

About the Royal College of Paediatrics and Child Health

The Royal College of Paediatrics and Child Health (RCPCH) is the membership body for paediatricians in the UK and around the world. With more than 22,000 members in the UK and internationally, we play a major role in postgraduate medical education, professional standards, research, and policy.

Introduction and context

It is difficult to view any of the chapters of the review in isolation and given the political context and budgetary shortfall which requires little clarification, a real threat lies in taking forward some aspects of this review and not others. The options appraisal for the ALB is a useful mechanism in re-analysing the concept, purpose, composition, and remit of such a body. Similarly, the recommendation around a Minister for Children and Families, while difficult to realise in the current constitutional landscape, provides the opportunity to consider children and young people as a distinct population and place them at the centre of all policy making taking a whole child approach to the processes which give way to the direction of commissioning, legislation and expenditure.

1. Chapter 1: The Northern Ireland Context

1.1 Poverty and Recommendations that action should be taken to tackle, through welfare benefits changes, the increasing prevalence and intensity of child poverty.

The recent statistics from The End Child Poverty Coalition shows that more than 45,000 children in Northern Ireland are part of some of the most vulnerable families affected by the 2-child cap. In response to the findings the RCPCH highlighted the insidious nature of poverty, in that it essentially destroys a child's future. It determines the food, or lack of, a child eats, the quality of air they breathe and even a child's life expectancy. It is systemic and, as a result of policies like the two-child benefit cap, is often impossible to escape. Poverty is also costly for wider society, both in the short-term and the long-term. Health inequalities leave our health services with high bills and long waiting lists.

The ending of the Child Poverty Strategy led by the Department of Communities and the delay to a successor strategy for the population of Northern Ireland continues to impact our ability to ameliorate poverty and the subsequent impact on health and wellbeing. Ending destructive policies such as the 2-child cap¹ and implementing policies which have been shown to support families such as the Scottish Child Payment which has been extended and amended to cover bridging payments² for the most vulnerable should be taken forward in Northern Ireland.

1.2 Legacy and intergenerational trauma

¹ [RCPCH responds to local child poverty statistics | RCPCH](#)

² [RCPCH responds to the Scottish First Minister's commitment to double the Child Payment Bridging Payments | RCPCH](#)

The extent of intergenerational trauma is well known and researched in Northern Ireland.³ The Review makes full acknowledgment of this and the RCPCH agrees with the need for this to be continued to be factored into all child and family policies. We elucidate further at Chapter 3 re: CAHMs need and poor mental health prevalence.

1.3 Ongoing impact of COVID 19

When the Terms of Reference for the UK COVID 19 Inquiry we're published the RCPCH responded not only as an organisation representing child health and paediatrics, but clarified that ongoing restitution policy would be required in respect of children and young people's mental health, safeguarding and child protection - especially of vulnerable children, the widening of child health inequalities and the interruption of routine child health appointments including in the community.⁴ This remains more important than ever and should remain a corner stone of any child and family policies being take forward.

2. Chapter 2: The State of Children's Social Care

3.1 There is the need for more help for families to assist them to care well for their children

The RCPCH comments on this recommendation at Chapter 12

3. Chapter 3: Issue identified with the Terms of Reference

3.1 The Review identified that in March 2021 over 5,000 children were waiting for an assessment related to autism. The Royal College of Speech and Language Therapists recently collated information from available data and surveys with Community Paediatricians and Early Years providers identifying worrying upward trajectories in neurodiversity presentations and waiting times alongside higher waiting times and complexity in terms of SLT. When published, the recommendations of this report must be acted upon. The developing update (via Health and Education) to the current Emotional Health and Wellbeing Framework⁵ provides a sound bedrock in understanding and supporting children and family's needs across all Executive Departments, again highlighting the need for cross-departmental action in both policy and expenditure.

3.2 The Review identified that waiting lists for child and adolescent mental health services are continuing to grow and despite a Stepped Care Model being in place, significant variation exists across HSC Trusts. At 30 June 2023, there were 2,251 total waits for a CAMHS assessment in Northern Ireland, of which 1,205 were waiting for more than nine weeks.⁶ The previous commissioning body in NI, viz. the HSC Board published a youth wellbeing prevalence survey which found that rates of anxiety and depression are around 25% higher in NI than in the child and youth population in comparison to other UK nations. This reflects a similar trend in the adult population in Northern Ireland. Almost 19% of young people aged 11-19 years met the threshold for psychotic-like experiences.⁷ As detailed in the NICCY 'Still Waiting Report' there is a disconnect apparent as Accident and Emergency Departments (A&E) do not have a clear strategic position within the Stepped Care Model, even though it is a key service which comes

