families in geographical locations who require the most complex support and who face the hardest choices and circumstances, may not benefit. We need to target investment based on a clear assessment of where the needs are greatest and most urgent. The Review Team needs to critically consider what services are available in some areas versus others, with a key focus on where the gaps are and strategies to fill these without delay.

Finally, the Review Team may wish to consider whether a reviewed version of the Anti-Poverty Practice Framework for Social Workers²¹ could be of value, alongside a renewed approach to training for social workers on recognising and responding to cases where poverty is a complicating or driving factor. The existing Framework was published in 2018 and given the specific context we find ourselves in with the current cost-of-living crisis and the impact of the pandemic, a strengthened direction and offer of support to social workers may be of value.

Family Reunification

We do know that a disproportionate number of children and young people come into care from areas of deprivation. We welcome the view expressed by Professor Jones that the children’s social care system should still be thinking about family support even though a family may be unable to care for a child, and also on family reunification.²²

The NSPCC provides its Infant and Family Team²³ service in Glasgow and London, which is a service that helps social workers and judges decide whether a child on a care plan should live with their birth family or enter care permanently. Our aim is to help reunite the child with their family where possible or place them permanently into care if not. The Infant and Family Teams bring together specialists in infant mental health and social care, and work with a family over a 9 to 15 month period. Teams assess each parent’s health and wellbeing

²¹ [Anti-Poverty Practice Framework for Social Work in NI | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/anti-poverty-practice-framework-for-social-work-in-ni)

²² See footnote 8 above.

²³ [Infant and Family Teams | NSPCC Learning](https://www.nspcc.org.uk/learning-and-development/infant-and-family-teams)

including mental health, any addiction issues, and exposure to trauma or violence. They then establish treatment goals and offer tailored support to address problems and strengthen the parent-child relationship. Treatment might include one or more of a range of evidence-based interventions. We report on the findings of our assessments to social work and legal teams and give advice about the help the child needs. Later on, we produce another report about the results of our work to help inform decisions about the child's care. Decisions about whether the child should be placed in care permanently are made following the treatment programme and are based on the parents' capacity to strengthen their caregiving relationship with the child. Where parents can achieve significant change, children are rehabilitated back into their birth family. If nothing changes, we recommend adoption.

We know that many young children separated from their parents on grounds of abuse or neglect spend long periods in temporary placements, or are subject to failed rehabilitation plans. This lack of stability of care has profound implications for their future development and emotional wellbeing.²⁴ Recovery from the effects of early abuse can be rapid if safe nurturing care is achieved early enough, ideally in the first year of life.²⁵ Our Infant and Family Teams model is an adaption of the New Orleans Intervention Model, developed by Professor Charley Zeanah and colleagues at the University of Tulane, New Orleans. We are working in partnership with the University of Glasgow, Glasgow City Council, Renfrewshire Council, and the NHS Greater Glasgow and Clyde to carry out a randomised controlled trial (RCT). The trial compares the Infant and Family Team with a similar service delivered through local social-care agencies. A separate, but linked, study to develop and test the model is running in south London with Croydon Council, Tower Hamlets Council, Bromley Council, Sutton Council, Barking and Dagenham Council and the South London and Maudsley NHS Foundation Trust. We anticipate that the findings will be published in Spring 2024.

The UK evaluations are testing:

- impact on infant mental health
- the quality of the child's relationship with their birth parent and with their foster carer
- the impact of the model on early decisions about a child's placement
- the cost benefit of the intervention.

The NSPCC would be happy to discuss the emerging evidence and learning for Northern Ireland about the efficacy of the model for improving decision-making about permanence decisions for infants who are looked after due to maltreatment, and for supporting mental health needs.

Data

As outlined in our discussions with the Review Team, the availability of disaggregated data on children's lives is a particular issue in Northern Ireland. It is therefore encouraging from

²⁴ Wade, J. et al (2010) [Maltreated children in the looked after system: a comparison of outcomes for those who go home and those who do not \(PDF\)](#). London: Department for Education (DfE).

²⁵ Stovall-McClough, K.C. and Dozier, M. (2004) [Forming attachments in foster care: infant attachment behaviors during the first 2 months of placement](#). Development and psychopathology, 16(2): 253-271.

our engagement with the Team that there is intended to be a focus on standardised and system wide data availability in the final report. This is particularly important in Northern Ireland, where many of the data sets used are not comparable across agencies and the data collected and made publicly available is limited, crossing different parameters, timescales and ages. It is therefore extremely challenging to determine the areas which require most urgent attention in children's social care due to a lack of available disaggregated data on children's lives, existing need, access to services and provision and clear data on the level of Government investment in children in Northern Ireland.

