

CHILDREN'S CHARTER NORTHERN IRELAND

MAY 2016

**Believe in
children**
 **Barnardo's**
Northern Ireland

NSPCC
NORTHERN IRELAND



**SUPPORTING AND PROTECTING
CHILDREN AND YOUNG PEOPLE**





SAFEGUARDING

- Child Protection Disclosure Scheme
- Therapeutic Interventions
- Young Witnesses
- Neglect
- Multiple Adversities
- Physical Punishment
- Disability
- Female Genital Mutilation (FGM)
- Child Sexual Exploitation (CSE)
- Online Safety
- Perinatal Mental Health
- Infant Mental Health



LEARNING

- Educational Attainment
- Community Schools
- Social and Emotional Learning
- School-based Counselling



INCLUSION

- Newcomer Pupils
- Disabled Children and Young People
- Childcare (Child Poverty)
- Looked After Children / Care Leavers
- Children of Prisoners

CONTACT

This 'Children's Charter' provides a snapshot of key children's issues; additional information is also available via interactive links to the various reports and references highlighted throughout.

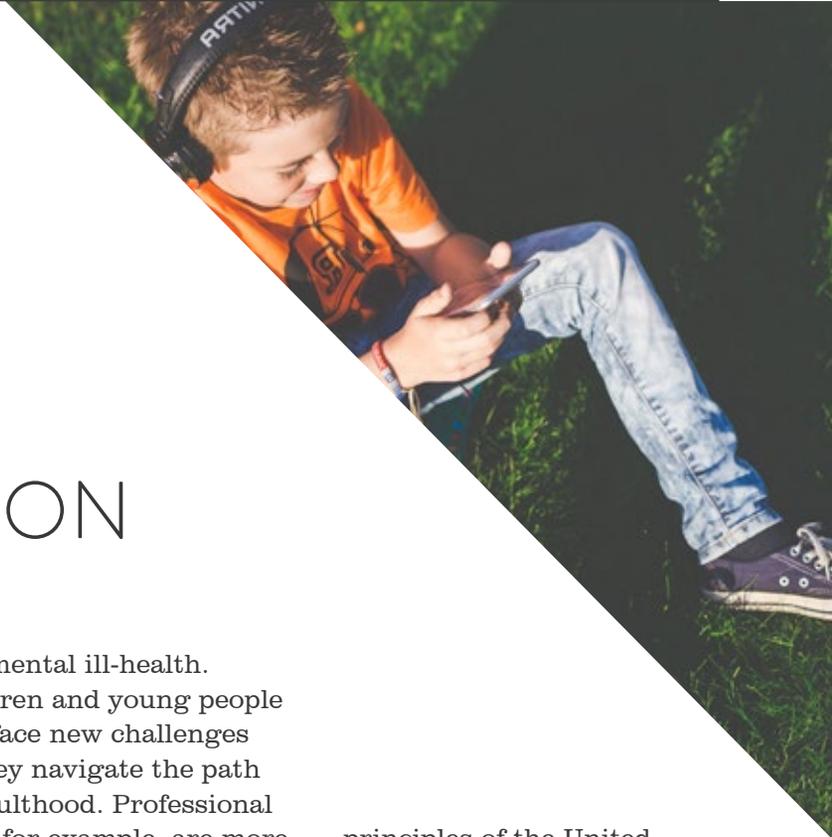
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INTRODUCTION

Policy, legislation and professional practice relating to children in Northern Ireland (NI) has developed considerably in recent years. As a result there is an increasing emphasis on evidence-based prevention and early intervention. Our community is also safer, with children today much less likely to die or be seriously harmed as a result of abuse than the previous generation.¹

While significant progress has been made there is still much to do in tackling abuse and neglect, child poverty, barriers to educational attainment

and mental ill-health. Children and young people also face new challenges as they navigate the path to adulthood. Professional staff, for example, are more often dealing with multiple and complex need, as well as issues related to the digital world, asylum and refugees. This 'Children's Charter' has been jointly developed by two of Northern Ireland's leading charities, Barnardo's NI² and the National Society for the Prevention of Cruelty to Children (NSPCC NI³). In addition to local and national research, it is informed by our collective expertise gained over many years of frontline working, and underpinned by the

principles of the United Nations Convention on the Rights of the Child (UNCRC).

Reflecting issues identified by either or both organisations within the areas of **(i) safeguarding**;⁴ **(ii) learning**; and **(iii) inclusion**, the Charter highlights where further policy development by the next NI Assembly and Executive could make a positive difference to the lives of children, young people and families.

¹ Jutte, S; Bentley, H; Miller, P; Jetha, N (2014) *How safe are our children?* NSPCC, London.

² Further information on all Barnardo's services in Northern Ireland is available via: http://www.barnardos.org.uk/what_we_do/barnardos_today/northernireland/northern_ireland_childrens_services.htm

³ Further information on all NSPCC services in Northern Ireland is available via: <https://www.nspcc.org.uk/globalassets/documents/annual-reports/northern-ireland-year-in-review-2014-2015.pdf>

⁴ Including both protective and preventative activity.



CHILDREN AND YOUNG PEOPLE UNDER 18 YEARS OF AGE MAKE UP ALMOST ONE QUARTER - 23.5% - OF THE POPULATION IN NORTHERN IRELAND.⁵



⁵ Northern Ireland Statistics & Research Agency (NISRA)
Mid-year population estimates, June 2014. [NISRA - Demography](#)

Believe in children



Barnardo's
Northern Ireland

With more than 40 different services and programmes, and also based in over 200 schools, Barnardo's NI provision ranges from work with disabled children, ethnic minority families, looked after children and care leavers, to early intervention and family support. Our founder Thomas Barnardo believed in helping the most vulnerable children and that no child should be turned away. Celebrating our 150th anniversary in 2016, this vision is something that Barnardo's still carries today.



NSPCC
NORTHERN IRELAND

The NSPCC NI is a leading child protection non-governmental organisation, providing a range of local evidence-based therapeutic and protection services for children and young people in Northern Ireland. This includes ChildLine, a private and confidential 24-hour counselling service for children and young people up to the age of 19. As the only UK children's charity with statutory powers under the Children (NI) Order 1995, we take action to safeguard children at risk of abuse.



SAFEGUARDING

CHILD PROTECTION DISCLOSURE SCHEME

Article 50 (2A) of the Justice (NI) Act 2015 provides an opportunity to look at best practice around mechanisms for the public to seek help and check whether people who have contact with their children are a possible risk. This is being progressed within a new Child Protection Disclosure Scheme for Northern Ireland.



In order to maximise its effectiveness, the Police Service for Northern Ireland (PSNI) and the Department of Justice (DOJ) should ensure the development of the Child Protection Disclosure Scheme takes a public health approach to advice and guidance issued to parents and carers, using a range of awareness-raising tools.