³ [Filetoupload,784073,en.pdf \(qub.ac.uk\)](#)

⁴ [Covid-19 Public Inquiry Terms of Reference - consultation response | RCPCH](#)

⁵ <https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing>

⁶ [Publication of "CAMHS Waiting Time Statistics for Northern Ireland \(June 2023\)" | Department of Health \(health-ni.gov.uk\)](#)

⁷ <https://online.hscni.net/our-work/social-care-and-children/youth-wellbeing-prevalence-survey-2020/>

into contact with young people with mental health problems.⁸ Despite advancements in the Managed care network, EDs and therefore paediatricians remain at the coalface of children and young people presenting in distress, meaning that clear pathways with social care, mental health services and children's service both clinical and the community must be paramount in all policies pertaining to this.

3.3 Budget tracking and commissioning

The Review identified shortcomings in the current system of data collection and commissioning lines. There is little utility in iterating the need for multi-year budgeting for NI or the impact of the failure to be able to plan in this manner has had in the context of this response. None the less, the NICCY More Than a Number Report offered clear insight into what and how statistics are collected across the system - generally, official publicly available waiting time statistics for children are limited including a complete absence of regional monitoring or reporting of waiting times for the community child health system. It iterated the need for a HSC reform build around a 'whole system, child centred' approach setting out that worsening waiting times is a symptom of a system under strain and therefore reform and redesign of services will be the change required to make the most significant difference to waiting times. The Report called for ongoing reform of the system fully considering hospital and community-based child health services and how they intersect with primary care, social services and education stating that these are vital components of an integrated and rights-based health and social care system.⁹ Again, this highlights the need for a whole child approach to health and social care, RCPCH once again notes the need for no policy to be taken forward in isolation given the distinct vulnerabilities of children as a population.

Chapter 6, 10 and 15: Proposed Arms-length Body, Integrations, options Appraisal and a Minister for Children and Families

The Review rightly notes that an ALB cannot be taken forward in isolation. As an organisation where child protection plays a role in everything we do as child health professionals, and is about protecting individual children identified as suffering, or likely to suffer, significant harm as a result of abuse or neglect as well the broader purpose of safeguarding and how we ensure children grow up in a safe environment, we must highlight the need for requisite linkage with this remit as well as with the broader systems of education, health and wellbeing professionals and the Voluntary and Community Sector. A model which ensures the core requirements of data-sharing, multi-disciplinary working and a wrap around approach to supporting children must be at the fore of these developments.

The options appraisal notes that the ALB should have a strategic leadership role to implement the Northern Ireland's 2015 Children's Services Co-operation Act – an Act meant to allow for the cross departmental pooling of budgets and shared policy. The options appraisal also notes the remit of the CYPSP, therefore, the function of the CYP Strategy team responsible for the 10 Year CYP Strategy should also be acknowledged. The option appraisals each have strengths, however development of a whole HSC approach as it pertains to children and families is key and due regard should be paid to the review and recommendations in terms of the functioning of the Integrated Care Boards across the ICSs in England.¹⁰ Integration should realistically be just that, adequate budgeting and sharing of resource to provide HSC support to the populations served, reduced variation and reduced siloes.

⁸ [niccy-still-waiting-report-sept-18-web.pdf](https://www.niccy.org/more-than-a-number-a-rights-based-review-of-health-waiting-lists-in-northern-ireland/#:~:text=More%20Than%20A%20Number%20is,Children%20and%20Young%20People%20(Northern)

⁹ [https://www.niccy.org/more-than-a-number-a-rights-based-review-of-health-waiting-lists-in-northern-ireland/#:~:text=More%20Than%20A%20Number%20is,Children%20and%20Young%20People%20\(Northern](https://www.niccy.org/more-than-a-number-a-rights-based-review-of-health-waiting-lists-in-northern-ireland/#:~:text=More%20Than%20A%20Number%20is,Children%20and%20Young%20People%20(Northern)

¹⁰ <https://www.england.nhs.uk/long-read/annual-assessment-of-integrated-care-board-2022-23-supporting-guidance/>

The value of the development of a Ministerial portfolio for Children and Families is well established, and the purpose as set out in the Review ‘to give political leadership and focus to the intentions of the 2015 Children’s Cooperation Act and to be a children and families champion across government and alongside the Children’s Commissioner’ is to be commended. In Scotland the Minister for Children, Young People and Keeping the Promise¹¹ has a broad remit and supports the Cabinet Secretary for Education and Skills. The Education, Children and Young People Committee scrutinises functioning and the format of government in Scotland provides for better harmonisation of children’s policy. The RCPCH, along many Children’s Charities have called for a Cabinet Level Minister for Children as priority for the next UK Government, this is based on the observation that too often policies do not explicitly consider children and that the services which support them are deprioritised in favour of adults. This challenge is further compounded by responsibility for children’s health and wellbeing cutting across several government departments and ministers. To truly deliver for children the existing machinery of government must change.¹² It follows that the development of such a ministerial portfolio in NI must have due regard to the consociation model we currently function under or any changes made to our constitutional framework in the future.

