



Child Right Impact Assessment - ENOC Template

This template is provided to help ENOC Members get started on undertaking a CRIA. Please remember that you can modify it to suit your local context. As you work through each stage of the template you may find it helpful to refer to the information provided in Part 2 of ENOC's Common Framework of Reference for carrying out CRIAs.

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Date: 02/04/21

Date to be reviewed: 29/04/21

Reviewed by: [Click or tap here to enter text.](#)

STAGE 1: SCREENING

Question 1: Name the measure / proposal and briefly describe its overall aim

Proposal to modify children's social care legislation to provide HSC Trusts and independent providers a level of flexibility during the Covid-19 pandemic. The modifications enable HSC Trusts to undertake a number of their statutory duties in relation to vulnerable children in different ways or within moderately adjusted timescales. These proposals relate to:

- Enabling 'visits' by social workers to looked after children to be conducted remotely;
- Enabling 'visits' to children's homes by registered providers for monitoring purposes to be conducted remotely;
- Extending the period during which a child may remain in an immediate foster care placement with family or friends to be extended to 16 weeks (the original regulations specify 12 weeks);
- Extending the period during which a child may remain in an emergency foster care placement with an approved foster carer to 10

- days (the original regulations specify 24 hours);
- Extending the period to undertake **reviews of foster carers** to 15 months (the original regulations specify 12 months).

Question 2: What children's rights does it impact upon?

There has been consideration of the NI Commissioner for Children and Young People's second Statement on Children's Rights in Northern Ireland¹ which sets out a number of concerns with regard to the impact the Covid-19 will have on children and young people, including to their safety, mental health, education and the modifications to children's services legislation currently in place. There will be ongoing consideration of these concerns as part of the consultation exercise.

UNCRC Article 4 requires Government to make sure the Convention on children's rights is known about and upheld. The overarching aim of public health policy during the Covid-19 pandemic is to control the spread of infection in order to prevent cases and save lives. UNCRC has informed the development of the proposals to ensure a proportionate approach is being taken.

The 4 general principles of the UNCRC underpinning all of the specific rights outlined in the Convention have informed the development of the proposals. These include:

- **Article 2 - Non-discrimination** – Children should not be discriminated against in the enjoyment of their rights. No child should be discriminated against because of the situation or status of their parent/carer(s).
- **Article 3 - Best Interests of the Child** – Every decision and action relating to a child must be in their best interest. Governments must take all appropriate legislative and administrative measures to ensure that children have the protection and care necessary for their wellbeing - and that the institutions, services and facilities responsible for their care and protection conform with established standards.
- **Article 6 – Life, survival and development** – every child has a right to life and to develop to their full potential.
- **Article 12 – Respect for the views of the child** – every child has a right to express their views and have them given due weight in accordance with their age and maturity. Children should be provided with the opportunity to be heard, either directly or through a representative or appropriate body.

¹ [niccy-socni-2-main-report-web-nov-20.pdf](#)

Highlighted below, are the other key UNCRC articles of most relevance to the proposals for the new service model:

- **Article 13 - Freedom of Expression** - Every child must be free to say what they think and to seek, receive and share information, as long as the information is not damaging to themselves or others.
- **Article 15 - Freedom of Association** – Every child has the right to freedom of assembly: to meet with other children, and to join groups and organisations, as long as it does not stop others from enjoying their rights.
- **Article 16 – Right to Privacy** – Every child has a right to privacy. The law should protect the child’s private, home and family life, and correspondence.
- **Article 19 – Protection from all forms of violence** – Children have a right to be protected from all forms of physical or mental violence, injury or abuse, neglect or negligent treatment, maltreatment or exploitation. Governments must do all that they can to ensure this.
- **Article 20 - Children deprived of a family** - A child temporarily or permanently deprived of his or her family environment is entitled to special protection and assistance provided by the State.
- **Article 23 – Children with disabilities** – A disabled child has the right to enjoy a full and decent life in conditions which ensure dignity, promote self-reliance and facilitate the child’s active participation in the community. Governments must recognise the right of the disabled child to special care, and ensure the disabled child has effective access to education, training, healthcare, rehabilitation, preparation for employment, and recreational opportunities.
- **Article 24 - Health and health services** - Every child has the right to the best possible health. Governments must provide good quality health care, clean water, nutritious food, and a clean environment and education on health and well-being so that children can stay healthy. Richer countries must help poorer countries achieve this.
- **Article 25: The right to review of treatment in care** states that if a child has been placed away from home for the purpose of care or protection (for example, with a foster family or in hospital), they have the right to a regular review of their treatment, the way in which they are cared for and their wider circumstances.
- **Article 30 - Children of Minorities /indigenous groups** – Every child has the right to learn and use the language, customs and religion of their family, whether or not these are shared by the majority of people in the country where they live.
- **Article 34 – Sexual Exploitation** - Governments must protect children from all forms of sexual exploitation and abuse.

- **Article 36 – Other forms of exploitation** – Governments must protect children from all forms of exploitation or maltreatment.

Question 3: What children and young people will be affected?

Children and young people in care, in the main those in foster care.

Question 4: What is the likely impact of the proposal / measure on children?

The overall aim of the proposals is to keep children, their carers and staff safe during the covid-19 pandemic in line with public health advice. In relation to visits to looked after children, individual risk assessments will be undertaken to determine whether remote visits are appropriate. If a risk assessment determines otherwise, a face-to-face visit with full adherence to public health advice will be undertaken. In assessing risk, account will be taken of how individual children are able to communicate their wishes, views, needs and concerns using technology. Certain factors will be given particular consideration. They include the age of the child and whether s/he has a disability.

The requirement for visits by providers to children’s homes will also be subject to a full risk assessment to ensure an appropriate balance is struck between monitoring the services provided within the home and reducing footfall in the home to minimise infection spread. Where a ‘visit’ is undertaken remotely, mechanisms will be put in place to ensure that children can be spoken to and are able to relay any concerns about the home they may have.

In relation to extending the timeframes during which children are able to remain in an emergency or immediate foster placement, the impacts are considered minimal. Checks and assessments of the placement will continue to be undertaken, contact will be maintained and support provided to prevent a placement breaking down, for example. If a placement is deemed unsuitable at any stage during the extended timeframe, the child will be provided with alternative accommodation.

Extending foster carer reviews by an additional 3 months is likely to have minimal impact on the child.

Question 5: Is a full child rights impact assessment required? Explain your reasons

Yes.

While it is anticipated that the proposals will have a positive impact for this cohort of children and young people to keep them safe during the pandemic and in line with public health guidance, given the vulnerability to looked after children, it is considered that the completion of a full CRIA will help to ensure that all relevant factors and evidence have been considered in relation to each of the modifications to regulations proposed to allow for a systematic analysis of potential impacts on the rights of the children concerned.

If a full child rights impact assessment is required proceed to stage 2

STAGE 2: SCOPING (Background and Rights Framework)

Question 6: Name the measure / proposal being assessed and describe the overall aim

Consultation on proposals to extend modifications to children's social care regulations

The Children's Social Care (Coronavirus) (Temporary Modification of Children's Social Care) Regulations (Northern Ireland) 2020 (S.R. 2020/78) made temporary modifications to Statutory Rules to provide flexibility within legislative requirements and S.R. 2020/235 (Regulation 10) extended these regulations until 07 May 2021.

These provisions were introduced to support the HSC Board's contingency arrangements during periods of surge and provide HSC Trusts and independent providers of children's social care services with the flexibility required to continue to provide essential services to looked after children, children in need and care leavers without being in breach of their statutory duties. The aim is to ensure that, during this pandemic, social care services to children and young people are carried out in a way which is sufficiently flexible in the circumstances but also in keeping with public health guidelines and carefully managed in terms of risk of harm. Guidance was published to support the existing Regulations.