THERAPEUTIC INTERVENTIONS

Official police figures indicate that the majority (56%) of all recorded sexual crime during 2014/15 in Northern Ireland was committed against children and young people. Sexual offences against victims under 18 years of age are at a ten year high, rising by more than 50% between

2011 and 2016.⁶ This growth in recorded figures is likely due to increased awareness. Unfortunately children who have suffered abuse, including sexual abuse, do not always have access to an adequate range of therapeutic interventions to effectively tackle their experiences.

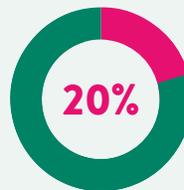


To ensure abused children receive appropriate therapeutic support, the NI Executive should:

- » Commission a review into the availability and adequacy of therapeutic interventions for children who have been abused.
- » Collect regional data on the provision of therapeutic support to children who have been abused.



IN 2014/15, 27% OF ALL SEXUAL OFFENCES IN NORTHERN IRELAND INVOLVED CHILDREN AGED 11 AND UNDER.⁷



ONE IN FIVE CHILDREN IN THE UK HAVE EXPERIENCED SERIOUS PHYSICAL ABUSE, SEXUAL ABUSE OR SEVERE PHYSICAL OR EMOTIONAL NEGLECT.⁸

⁶ Police Service of Northern Ireland (PSNI) Statistics Branch (2015) *Trends in police recorded crime in Northern Ireland 1998/99 to 2014/15* - http://www.psni.police.uk/police_recorded_crime_in_northern_ireland_1998-99_to_2014-15.pdf

⁷ IPSNI Statistics Branch (Data provided to NSPCC NI).

⁸ Radford, L; Corral, S; Bradley, C; Fisher, H; Bassett, C; Howat, N; Collishaw, S (2011) *Child abuse and neglect in the UK today*. NSPCC, London.

YOUNG WITNESSES

Being a witness can be a very daunting and intimidating experience for a child. Through the Victims and Witnesses Strategy⁹ there have been a range of improvements to the position of young victims and witnesses who have to give evidence in court.¹⁰



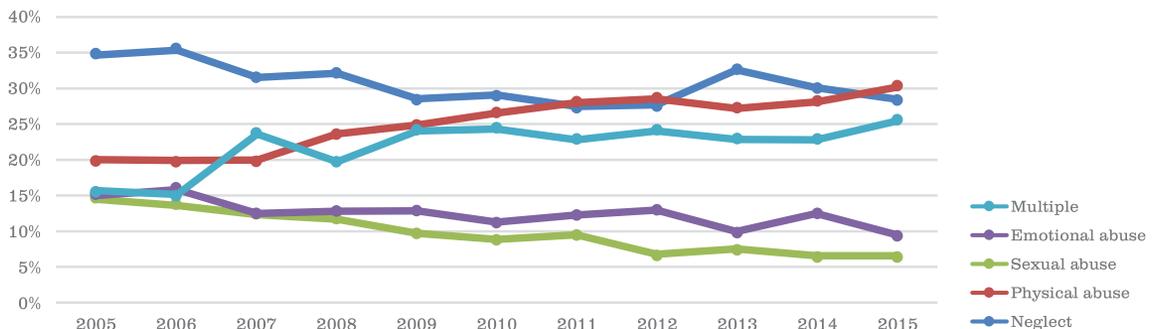
To further build on policy and practice developments relating to young victims and witnesses in Northern Ireland, the Department of Justice should:

- » Consider introducing a pilot study for pre-trial, pre-recorded cross examination to establish good practice.
- » Examine opportunities to establish effective cross border/ jurisdictional protocols for supporting young witnesses.
- » Explore the option of extending the provision of support at the point of interview / consultation.

NEGLECT

As illustrated in Figure 1 below, neglect is one of the most prevalent forms of harm recorded on the Child Protection Register in Northern Ireland. Frequently leading to long-term physical, psychological, behavioural, and societal consequences,¹¹ neglect often occurs alongside other forms of abuse and is a predominant feature in families experiencing multiple adversities.¹²

Figure 1: Composition of Northern Ireland Child Protection Registers at 31 March 2015



⁹ Department of Justice (2013) *Making a difference to victims and witnesses of crime: Improving access to justice, service and support. A five year strategy*. DOJ, Belfast.

¹⁰ This includes through the regional Young Witness Scheme and the development of a Registered Intermediary Scheme.

¹¹ Lazenbatt, A (2010) *The impact of abuse and neglect on the health and mental health of children and young people*. Research Briefing. NSPCC, London

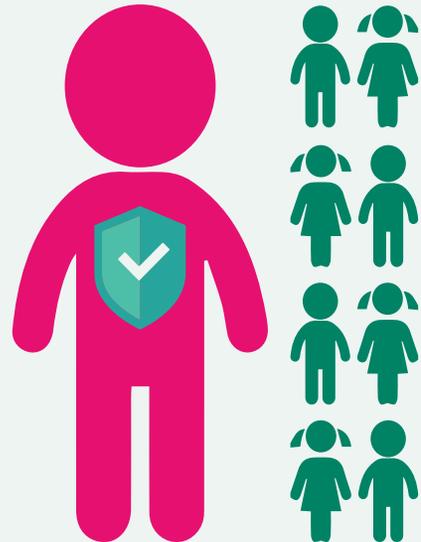
¹² Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014) *Living with adversity: A qualitative study of families with multiple and complex needs*. Barnardo's NI, Belfast.



There should be a high level commitment in the Programme for Government to reduce incidences of neglect in Northern Ireland; priority actions should include:

- » Improved multi-agency cooperation and coordination across a range of professionals and agencies.
- » Agreed evidence-based regional assessment models and interventions to identify and tackle neglect.
- » Greater consideration of neglect within the context of families with multiple adversities; supported by further, targeted investment in intensive family support services.

FOR EVERY CHILD ON A CHILD PROTECTION REGISTER IT IS ESTIMATED ANOTHER 8 CHILDREN HAVE SUFFERED MALTREATMENT.¹³



MULTIPLE ADVERSITIES

Children and families experiencing multiple adversities such as domestic violence, mental ill health, substance misuse, chaotic relationships and poverty are at greater risk of negative social, economic and health related outcomes.¹⁴ As evidenced in our recent NI

research,¹⁵ families with multiple and complex needs are often in contact with a multiplicity of professionals and services on individual issues. The majority of serious child abuse cases also involve families where parents are experiencing multiple challenges.¹⁶

¹³ Harker, L; Jutte, S; Murphy, T; Bentley, H; Miller, P; Fitch, K (2013) *How safe are our children?* NSPCC, London.

