

Barnardo's NI

**Response to the Committee for Health on
The Draft Children's Social Care (Coronavirus) Regulations
(Northern Ireland) 2020**

May 2020

Introduction

1. Barnardo's NI is the largest children's charity in Northern Ireland. We work with approximately 12,000 children, young people and families annually across more than 40 different services and programmes. We are also a leading provider of schools-based support, reaching more than 25,000 children in schools across the UK and Ireland through our NI-managed social and emotional literacy programmes. We deliver a wide range of services across Northern Ireland, from providing family support and early intervention, to working directly with children and families who have experienced adversity and need our support. We believe that every child deserves the best possible start in life, and our service provision reflects that philosophy.
2. Barnardo's NI welcomes the opportunity to comment on the draft Children's Social Care (Coronavirus) Regulations (Northern Ireland) 2020, and on wider issues in relation to the care and protection of children during this period. Our comments are informed by our experiences of delivering services that support children, young people and families and working with a wide range of stakeholders, including Health and Social Care Trusts, in the course of that service delivery. This includes: our Leaving Care service, which provides a range of accommodation, care and support services for 16-25 year old care experienced young people in their transition from care to independent living; Children's House, our residential home for up to four children of primary school age; and our Barnardo's NI Fostering service, integrated with Children's House, which recruits and supports foster carers for children with extra needs, including children who have suffered early childhood trauma and attachment difficulties. We also have a range of other services which have informed our comments, including short breaks services and a portfolio of programmes delivering trauma-informed mental health and wellbeing support.

3. We recognise that the coronavirus pandemic has led to unprecedented challenges for service delivery and the need to operate differently. For our part, we are continuing to deliver all our services, using creative and innovative methods to ensure sustained support to the children, young people and families who need us, including using digital technology to engage young people, or adapting our residential homes to comply with social distancing and PPE requirements.
4. We are mindful of the pressure that Trusts will face during this pandemic, and of the safety of our statutory colleagues. We want to stress that we do understand that this is a very challenging context and we are committed to working with our statutory partners to ensure the best outcomes are achieved, particularly if and when a surge in demand occurs.
5. However, we urge that a measured approach is taken to amending legislative requirements designed in the best interests of children and young people. **We recommend that only necessary and essential amendments are made, and that there is a guarantee that any changes will be strictly temporary. We also recommend that any changes allow for flexibility if necessary on a case-by-case basis, rather than a general relaxation of standards.** The rights, the best interests and the voice of children and young people should be central to this discussion.
6. This response will outline our concerns and comments about the amendments in more detail. In summary, our view is that:
 - Children's needs should be the central tenet of any change.
 - The aspiration to meet existing standards should remain, with changes allowing for flexibility when required.
 - The implementation and impact of these changes on children should be continuously risk assessed, monitored and reported.
 - The Department must commit to reversing the changes before the expiry date if it is found that the best interests of vulnerable children are not being upheld.
 - The Department must confirm that the changes are temporary and limited to the period where this is absolutely necessary in response to the public health crisis, and that there is no intention to dilute the regulatory framework protecting vulnerable children on a permanent basis.

Following this, this response will provide a brief overview of some issues relating to the care and protection of children during this period.

Draft Children's Social Care (Coronavirus) Regulations

7. This section will provide comments about some of the amendments, as outlined in the correspondence from the Committee. Our primary comment about the amendments is that the safety and best interests of children and young people must be paramount.
8. We are concerned that any lessening of standards may be a risk to children and young people. While we recognise the challenges associated with this unprecedented situation and the need to work flexibly, we urge that the aspiration to maintain current standards remains across Children's Social Care, rather than a general relaxation of standards. Where the current standard cannot be achieved, that should be recorded and reported. Further, we recommend that there is continuous monitoring by the Department or Trusts, and reporting to the Committee, of the use and impact of these amendments, so that any harm can be identified early and the amendments revoked sooner than the time limit if they are found to be contrary to the best interests of the child.
9. We have significant concerns that these temporary amendments may inadvertently become permanent through a series of extensions. We urge that the Committee ensure this does not happen and that any proposed permanent changes are subject to robust assessment and consultation, including with children and young people, to ensure that their best interests are protected.

Visits to looked after children

10. We welcome that the guidance refers to the priority groups of children for whom visits should be prioritised. Our concern, however, is that children not on that list but who are vulnerable will not be identified and not receive the same support. In the absence of the usual support systems, e.g. schools etc., harm or risk may not be identified as effectively.
11. Whilst we have found technology to be a useful communication tool to engage young people in several of our services, we are

conscious that as a medium it doesn't offer the same richness as face-to-face visits and doesn't provide the same opportunity to identify unspoken harm or risk. This could be a particular vulnerability in the scenario of 'remote' visits to a looked after child, where it would be impossible to know for certain if the social worker is talking to the child privately. Combined with the absence of multi-disciplinary feedback from sources such as schools, GPs etc., this could offer a potentially filtered view of the child's experience.

12. While digital technology has provided a welcome alternative for maintaining communication during this period, it should not be viewed as a long-term solution to be used instead of face-to-face interaction. To be effective in the long term, children's social care requires a relationship-based approach. Digital communication may limit the strength or basis of these relationships; this may be particularly true for children with complex disability and limited communication, where an understanding of their behaviour and body language is central to understanding their needs.
13. Children who are looked after at home have previously been identified as at risk of being overlooked by the system; reducing frequency of visits and extending time between reviews could pose a particular risk for this small group.