The Department of Health now proposes to continue to provide operational flexibility in a smaller number of areas for up to a further six months, until 7 November 2021. As before, the modifications are intended to be used only where strictly necessary and will be in place only for as long as required to respond to the COVID-19 pandemic. Therefore, if circumstances change before the further 6 months have elapsed, any new Regulations may be revoked earlier. The proposed areas of temporary modifications are:

Visits to looked after children by Social Workers

It is proposed that three sets of Regulations are modified to remove the prescribed timescales for undertaking visits to:

- i. looked after children placed at home with their parents,
- ii. children in foster care, and
- iii. children who have been placed for adoption or who are awaiting placement for adoption.

Instead, visits will be undertaken in accordance with departmental guidance.

Visits by Registered Provider to children's homes

It is proposed that The Children's Homes Regulations (NI) 2005 are modified to set out temporary revised arrangements relating to how monthly monitoring visits by Registered Providers are undertaken.

Foster Care

It is proposed that modifications extend -

- the maximum period for which a child may be placed with an approved foster carer in an emergency from 24 hours to 10 days.
- the maximum period for which a child may be placed with kinship (relatives/friends) carers who have not been fully approved as foster carers (immediate placements) from 12 weeks to 16 weeks.
- the period to undertake reviews of foster carers from 12 months to 15 months.

Question 7: Which human rights instruments and articles are relevant to the measure / proposal?		
Human Rights Instrument	Article	Further analysis on the expected / actual effect
United Nations Convention on the Rights of the Child	Article 2 – Non-discrimination	<p>At the outset, it should be noted that no children’s services are being stood down or suspended as a result of these proposals. Rather they allow HSCTs and children’s services providers to work slightly more flexibly within current public health restrictions.</p> <p>It is intended that the implementation of the proposals will be monitored on a regular basis to ensure they are being applied proportionately and that they were not having a disproportionate adverse impact on children’s lives.</p> <p>The proposals apply to all children in care but there needs to be careful consideration of the individual understanding of each child about the measures that may need to be taken to keep them safe during the pandemic. Therefore, proposals such as remote visiting need to be explained in a way that it is understood by each child. Age appropriate techniques, interpretation services and methods of communicating effectively with children with disability will be used as necessary.</p>
	Article 3 - Best Interests of the Child	The paramountcy principle applies to all children in care.
	Article 6 – Life, survival and development	The covid-19 pandemic has had society-wide impacts. The particular impacts on children is acknowledged as a result of school closures, for example, and a lack of access to activities and opportunities available to them in normal times.
	Article 12 – Respect for	



European Network of Ombudspersons for Children

	<p>the views of the child Article 13 - Freedom of Expression Article 15 - Freedom of Association Article 16</p> <p>Article 19 – Protection from all forms of violence Article 20 - Children deprived of a family Article 34 – Sexual Exploitation Article 36 – Other forms of exploitation</p> <p>Article 23 – Children with disabilities</p> <p>Article 24 - Health and health services -</p> <p>Article 25: The right to review of treatment in care</p>	<p>Remote visiting by social workers and registered providers may make it more challenging to fully ascertain the views of each child. It is expected that risk assessments will determine which children require to be seen face-to-face or a combination of remote and face-to-face visits undertaken.</p> <p>If a risk assessment determines that remote visiting could compromise the child’s ability to inform a social worker about their concerns, a face-to-face visit will be undertaken.</p> <p>A risk assessment will determine whether a remote visit is suitable for a child with a disability, particularly if a disability impairs their ability to easily communicate their views, wishes, needs or concerns. If remote visits are deemed unsuitable, face-to-face visits will take place in full adherence to public health advice.</p> <p>This is one of the key aims of the proposal – to keep the child safe during the public health emergency by reducing the spread of infection within their home environment.</p> <p>This proposal does not impact on the timescales for care plan reviews and the child’s right to present their views at these reviews.</p>
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	<p>Article 30 - Children of Minorities /indigenous groups</p>	<p>A separated/unaccompanied asylum seeking child or other non-indigenous child in care also need protection within the environment in which they reside. If a risk assessment determines that remote visiting could compromise the child’s ability to inform a social worker about their concerns, a face-to-face visit will be undertaken and appropriate interpretation services will be provided if necessary (remotely or otherwise).</p>
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STAGE 3: EVIDENCE