¹⁴ (i) Ibid, n.12. (ii) Davidson, G; Bunting, L; Webb M A (2012) *Families experiencing multiple adversities: A review of the international literature*. Barnardo's NI, Belfast.

¹⁵ Ibid, n.12. .

¹⁶ Devaney, J; Bunting, L; Hayes, D; Lazenbatt, A (2013) *Translating learning into action: An overview of learning arising from case management reviews in Northern Ireland 2003-2008*. Department of Health, Social Services and Public Safety (DHSSPS), Belfast.



Co-ordinated and integrated provision in Northern Ireland needs further development to improve outcomes for families with multiple and complex needs, including:

» Targeted investment in multi-disciplinary intensive family support services; mentoring; and use of motivational interviewing techniques.

» More emphasis on social history taking in assessment processes.

» A greater understanding about the impact, diversity and cumulative effective of multiple adversities incorporated into professional training.



Further information and recommendations about multiple adversities can be found in our following publications:



(i) Webb, M A; Bunting, L; Shannon, R; Kernaghan, D; Cunningham, C; Geraghty, T (2014) Living with adversity: A qualitative study of families with multiple and complex needs. Barnardo's NI, Belfast



(ii) Davidson, G; Bunting, L; Webb M A (2012) Families experiencing multiple adversities: A review of the international literature. Barnardo's NI, Belfast.

PHYSICAL PUNISHMENT

In Northern Ireland Article 2 of the Law Reform (Miscellaneous Provisions) (Northern Ireland) Order 2006 provides for a defence of ‘reasonable chastisement’ of a child to a charge of assault. A recent review of the international evidence¹⁷ supports research findings, including our own NI study,¹⁸ about the harmful effects of physical punishment, such as the risk of escalation into physical abuse.



The NI Executive should remove the defence of reasonable chastisement and ensure government departments take a co-ordinated approach to positive parenting initiatives.



47

47 STATES, INCLUDING THE REPUBLIC OF IRELAND, HAVE TAKEN STEPS TO OUTLAW THE USE OF PHYSICAL PUNISHMENT.

DISABILITY

Children with a disability are at significantly greater risk of physical, sexual and emotional abuse and neglect than non-disabled children.¹⁹ This particular vulnerability to abuse (and concerns about under-representation on the Child Protection Register) informed the inclusion of disabled

children as a priority group in the Safeguarding Board (SBNI) Strategic Plan 2013-17. As part of the SBNI’s work in this area a scoping exercise²⁰ has been undertaken to more fully understand the issues relating to the protection of disabled children within the current NI child protection system.

¹⁷ Heilmann, A; Kelly, Y; Watt, G (2015) [Equally protected? A review of the evidence on the physical punishment of children](#). Children and Young People’s Commissioner Scotland; Children 1st; Barnardo’s Scotland; NSPCC Scotland.

¹⁸ Bunting, L; Webb, M A; Healy, J (2008) [The ‘smacking debate’ in Northern Ireland – messages from research](#). Barnardo’s NI, NSPCC NI, NI Commissioner for Children and Young People (NICCY), Belfast.

¹⁹ i) Taylor, J; Stalker, K; Fry, D; Stewart, A (2014) [Disabled children and child protection in Scotland: An investigation into the relationship between professional practice, child protection and disability](#). The Scottish Government, Edinburgh. ii) Jones, L; Bellis, M; Wood, S; Hughes, K; McCoy, E; Eckley, L; Bates, G; Mikton, C; Shakespeare, T; Officer, A (2012) [Prevalence and risk of violence against children with disabilities: A systematic review and meta-analysis of observational studies](#). *The Lancet*. iii) Stalker, K; McArthur, K (2012) Child abuse, child protection and disabled children: A review of recent research. *Child Abuse Review*. 21(1) 24–40.

²⁰ Kelly, B; Dowling, S (2015) [Safeguarding disabled children and young people: A scoping exercise of statutory child protection services for disabled children and young people in Northern Ireland](#). SBNI, Belfast.



To ensure effective safeguarding arrangements are in place for disabled children and young people, and drawing on the findings of the SBNT's related scoping report, priority actions should include:

- » Improved communication with, and participation of, disabled children and young people in the safeguarding process.
- » Development of regionally agreed multi-agency policies and procedures in relation to safeguarding children and young people with a disability, to include criteria for accessing services, referral and assessment processes, and managing child protection cases.
- » A review of current training related to working with disabled children and their families to help identify gaps in staff training; and greater consideration given to safeguarding disabled children in existing mandatory child protection training.
- » Improved electronic and hard copy recording systems to include information about disability; supported by a regionally agreed definition of disability.

These actions should be further supported by:

- » A preventative education approach to keeping safe which includes children and young people with special educational needs and disabilities across all primary, post primary and special schools in Northern Ireland.

U16:



6% OF CHILDREN UNDER 16 YEARS IN NORTHERN IRELAND ARE DISABLED.²¹



DISABLED CHILDREN ARE THREE TIMES MORE LIKELY TO EXPERIENCE ABUSE THAN NON-DISABLED CHILDREN.²²

²¹ Northern Ireland Statistics and Research Agency (2007) *The prevalence of disability and activity limitations amongst adults and children living in private households in Northern Ireland*. Department of Finance and Personnel, Belfast.

²² Ibid, n. 19(i).

FEMALE GENITAL MUTILATION (FGM)

An emerging issue across the UK, FGM is a practice in some parts of the world, but without any medical basis. It is a serious form of child abuse and the UK Government has taken steps to outlaw it and provide for civil mechanisms,

in the form of FGM Prevention Orders, to protect children. Recent progress has been made in the development of a Safeguarding Board (SBNI) led practice network to prevent FGM in Northern Ireland.



A Strategy and Action Plan to tackle FGM should be developed and implemented, with key actions including:

- » Awareness raising and training for frontline staff (across sectors) on how to identify and protect women and children from FGM.
- » Provision of a mechanism whereby information on FGM is collected, analysed and shared with professionals and specialist organisations.
- » Care pathways for victims, including through court proceedings and coordinated psychological and specialist medical care.
 - » The drawing together of best practice and development of new ways of working.
- » Supporting parents to play a role in identifying solutions to protecting their female children.

CHILD SEXUAL EXPLOITATION (CSE)

Child Sexual Exploitation is defined by the Safeguarding Board (SBNI) as:

‘a form of sexual abuse in which a person(s) exploits, coerces and/or manipulates a child or young person into engaging in some form of sexual activity in return for something the child needs or desires and/or for the gain of the person(s) perpetrating or facilitating the abuse.’²³

²³ SBNI (2014) [Professional Information - Child Sexual Exploitation: Definition and Guidance](#). SBNI, Belfast.