Chapter 9

9.1 Recommendation - The relationship with the Department of Health should be re-set in line with the intentions of the 2022 Health and Social Care Act (Northern Ireland). The RCPCH believes that an overarching piece of primary legislation and the relevant SRs required to implement it should not be taken forward in isolation.

Chapter 12: Reviewing, rethinking and resetting children’s social care

12.2 Family Support Hubs and referrals

Family Support Hubs play a vital role in a HSC system which provides wrap around support for children. The proposal that where referrals are received through the Family Support Hubs including that statutory children’s social care services are viewed as a child protection service with family support seen as largely the territory of the VCS sector must be taken forward with careful thought and consideration. Changes must be accompanied by clear pathways and links, for example, the RCPCH position on mandatory reporting of child abuse details unintended consequences in thresholds for reporting and sets out the possibility of unintended harms arising from changes in threshold for reporting in terms of suspected abuse. Indeed, recent evidence that social care systems cannot always respond to the rise in reports when mandatory reporting for suspected child abuse is introduced and while the recommendation in itself could ameliorate some of these concerns, the RCPCH recommended that the Government carries out a full impact assessment in order to better understand how social care systems will adequately respond to child abuse reports.¹³ It follows that before changes are made to referral systems around child protection, an impact assessment should take place prior to proceeding.

12.3 Sure Start

Sure Start is an obvious initiative which has supported children and families, the protection of funding is not only welcome, but an acknowledgement at government level of the value and need for the continuation of the service. Indeed, the recent DENI Report card detailed evidence of improved language skills; early identification of developmental delay; improved access to services; enhanced

¹¹ <https://www.gov.scot/about/who-runs-government/cabinet-and-ministers/minister-for-children-young-people--keeping-the-promise/>

¹² <https://www.rcpch.ac.uk/sites/default/files/2023-09/rcpch-manifesto-for-next-uk-general-election-2024.pdf>

¹³ https://www.rcpch.ac.uk/sites/default/files/2023-08/rcpch_mandatory_reporting_position_august_2023_0.pdf

parenting skills; and effectively integrated services.¹⁴ Therefore, the Review's recognition of the success and contribution of Sure Start along with other family support services and recommendation that it should be expanded beyond deprivation indices borders and extended to children aged 4-10 years is fully supported by the RCPCH.

Chapter 13: Transitions

The RCPCH resources¹⁵ and guidance based on NICE and good practice pertains to all health and social care provision. The RCPCH is in full support of adequate, high quality, properly commissioned and person-centred approaches to transition particularly for young people with specific vulnerabilities as set out in the Review.

Chapter 16:

16.1 Beechcroft

Serious shortcomings in the provision available in terms of resource to deliver care in the Beechcroft Inpatient Unit has been identified by the Children's Commissioner's Office and RQIA Inspection Reports. The recommendation around providing separate provision for children and young people presenting with challenging behaviours and those being treated by dietetics does not appear to pay due regard to the resource challenges brought about by one regional unit providing a range of services, from GIDS, higher step CAMHs and Dietetics. As a region we need to better understand 'challenging behaviours' and provide individualised 'child' or 'young person' approaches to care taking in to account all of the nuances of the individual child, their experiences and circumstances.

16.2 Juvenile Justice:

In terms of the recommendations around juvenile justice, the Intercollegiate Healthcare Standards for Children and Young People in Secure Settings (refreshed in 2023) which were developed to help improve the quality and consistency of healthcare available to children in secure settings should be observed. The standards support the need to ensure that children receive healthcare provision that is at least equivalent to that available to their peers living in the community.

Chapter 17:

17.1 Recommendation: The relationship between the statutory funders of services and the VCS sector which provides services needs to be re-set as more of a partnership rather than a purchasing relationship.

The RCPCH is in full support of a model based on partnership rather than procurement given the clear benefits of this approach to service providers in the community and the functions they deliver in terms of holistic and high-quality support as well protecting and supporting statutory services. It is not thought useful to note the need for multi-year budgeting as this is obvious and necessary and ideally will come in to place along with the full implementation of the Programme for Government.

¹⁴ [PowerPoint Presentation \(education-ni.gov.uk\)](#)

¹⁵ [Health transition resources | RCPCH](#)