<p>Question 8a: What quantitative evidence have you used to inform your assessment? What does it tell you?</p>			
Evidence collected	Evidence source	Explanation of the importance	What are the data gaps, if any?
<p>Weekly, temporary children’s services statistics during Covid-19</p> <p>Monthly monitoring reports of use of flexibilities in existing Modification Regulations</p> <p>Numbers of looked after children attending school</p>	<p>IAD, NISRA</p> <p>HSCTs</p> <p>Education Authority</p>	<p>Allows real time analysis of referrals to children’s services, child protection referrals, numbers of children on Child Protection Register and number of children entering care.</p> <p>Allows analysis of use of flexibilities to ensure these are being used proportionately.</p> <p>Allows analysis of numbers attending and not attending school – to enable alternative (to school) support plans to be put in place if necessary. .</p>	<p>Limited number of statistics gathered to give an overview of pressures and trends.</p>

Question 8b: What key missing information / evidence would have been beneficial to your analysis?

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Question 9a: What qualitative evidence have you used to inform your assessment? What does it tell you?

Evidence collected	Evidence source	Explanation of the importance
Views and experiences of care experienced young people	The Voice of Young People in Care (VOYPIC) undertook a survey of over 40 children and young people aged 11-18 about the impact the pandemic has had on their lives.	Co-production is central to the design and development of the proposals and it is recognised that the input of the children and young people is crucial as it is their lives which will be most impacted by the proposals.
Views of key stakeholders working with and caring for children in care	The views of Directors of Children Services, HSCT Heads of Service and Supported Accommodation providers has been taken through regular meetings throughout the pandemic.	The views of Directors, who are corporate parent to all looked after children is that some level of flexibility is required to enable them to provide services safely in keeping with the law, without compromising the best interests of the children in their care.

Question 9b: What key missing information / evidence would have been beneficial to your analysis?

Awaiting full outcome of survey, particularly for younger age group of children.

Awaiting outcome of VOYPIC workshop with group of care experienced young people on current proposals.

Awaiting outcome of Fostering Network's discussion with foster carers.

STAGE 4: SCRUTINISING CHILDREN'S INVOLVEMENT

Question 10: Has evidence from third party consultations with children and young people been considered in the development of the proposal or measure?

Groups consulted	Source of Information	Please provide a brief description of process	What were the findings?
Children and young people with lived experience VOYPIC	VOYPIC	A survey of 60 children in care aged 12-18 about the impact Covid-19 has had on their experience in care..	Initial findings are: Contact with Social Worker 95% of young people reported having had some contact with their social worker over the lockdown and that while for 5% this was described as regular, for over a quarter of the participants, contact was described as rare. Over half of the respondents had at least some contact face-to-face or on the telephone, with 37% having contact via video call. Young People's Meetings 58.6% advised meetings took place with the same frequency with about 25% advising the meetings took place less regularly then before the pandemic. A further 13.8% said their meetings had not