CSE can have a devastating and enduring impact on children and young peoples' lives, often leading to low self-esteem, substance misuse, self-harming, mental ill-health and offending behaviour.²⁴ Positive policy developments in recent

years have included the prioritisation of CSE in the Safeguarding Board's Strategic Plan 2013-2017, and the NI Policing Plan; as well as both a Thematic Review²⁵ and an Independent Inquiry into CSE in NI.²⁶



To further build on what has been achieved in identifying and tackling CSE in Northern Ireland, priority should now be given to:

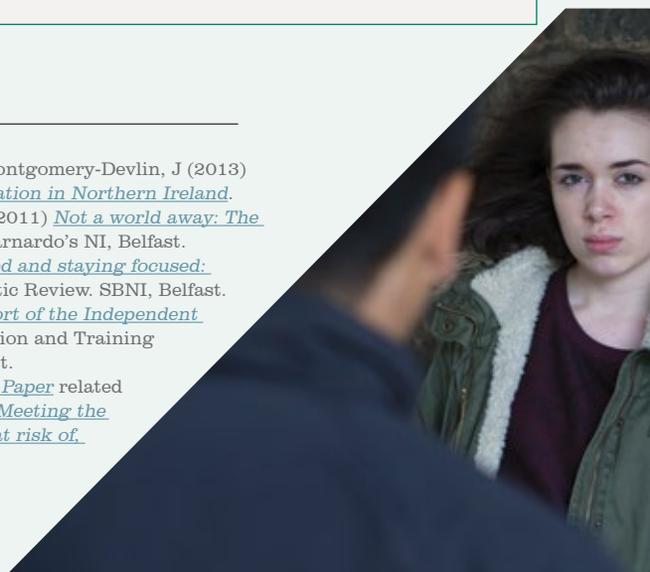
- » Full implementation of the accepted recommendations of the Independent Inquiry report into CSE in NI, within the agreed timeframes.
- » Ensuring a consistent approach as to how CSE is defined by key agencies through universal use of the agreed Safeguarding Board (SBNI) CSE definition and guidance for professionals in NI.
- » A preventative approach to CSE which specifically includes awareness-raising in education, youth, community and health settings.
- » Multi-agency arrangements which lead to an effective response to young people with learning disabilities who experience, or are at risk of, CSE.²⁷
- » Assessing the particular support needs of boys and young men impacted by CSE and ways in which practitioners might better identify and respond to male CSE victims.

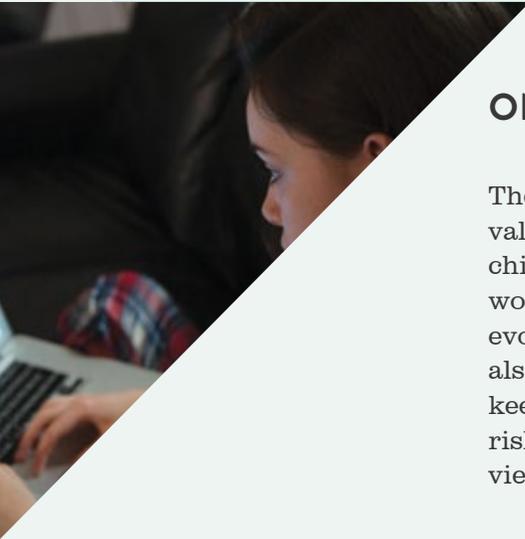
²⁴ Further information about CSE in NI can be found in (i) Webb, M A; Montgomery-Devlin, J (2013) [Safe Choices: Responding to the changing nature of child sexual exploitation in Northern Ireland](#). Policy & Practice Briefing No.16. Barnardo's NI, Belfast. (ii) Beckett, H (2011) [Not a world away: The sexual exploitation of children and young people in Northern Ireland](#). Barnardo's NI, Belfast.

²⁵ Pinkerton, J; Bunting, L; Hayes, D; Lazenbatt, A (2015) [Getting focused and staying focused: 'Looked after children', going missing and sexual exploitation](#). A Thematic Review. SBNI, Belfast.

²⁶ Marshall, K (2014) [Child sexual exploitation in Northern Ireland: Report of the Independent Inquiry](#). Regulation and Quality Improvement Authority (RQIA), Education and Training Inspectorate (ETI) for NI, Criminal Justice Inspection (CJI) for NI, Belfast.

²⁷ For more information see Webb, M A (2015) [Northern Ireland Briefing Paper](#) related to Franklin, A; Raws, P; Smeaton, E (2015) [Unprotected, overprotected: Meeting the needs of young people with learning disabilities who experience, or are at risk of, sexual exploitation](#). Barnardo's, London.





ONLINE SAFETY

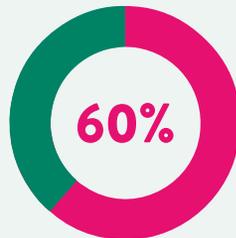
The internet is an extremely valuable resource to help children learn and explore the world; however, a constantly evolving digital environment also poses some challenges in keeping them safe. Particular risks include the sharing and viewing of child abuse images

by adults, children viewing inappropriate content, sexual exploitation, ‘sexting’²⁸, and cyber-bullying²⁹. To help tackle this, the Safeguarding Board (SBNI) is leading in the development of a cross-departmental e-safety strategy.



Key elements of the e-safety strategy for Northern Ireland should include:

- » Increasing children’s ability to keep safe online through campaigns, tools and education.
- » Effective training for professionals to safeguard children at risk through online activity.
- » Increasing parents’ knowledge and confidence to keep their children safe online through face to face workshops and awareness raising campaigns.
- » Appropriate support and protection for all children who have been negatively impacted by online activity, including sexual exploitation.
- » Mechanisms for on-going connectedness and collaboration across boundaries with other key bodies to maximise our knowledge and ability to protect children, for example, with UK organisations such as the Child Exploitation and Online Protection Centre (CEOP) and the Internet Watch Foundation (IWF).



60% OF 13-18 YEAR OLDS HAVE BEEN ASKED FOR A SEXUAL VIDEO OR IMAGE OF THEMSELVES.³⁰

²⁸ Defined as the “exchange of sexual messages or images” and “creating, sharing and forwarding sexually suggestive nude or nearly nude images” through mobile phone and the internet. NSPCC (2012) *Children, young people and ‘sexting’: Summary of a qualitative study*. NSPCC, London.

²⁹ Bullying which happens online using social networks, games and mobile phones. www.nspcc.org.uk/preventing-abuse/child-abuse-and-neglect/bullying-and-cyberbullying

³⁰ NSPCC (2014) *Under pressure: ChildLine review: What’s affected children in April 2013–March 2014*. NSPCC, London.