The need to ensure that the children's social care system operates in a manner which has due regard to the need to promote equality of opportunity is a statutory obligation on the Government in line with section 75 of the Northern Ireland Act 1998. Part of ensuring compliance with the obligations under section 75 of the Northern Ireland Act 1998 is the collection of data for the purposes of the promotion of equality of opportunity. Without such data it is impossible to ensure the promotion of equality of opportunity within the operation of the children's social care system, and also to ensure compliance with section 75 of the Northern Ireland Act 1998.

The UNCRC Committee's General Comment No 5 stresses that,

“Collection of sufficient and reliable data on children, disaggregated to enable identification of discrimination and/or disparities in the realization of rights, is an essential part of implementation. The Committee reminds States parties that data collection needs to extend over the whole period of childhood, up to the age of 18 years. It also needs to be coordinated throughout the jurisdiction, ensuring nationally applicable indicators. States should collaborate with appropriate research institutes and aim to build up a complete picture of progress towards implementation, with qualitative as well as quantitative studies. The reporting guidelines for periodic reports call for detailed disaggregated statistical and other information covering all areas of the Convention. It is essential not merely to establish effective systems for data collection, but to ensure that the data collected are evaluated and used to assess progress in implementation, to identify problems and to inform all policy development for children. Evaluation requires the development of indicators related to all rights guaranteed by the Convention.”²⁶

Reporting guidelines for periodic reports state that quantitative information should indicate variations between geographical areas and between groups of children.

The potential for collaboration with research bodies/universities in this work, as recommended by the UNCRC Committee, should be explored, while acknowledging that most of the required baseline data is, or should be in the possession of Government departments and statutory responsibility for data collection rests with Government.

We believe that the Review team should recommend the immediate development and activation of a comprehensive disaggregated, cross departmental data collection system in respect of children in Northern Ireland. This is essential given the time lapse in respect of the government's failure to discharge its international and domestic human rights

²⁶ CRC/GC/2003/5 para. 48

obligations to collect disaggregated data in respect of children in the children's social care system and the necessity to determine need, develop appropriate services to meet identified need and monitor and protect children's rights.

Babies and Very Young Children – Non-medical Approaches

The NSPCC welcomes the recognition by the Review Team of the importance of investment in preventative and early intervention during the early years in Northern Ireland, and specifically, the critical role played by Sure Start, and the need for additional emphasis on multi-professional working, to include community midwifery and health visiting. It is important to note that the midwifery and health visiting professions are under immense strain in Northern Ireland, and the NSPCC is concerned at the knock-on impact on our youngest children.²⁷ While there are opportunities for positive change though the current Review of Healthy Child Healthy Future, which the NSPCC understands has recently been put on hold, and the prospect of a new Maternity Strategy, such much-needed strategic updates/reforms have been outstanding for several years now.

The current high-level policy driver for improving the wellbeing and development needs of infants in Northern Ireland sits under the Department of Health's Mental Health Strategy 2021-31. Given current concerns about the state of universal health services for our youngest children, and the current risks to funding preventative and early intervention services, there is a risk that policy implementation focuses on medicalised interventions, rather than health, social care and other early targeted work. The NSPCC would welcome the Review Team making recommendations in its report on the need for a concerted focus on non-medicalised approaches to supporting the early years.

Peer Support

We also welcome the Review Team's direction on the need for an additional focus on peer support within the children's social care system. It is critical that all peer support structures are required to operate and demonstrate compliance with strict governance processes and standards. This is particularly important given the vulnerability of many of those individuals who have experience of the social care system. While we agree that peer support is an essential offer, we would caution against such support taking the place of vital statutory care services. Due consideration must also be given to how best to ensure that information-flow is retained across statutory services and peer support offers.

Conclusion

As the review of the children's social care system in Northern Ireland comes to a close, the NSPCC wishes to acknowledge and thank the Review Team for the opportunities we have had to engage in this critical body of work. The review has been extremely timely and presents a once in a generation opportunity to transform a system which is under extreme pressure. We believe children and families should be able to receive high quality, holistic

²⁷ As per other parts of the UK, under 5 year olds are disproportionately represented on the child protection register, accounting for approximately 36% of registrations at March 2022, [Children's social care statistics for Northern Ireland 2021/22 | Department of Health \(health-ni.gov.uk\)](https://www.health-ni.gov.uk/publications/childrens-social-care-statistics-for-northern-ireland-2021-22).

and compassionate interventions at every point they interact with the children's social care system, no matter where they live.