Visits by registered provider of a children's home

14. We appreciate the intention to reduce footfall in children's homes during this time, and we welcome the flexibility this amendment provides. Our own experience of carrying out these visits remotely in recent weeks has shown us that we are able to use electronic files and photographs etc. to access the necessary documents – though we are mindful that this may limit the independence of reports, and the guidance should acknowledge that the quality and content of the report may be affected. Similarly, using remote communication methods limits the potential for an unannounced visit.
15. The real challenge with remote visits, however, is the limit this places on engaging with the children and young people in the home. Some young people may feel uncomfortable speaking on the phone or video call, and again there is a reliance on children being able to explicitly communicate any concerns, rather than professionals identifying risk or concerns based on the

environment and atmosphere. This may be a particular concern for children with complex disability who may have limited communication skills.

Reviews of Looked After Children and Care Leavers

16. With fewer visits and reduced contact with other social/community supports, we are concerned with the proposal to lengthen the timescales for reviews. Given the ongoing uncertainty, it may make sense for care plans to be reviewed *more* frequently, rather than less – particularly given the flexibility to undertake reviews remotely. We have concerns that less frequent reviews may allow care plans or placements to drift; it's important that we continue to plan in the child's time and avoid unnecessary delay. The rights of these children need to be prioritised, and only through regular reviews and meaningful engagement can Trusts ensure they are meeting their needs.

17. We welcome that the current timescales for reviews for children accommodated on short breaks will continue.

Foster and Adoptive Care Approvals and Reviews

18. As an independent Fostering provider, we have concerns about the proposal to relax the recruitment process for prospective foster carers. In particular, we have significant reservations that an approval could proceed even if a full Enhanced Disclosure Certificate (EDC) is outstanding. Whilst we recognise that the Trust would receive confirmation from AccessNI that a check had been made against the Children's Barred List, we're worried that would not be sufficient from a safeguarding point of view. An entry against the Children's Barred List would require conviction of a relevant offence, whereas a full EDC would highlight other offences which may be considered relevant and, perhaps crucially, would also contain relevant police information which may be critical to the assessment. Whilst the proposed amendment may be sufficient for updating checks against existing foster carers, it may lead to risk and create vulnerability in the system when recruiting new foster carers, particularly combined with the potential for delayed household reviews.

Wider issues in relation to the care and protection of children during the Coronavirus Pandemic

19. This section will provide a general overview about the wider impacts of the pandemic on children and young people, particularly in relation to the care and protection of children during this period. We will focus on safeguarding concerns, as well as poverty and mental health.

Safeguarding

20. The social restrictions introduced in response to the coronavirus pandemic places children who are at risk of abuse or neglect in an even more dangerous situation, as contact with the usual support systems such as schools and GP services are reduced and those children at risk become less visible to authorities.

21. Based on our service data from recent years, we usually see an increase of safeguarding issues just before or during periods of school closures such as summer holidays, with particular increases in our early intervention and drug or alcohol misuse services. However, we are currently seeing a significant reduction in the numbers of allegations. Rather than less abuse occurring, we are very concerned that this reflects that the voice of the child has been diminished and risk is not being identified. This is reflected in the Chief Social Worker's warning that the number of child protection referrals has dropped during the lockdown period. We are very concerned about this drop and the risks of reduced interactions with families and children leading to less visibility and more hidden harm.

22. It has been well reported that calls concerning domestic abuse have increased during the pandemic, and we know children are the hidden victims of domestic abuse. Concern about increased risk of domestic abuse during lockdown and the hidden nature of this while face-to-face visits are not possible has been consistently raised by a number of our services throughout this period. While public services are stretched and redeployed, a commitment to protecting children and families living in potentially abusive households in Northern Ireland must be maintained to prevent and respond to abuse.

23. We are also concerned that increased online traffic could result in an increased risk to children of grooming, sexual exploitation or abuse. We need to ensure safeguards are in place, and that

initiatives are implemented to support parents and carers to navigate digital safety.

Mental Health and Wellbeing

24. Children and young people need continued access to mental health and wellbeing support, even more so in times of crisis. Some of our most vulnerable children include young carers, children in or leaving care, children with disabilities or complex needs, and newcomer and refugee families with limited family or social networks. It is important that we recognise the impact of the crisis and the public discourse on the mental health and anxiety of young people, and the impact that can have on their long term wellbeing – particularly where there is existing trauma which this situation may exacerbate.
25. A recent survey of Barnardo’s practitioners throughout the UK highlighted mental health, isolation and loneliness as amongst the most common concerns for children and young people during this period. Social distancing measures may exacerbate feelings of loneliness and poor emotional wellbeing, potentially leading to chronic loneliness which can impact on the long term mental and physical health of a young person.
26. The additional stresses associated with the pandemic are also having an impact on parents, particularly those who were already being supported by voluntary or statutory services, who are now finding their parenting capacity is impacted by external factors. In addition, families with children who have complex needs are particularly feeling stressed as support from social care, their community and their extended family is reduced.
27. There is a risk that we will see a long term impact on the mental health of children and young people, with more needing support for the first time. We need to ensure that mental health support and access to counselling continues throughout this crisis, and that there is particular recognition of vulnerable groups. Further, the legacy of the pandemic on the mental health of children and young people needs to be considered, with appropriate services and supports in place and sufficiently resourced for the post-pandemic period.

Child Poverty

28. Children are already at a higher risk of poverty than the general population. In the past month, as a consequence of coronavirus,

many families have been pulled into poverty as a result of losing their jobs, businesses or increased financial pressures. We know that experiencing poverty can cause stress and worry for a child, which can have a negative impact on their development in the early years and throughout their life.

29. Digital poverty is also an issue we are seeing, with families struggling to access school work or advice due to limited access to the internet or digital devices.

30. Our services have been supporting families by delivering food parcels, supporting access to food banks or helping to secure free school meal payments. It's important that support and resources are accessible to those who need it (including those without bank accounts) and are extended to families that have been pulled into poverty as a result of the pandemic.

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