PERINATAL MENTAL HEALTH

During pregnancy and in the year after birth women can be affected by a range of mental health problems, collectively called perinatal mental illnesses. In Northern Ireland we lack vital services, for example, specialist Mother and Baby Units³¹ which can often prevent the onset and escalation of these illnesses and the negative effects on children and families.



Outcomes for women and families who are affected by perinatal mental health illnesses should be improved through:

- » The establishment of specialist community perinatal mental health services across all Health and Social Care Trusts, accessible to all women and families who need support.
- » In line with other UK regions, the establishment of a specialist Mother and Baby Unit to enable seriously ill women to receive the dedicated care that they need, while also maintaining and strengthening their bonds with their babies.
- » Training in perinatal mental health for all health and social care professionals across Northern Ireland (including the voluntary and community sector) who work with women and families in the perinatal period.



≥ 10%

PERINATAL MENTAL ILLNESS AFFECTS AT LEAST 10% OF WOMEN IN THE UK.³²

³¹ NICE guidance recommends that women who need inpatient care within 12 months of birth should be admitted to a specialist Mother and Baby Unit. While these Units are available in Scotland and England, there are none in Wales or Northern Ireland. See: <http://everyonesbusiness.org.uk/>

³² Hogg, S (2012) *Prevention in mind. All babies count: Spotlight on perinatal mental health*. NSPCC, London.

INFANT MENTAL HEALTH

The first three years in a child's life are vitally important; experiences at this time will impact on social, emotional and cognitive development both in the short and long term.

A draft Infant Mental Health Framework has been produced by the Public Health Agency (PHA) aimed at improving interventions from the ante-natal period through to children aged 3 years old.³³



To best support infants and their families, work progressed through the PHA Infant Mental Health Framework and Action Plan should specifically include:

- » A timetable, clearly aligned targets and measures so that the key themes / priorities can be fully and effectively implemented.
- » Prioritisation of a Public Health Campaign on infant mental health to increase public awareness and understanding of its importance.
- » Targeted interventions to support the parent-infant relationship where a parent also faces challenges to their own mental health; and particularly within the context of families with multiple and complex needs.
- » The specific needs of pre-school children with pervasive developmental disorders (PDD)³⁴ who often have comorbid conditions such as severe anxiety which can go unrecognised and unmanaged.

³³ Public Health Agency (2015) *Supporting the best start in life: Infant mental health framework and action plan 2015-2018*. Consultation document, March 2015. PHA, Belfast.

³⁴ PDDs are characterised by delays in the development of socialisation and communication, of which the most notable is autism.



LEARNING

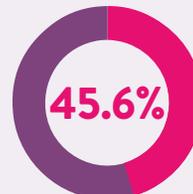
EDUCATIONAL ATTAINMENT

“People with good literacy skills are more likely to have higher self-esteem, better health, and be paid more than those with poor literacy skills. They are more able to take advantage of the opportunities that life may offer them.”³⁵



AT THE END OF PRIMARY SCHOOL (YEAR 7), MORE THAN ONE IN SIX PUPILS IN NI DOES NOT ACHIEVE THE EXPECTED STANDARD IN LITERACY AND NUMERACY.

BY GCSE, TWO IN FIVE LEAVE FULL-TIME EDUCATION NOT HAVING ACHIEVED THE REQUIRED STANDARD IN LITERACY AND NUMERACY.³⁶



ONLY 45.6% OF PUPILS ENTITLED TO FREE SCHOOL MEALS IN 2014/15 ACHIEVED 5 OR MORE GCSES AT GRADES A*-C (OR EQUIVALENT) INCLUDING GCSE ENGLISH AND GCSE MATHS COMPARED TO 74.3% OF PUPILS NOT ENTITLED TO FREE SCHOOL MEALS.³⁷

³⁵ National Literacy Trust - www.literacytrust.org.uk/about/faqs

³⁶ Northern Ireland Audit Office (2013) *Improving literacy and numeracy achievement in schools*. NIAO, Belfast.

³⁷ Department of Education *Statistical Bulletin 9/2015 Year 12 and Year 14 Examination Performance at Post-Primary Schools in Northern Ireland 2014/15*. DE, Belfast.

The unacceptably high numbers of pupils in NI failing to achieve even minimal levels in literacy and/or numeracy has been well documented.³⁸ Too many pupils, especially those from disadvantaged backgrounds, leave school without five A*-C grades (including

Maths and English) at GCSE. There are many barriers to learning such as poverty, emotional problems and chaotic family backgrounds. However schools cannot (and should not be expected to) tackle the complex issues leading to under-achievement alone.



To help improve literacy and numeracy levels (and overall educational attainment), priority actions at a school level should include:

- » A consistent framework of standardised assessment, recording and reporting for literacy and numeracy progression across all primary schools.
- » Targeted, evidence-based intensive literacy and numeracy support in early primary school to ensure a solid foundation is embedded from a young age.³⁹
 - » Targeted, evidence-based intensive literacy and numeracy support to ensure all post-primary pupils achieve a minimum C grade in GCSE Maths and English.
 - » Integrated support within a **community school model** from a range of high quality, evidence-based early intervention and prevention services and programmes. Development of a cross-departmental community schools strategy is also needed to progress this.

WHAT IS A COMMUNITY SCHOOL?