			<p>taken place. Of those whose meetings took place, more than half (54.4%) took place via video call, with a further 27.7% via the telephone. Only one respondent had all meetings face-to-face.</p> <p>Impact on Care Planning</p> <p>75% considered their care planning had been negatively impacted by the Covid-19 pandemic. The most common impact related to decision making, with about a third saying decision had been delayed and 15% saying decisions had not been made.</p> <p>One in ten young people said their care plan was changed because of Covid-19, with over a quarter saying something in their plan couldn't happen as a result of the pandemic. About 12% reported being prevented from doing something because it wasn't in their care plan.</p> <p>Family Time</p> <p>50% advised they had family time with parents 'rarely' or 'never', with 25% saying it happened only 'occasionally'. While young people who did have contact used a range of methods, the most common during this period was via video call.</p>
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Question 11: What groups of children and young people have been directly involved in developing the proposal or measure?			
Groups involved [✓ if those affected by the proposal]	✓	How were they involved	What were the findings
Awaiting outcome of workshop with			Click or tap here to enter text.

care experienced Children and young people on the proposals			
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STAGE 5: ASSESSING THE IMPACT

Question 12: What impact will (or does) the proposal or measure have on children and young people’s rights		
Type of impact <i>[please highlight]</i>	Justification for Argument	<i>likely or actual short/medium/long-term outcomes</i>
Positive / Negative / <u>Neutral</u>	<p>The overriding aim is to keep children, their carers and staff safe during the pandemic and minimise the spread of infection. In line with public health advice, it is recognised that a small number of adjustments continue to be required to enable HSC Trusts to provide services safely in keeping with the law, without compromising the best interests of the children in their care. This has undoubtedly had an impact on how young people communicate with their social workers and inform them of concerns, views and wishes. Social workers have had to be extra vigilant to child protection risks and to ensuring all children in their care have an understanding of action being taken.</p> <p>This has led to adjustments in routine, environments, choices of placements and changed working practices.</p>	<p><i>In the short to medium term there are concerns about child protection referrals reducing or other concerns children may have not being communicated effectively.</i></p> <p><i>In the longer term there are concerns for children’s mental health in the context of a prolonged period of restrictions and a potential increase in challenging behaviour.</i></p>

Question 13: Will there be (or are there) different impacts on different groups of children and young people?		
Group of children affected	Initial analysis of the positive impact on rights	Initial analysis of the negative impact on rights
.Children and young people in care	Preventing ill health and minimising spread of infection during pandemic.	As above: Communication difficulties with very young children, children with a disability or children where English is not their first language.

Question 14: If a negative impact is identified for any area of rights or any group of children and young people, what options are there to modify the proposal or measure to mitigate the impact?	
Negative impact	What options are there to modify the measure(s) or mitigate the impact?
Communication	A range of communication tools and interpretation services.

STAGE 6: CONCLUSIONS AND RECOMMENDATIONS

Question 15: In summary, what are your key findings on the impact of the measure or proposal on children and young people's rights?
<p><u>Conclusion</u></p> <p>While the overriding aim of the proposal is to keep children safe and minimise the spread of infection during the pandemic, some negative impacts have been identified, although these are considered minimal and will be further mitigated by way of ongoing monitoring of</p>

implementation. Also, in line with previous commitments, the Department will revoke any modifications to regulations as soon as it is considered possible and safe to do so. We will ensure that children are given the opportunity to voice their views on the operation of the Regulations, through HSCT Participation Fora which have continued throughout the pandemic.

Recommendations

It is recommended that the voices of children and young people and those responsible for their care, in particular foster carers, are central to final decision-making in connection with these proposals. This will enable us to:

- further test the assumptions around the impacts;
- identify any further potential evidence gaps re specific needs etc;
- seek views on plans for monitoring and review and how to ensure children and young people are fully engaged throughout the process; and
- make changes to the proposals considered necessary.
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STAGE 7: PUBLISH CRIA

Question 16: Should the full assessment or a summary be published? Will a child-friendly version be produced?

The assessment will be published on the DoH website.

STAGE 8: MONITOR & REVIEW

Question 17: Have the recommendations made in Stage 6 been acted upon?



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Question 18: Where recommendations have not been acted upon, is further action required?

Click or tap here to enter text.