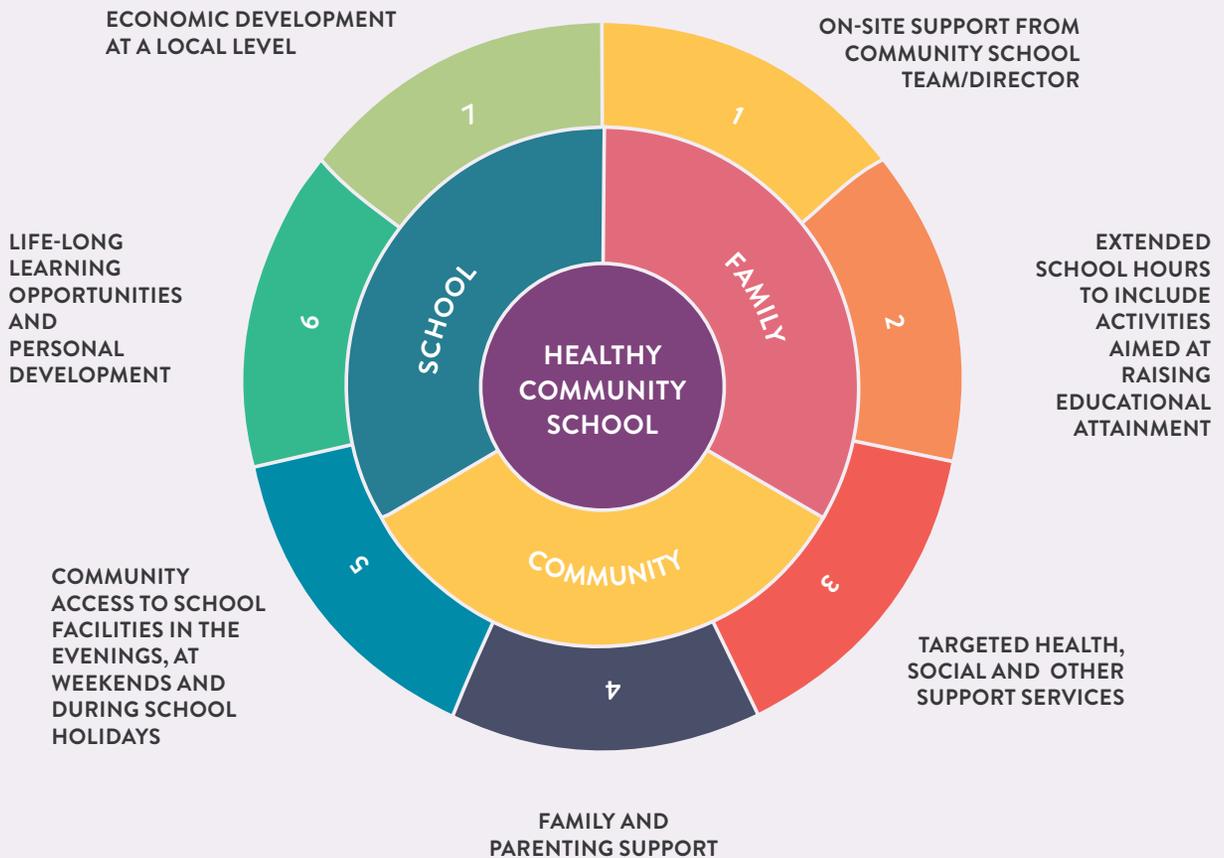
A community school is both a place and a bridge between the school, family and community resources. Providing access to vital services, community schools support families, help strengthen communities and reduce barriers to children's learning by supporting their

social, emotional and other health needs.⁴⁰ Although some progress has been made, the school estate is still under-utilised in Northern Ireland and the promotion and development of full-service community schools here remains fragmented.

³⁸ For example (i) Save the Children (2016) *Reading Northern Ireland's future: How the next NI Executive can unlock every child's potential*. Save the Children, Belfast. (ii) Ibid, n.36.

³⁹ For more information see Barnardo's NI (2014) *Unlocking the potential of out-of-school-hours learning: Findings from the Barnardo's 'Ready to Learn' programme*. Policy & Practice Briefing No.18. Barnardo's NI, Belfast.

⁴⁰ For more information see (i) Webb, M A; Healy, J; Ni Earcaín, N (2012) *Community schools: Working in partnership to support children, young people and families*. Policy & Practice Briefing No.15. Barnardo's NI, Belfast. (ii) Coalition for Community Schools - www.communityschools.org (iii) Children's Aid Society - www.childrensaidsociety.org



Evidence based early intervention and prevention services and programmes in schools which can also help reduce barriers to learning include:

SOCIAL AND EMOTIONAL LEARNING

Social and emotional learning programmes which seek to improve the skills of primary and post primary pupils, including self-esteem, social skills, problem solving and coping skills, lead to benefits for their social

and emotional competencies and educational outcomes.⁴¹ Programmes delivered in schools which cover drug resistance skills, for example, are effective in building knowledge and resilience.⁴²

⁴¹ Early Intervention Foundation (2015) *Social and emotional learning: Skills for life and work*. Social Mobility and Child Poverty Commission, London.

⁴² See, for example, Sneddon, H (2015) *LifeSkills substance misuse prevention programme: Evaluation of implementation and outcomes in the UK*. Barnardo's, London.



A 'whole school approach' to improving social and emotional learning skills should be embedded, modelled and reinforced beyond the personal development curricula; with staff suitably supported and trained to deliver related programmes.



SCHOOL-BASED COUNSELLING

School-based counselling is defined by the British Association for Counselling and Psychotherapy (BACP) as:

“A professional activity delivered by qualified practitioners in schools, counsellors offer troubled and/or distressed children and young people an opportunity to talk about their difficulties, within a relationship of agreed confidentiality.”⁴³

Reflecting the benefits of providing services in schools, research increasingly shows that school-based counselling improves emotional well-being and subsequent learning potential.⁴⁴ The Independent Counselling Service for Schools (ICSS) is universally available to all post primary and special schools in Northern Ireland that choose to use it. While not available on the same basis in primary schools, counselling may be delivered as part of extended schools programmes.



To further support children’s mental health and emotional well-being, next steps should include:

- » Extend the provision of school-based counselling services to all pupils in Northern Ireland, including those in primary schools.
- » Develop an integrated education and mental health model that promotes children’s mental health and emotional well-being in schools. This model would provide a continuum of tiered interventions via:
 - the mainstream curriculum for personal development;
 - pastoral care;
 - preventative programmes;
 - school-based counselling; and
 - specialist Child and Adolescent Mental Health (CAMH) services.



**AT LEAST ONE
IN TEN CHILDREN
WILL EXPERIENCE
A MENTAL HEALTH
PROBLEM.⁴⁵**

⁴³ Cited in Cooper, M; Stewart, D; Sparks J; Bunting, L (2013) School-based counselling using systematic feedback: A cohort study evaluating outcomes and predictors of change. *Psychotherapy Research*. 23(4), 474–488..

⁴⁴ For further information see Kernaghan, D; Webb, M A; Stewart, D (2016) *In Focus: ‘Time 4 Me’ primary school counselling and wrap-around support*. Barnardo’s NI, Belfast.

⁴⁵ Office for National Statistics (2005) *Mental health of children and young people in Great Britain, 2004*. Department of Health, London.



INCLUSION

NEWCOMER PUPILS

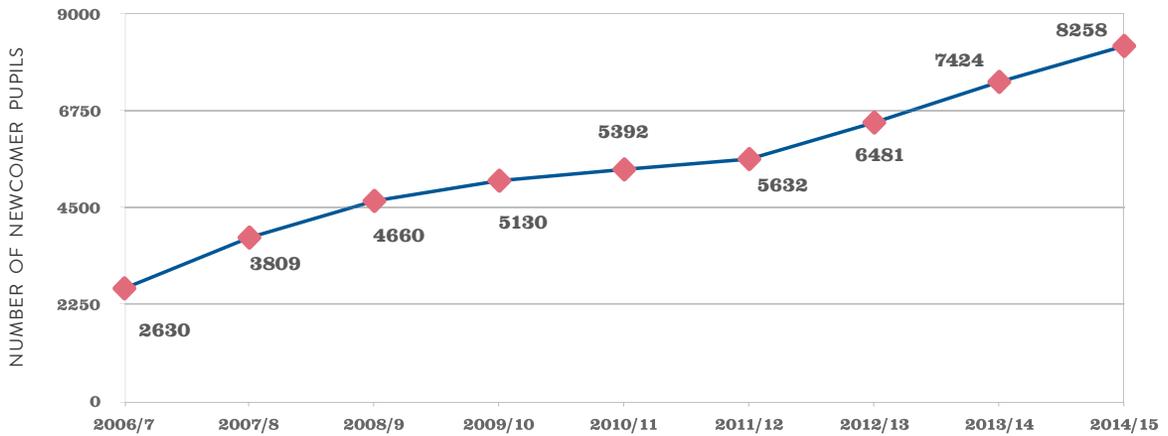
Northern Ireland has undergone a rapid demographic change in the past decade as a consequence of migration. This has increased the ethnic and cultural diversity of the population, with schools in NI also experiencing a rise in admissions of children with little or no English language. Challenges in the classroom include low school readiness; language barriers; and the breadth of differentiation needed to support learning for newcomer and other pupils.⁴⁶



More information and recommendations relating to the needs of newcomer pupils can be found in the following publication: Kernaghan, D (2015) *Feels Like Home: Exploring the experiences of newcomer pupils in primary schools in Northern Ireland*. Barnardo's NI.

⁴⁶ Kernaghan, D (2015) *Feels Like Home: Exploring the experiences of newcomer pupils in primary schools in Northern Ireland*. Barnardo's NI, Belfast.

Figure 2: Increase in Newcomer Pupils in NI Primary Schools

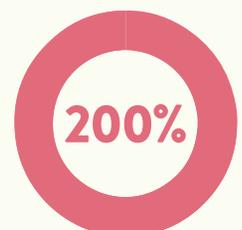
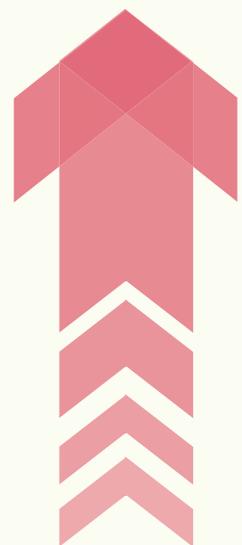


Actions to improve the experience of newcomer pupils in Northern Ireland should include:

- » An evaluation of the current provision available to support newcomer pupils in NI schools which would inform an updated version of the Department of Education’s Guidance on Supporting Newcomer Pupils.
- » A review of current formal training provision related to English as an Additional Language to ensure the school workforce are equipped with knowledge and specific strategies to support newcomer pupils’ development and comprehension of the English language.



THE NUMBER OF NEWCOMER PUPILS INCREASED BY MORE THAN 200% OVER TEN YEARS.



DISABLED CHILDREN AND YOUNG PEOPLE

Moving from children's to adult health and social care services is a key transition period for disabled young people. However support is often variable and provision inappropriate, for example, young people being placed with much older adults (which can lead to feelings of stress and isolation). Children and young people with disabilities

are also at greater risk of developing mental ill-health, however many experience difficulties accessing suitable Child and Adolescent Mental Health (CAMH) services.⁴⁷ They can also find it difficult to access youth service, play and leisure provision, important components for personal development and emotional well-being.



Priority areas for policy development to promote the inclusion and emotional well-being of disabled children and young people should include:

- » An agreed transition period between children's and adult health and social care services for disabled young people aged 18-25 years of age. This should be underpinned by the development of relevant support services; consistent transition planning and preparation; and young peoples' routine involvement in decision making about their lives.
- » Ensuring children and young people with disabilities have equal access to appropriately resourced Child and Adolescent Mental Health (CAMH) services across Northern Ireland.
- » A review of the accessibility of youth services and other play and leisure facilities for children and young people with a range of disabilities; and development of service provision which promotes their inclusion.

⁴⁷ Kelly, B; Kelly, G; Macdonald, G (2016) *Improving the well-being of disabled young people*. Public Health Agency, Belfast.

CHILDCARE

There is a lack of affordable, flexible, high quality and local childcare provision in Northern Ireland. This directly impacts on rates of child poverty by presenting a barrier to parental employment, placing pressure on family incomes, and limiting

opportunities to support child development.⁴⁸ After a notable absence of any childcare policy development in NI compared to the rest of the UK, some limited progress has been made with publication of a draft NI Childcare Strategy.⁴⁹



The NI Childcare Strategy should include a fully costed action plan complete with key milestones, and also prioritise actions within the following areas:

Local provision:

- » In line with other UK regions the provision of childcare services in Northern Ireland should be on a statutory basis to ensure there is enough childcare to meet the needs of working parents in their local area.
- » The development of additional, flexible and affordable childcare provision at a local level to meet the needs of parents working atypical hours or zero-hours contracts.

Ethnic minority communities:

- » Greater information and awareness-raising among ethnic minority communities about the financial support available for childcare, different types of childcare, and how to access provision.
- » Steps to ensure the pathway for under-represented groups to enter the workforce is simplified and well sign posted.

Disabled children:

- » Further and specific consideration of the diverse needs of children with disabilities and special needs. This should include ensuring childcare staff are highly trained and qualified to meet the needs of children with a disability; and provision of a higher staff ratio to support the development of children with a disability or special needs so they can be included in activities with other children.

Older children:

- » Further investment in the school estate as a site for local school-aged childcare provision⁵⁰; with specific consideration given to age appropriate alternatives for 12-14 year olds to the types of childcare typically provided for younger children.⁵¹

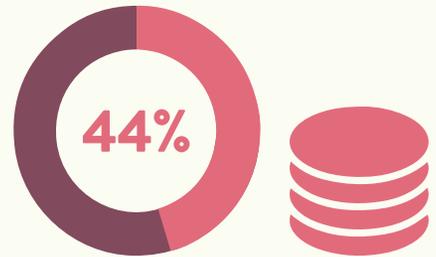
⁴⁸ Dennison, R (Employers for Childcare) 'Child poverty and childcare' pp.81-96 in [Beneath the surface: Child poverty in Northern Ireland](#). Child Poverty Alliance, 2014.

⁴⁹ NI Executive (2015) [Delivering social change through childcare: A ten-year strategy for integrated and affordable childcare 2015-2025](#). NI Executive, Belfast.

⁵⁰ Related to the community school approach outlined in the learning section, greater use of the school estate for childcare purposes would help increase parental contact and engagement with schools, and create stronger links between community and schools.
⁵¹ This may include activities held after school, homework clubs or a drop-in type provision until 6pm.



THERE IS ONLY ONE
CHILDCARE PLACE IN
NORTHERN IRELAND
FOR EVERY 8.6
CHILDREN.⁵²



FOR LOW INCOME FAMILIES
THE COST OF CHILDCARE
TAKES UP MORE THAN 44 PER
CENT OF THEIR DISPOSABLE
INCOME.⁵³



Further information and recommendations about childcare and ethnic minority families can be found in the following publication:

Kernaghan, D (2014)
Believe in Childcare? The childcare needs of ethnic minority communities in Northern Ireland.
Barnardo's NI, Belfast.

LOOKED AFTER CHILDREN / CARE LEAVERS

Children in and on the edge of care and those who have left care need the best possible services and support to fulfil their potential and have a positive future. While 'Care Matters'⁵⁴ has provided a good platform it is timely

to build upon the progress made to date; for example, via the forthcoming DHSSPS Looked After Children (LAC) Strategic Statement which will encompass services from the edge of care through to leaving and aftercare.

⁵² Ibid, n.48. Note, there is even more limited provision for children with disabilities and special needs..

⁵³ Ibid, n.48.

⁵⁴ Department of Health, Social Services and Public Safety (2007) *Care Matters in Northern Ireland: A Bridge to a Better Future.* DHSSPS, Belfast.



Priority areas for further policy development relating to care experienced children and young people should include:

Looked After Children:

- » Prioritisation in the NI Assembly of the Adoption and Children Bill which is intended to modernise the legal framework for adoption in NI and place children's welfare at the centre of the adoption decision-making process.
- » Updating of the (i) Children Order guidance relating to Looked After Children [first published in 1996]; and (ii) Regulations relating to children in residential and foster care.
- » Agreed models of assessment for the reunification of children with home.
 - » Ensuring children receive a quality mental health assessment on entry to care, have their mental health monitored throughout their time in care and receive support where necessary.

Care Leavers:

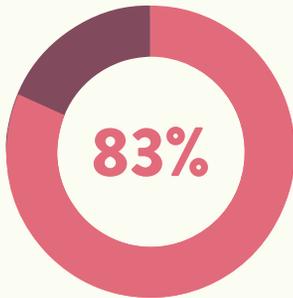
- » Explicit recognition of care leavers as a vulnerable group; and the 'care-proofing' of all government policies in NI by assessing the impact they will have on care leavers and those who support them.⁵⁵
 - » An appropriately resourced extension of leaving care services and support until at least age 25.
 - » The development of specialist mental health support for care leavers to tackle the gaps when transitioning between child and adult mental health services; or an extension of Child and Adolescent Mental Health (CAMH) provision to age 25.
 - » Improved access to safe, affordable and appropriate housing for young people leaving care; and the development of a protocol in each District Council between key statutory, voluntary and community agencies to support care leavers moving to live independently in communities for the first time.
 - » The introduction in joint commissioned models of a third tier high tolerance level of bespoke, specialist accommodation for care leavers with multiple and complex needs⁵⁶ to include respite and emergency provision.

⁵⁵ Calling for the care proofing of government policy is a central component of the [Access All Areas](#) campaign in England and the [Scottish Care Leavers Covenant](#) – both of these have helped inform a Northern Ireland Access All Areas Coalition which is working collaboratively to inform and influence policy makers.

⁵⁶ Including mental ill-health; behavioural problems; learning disability; substance misuse; involvement within or on the edge of the youth justice system; sexual exploitation, or the risk of being sexually exploited; not in education, employment and training (NEET); social isolation / disengagement, family estrangement; young parenthood (including own children in care); difficulties engaging with services.

> 2,800

THERE ARE OVER 2,800 CHILDREN IN CARE IN NORTHERN IRELAND.⁵⁷



THE VAST MAJORITY OF CARE LEAVERS (83%) LEAVE CARE IN NORTHERN IRELAND BECAUSE THEY HAVE REACHED THE AGE OF 18 YEARS.⁵⁸



⁵⁷ Department of Health, Social Services and Public Safety (2015) *Children's Social Care Statistics for Northern Ireland 2014/15*. DHSSPS, Belfast.

⁵⁸ Department of Health, Social Services and Public Safety (2016) *Northern Ireland Care Leavers 2014/15*. DHSSPS, Belfast.

CHILDREN OF PRISONERS

Children affected by the imprisonment of a family member are often the forgotten victims of crime. They can face many challenges, including significant pressure during the period of imprisonment and the risk of poorer education and health

outcomes afterwards.⁵⁹ It is unclear how many children in Northern Ireland have a parent in prison; however, over **25,000** child visits were recorded by the Northern Ireland Prison Service [NIPS] in 2013 – equating to **20%** of total visits to the prisons.⁶⁰



To better inform policy and practice relating to children of prisoners the next Strategy for Children and Young People in Northern Ireland should include:

- » A target to record data in relation to parental responsibility when individuals are committed to prison so it is clear how many children in NI experience having a parent in prison.
- » Identification of the needs of children of prisoners and specific targets for meeting their needs, including awareness-raising and appropriate support across relevant agencies.

⁵⁹ More information can be found in Barnardo's NI (2015) *Children affected by the imprisonment of a family member: A handbook for schools developing good practice*. Barnardo's NI, Belfast.

⁶⁰ Torney, K (2014) Children of prisoners: The forgotten victims of crime. The Detail, Belfast. <http://www.thedetail.tv/articles/children-of-prisoners-the-forgotten-victims-of-crime> Note, while some children visited on just one occasion, others visited several times.

A COORDINATED, COLLABORATIVE AND EVIDENCE-INFORMED APPROACH

Ensuring that policy, practice and service development is coordinated, collaborative and informed by the most robust evidence is an important **cross-cutting** issue. The following key components are essential in enabling us to maximise available resources; identify what works best to support and protect children; and monitor progress.





REALISATION OF THE CHILDREN'S SERVICES CO-OPERATION ACT

In particular, the potential for the development of effective structures to ensure co-ordination between government departments and the voluntary and community sector.

OUTCOMES MEASUREMENT

Across all sectors, children's service and programme providers should routinely measure to inform continuous improvement and demonstrate impact and effectiveness. The sharing of good practice (and also that which hasn't worked so well) could be usefully supported by the creation of cross-sectoral knowledge transfer platforms.

PARTICIPATION

There needs to be greater commitment across all political parties and government departments to routinely involve children and young people in policy making.

EFFECTIVE USE OF DATA

There is a general lack of disaggregated data collection and analysis across areas affecting children's lives, and the NI Executive should progress a regional mechanism to tackle this. Key issues for consideration might include, for example, the need for consistent definitions; better use of descriptors and indicators; an expanded range of local and national data collection tools; and greater collection of data from children themselves.

**Believe in
children**



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