

# **A Review of Policy and Legislation Relating to Care Leavers with Learning Disabilities and/or Mental Health Needs in Northern Ireland.**

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# **A Review of Policy and Legislation Relating to Care Leavers with Learning Disabilities and/or Mental Health Needs in Northern Ireland.**

## **1. Introduction**

Young people with learning disabilities and/or mental health needs who are leaving care represent a significant proportion of the population of care leavers in Northern Ireland (NI). Whilst only 6% of the population of children under 16 years in NI are disabled (NISRA, 2007: 16), according to recent Departmental statistics on care leavers aged 16-18 and 19, 13% are disabled and the majority of these have a learning disability (DHSSPSNI, 2013: 9). Similarly, according to the most recent Corporate Parenting and Delegated Statutory Functions report, 13% of the total population of care leavers are disabled with the majority having autism (44%) or a learning disability (42%) (HSCB, 2013: 46). It was also noted that 17% of care leavers are receiving treatment related to mental health concerns, with 9% of the total population receiving treatment for self-harming (HSCB, 2013: 47).

Poorer outcomes in adult life for care leavers (Stein, 2012; Broad, 2007; Allen, 2003) and the general population of disabled young people are very well documented (Beresford, 2004; DHSSPSNI, 2006a; Grigal et al, 2011), including fewer opportunities in adult life for employment, education, personal relationships and social inclusion. However with the combined experience of leaving care with mental health needs and/or learning disabilities, these barriers can be further exacerbated (Children and Young People's Strategic Partnership (CYPSP), 2013; Mullan & Fitzsimmons, 2006; Rabiee et al, 2001; Silberman et al., 2009).

This policy review will consider how well the range of child care, mental health and disability policy addresses the needs of the significant group of young people leaving care with mental health and/or learning disabilities in NI. In order to maintain this focus on care leavers with learning disabilities or mental health needs, the following inclusion and exclusion criteria have been used to identify relevant law and policy documents.

### *Inclusion Criteria*

1. Documents written in English and published after 2000.
2. NI legislation relating to care leavers, transition to adult life, mental health, learning disability, children's rights and disability rights.
3. NI policy documents pertaining to the lives of care leavers; disabled care leavers; care leavers with mental health needs; young people with disability or mental health needs in transition to adult life.
4. Relevant international policy documents providing the context of Northern Irish policy.
5. Relevant contextual policy documents from statutory and voluntary organisations (NI and UK).
6. Relevant Regulation and Quality Improvement Authority (RQIA) regulation and standards documents.

### *Exclusion Criteria*

1. Documents not written in English.
2. Legislation / policy documents relevant to the area published before 2000 (except for core legislation still current).
3. Legislation/policy documents relating to other UK jurisdictions.
4. Literature reviews / systematic reviews as they will be included in a separate review of the literature.

This approach to reviewing relevant law and policy allows for consideration of the global framework for local policies aimed at protecting the rights of all children and young people, including disabled care leavers. The review begins with a broad overview of this international policy context and Northern Irish rights based policy, including current strategic policy drivers. This overview is followed by a closer examination of Northern Irish law and policy relating to care leavers with learning disabilities and/or mental health needs. As this group of care leavers have multiple experiences and needs, the review covers four key areas: child care policy, mental health and learning disability policy, youth justice policy; and transition policy. Each section begins with a list of the policy reviewed and ends with a summary of the main themes relating to care leavers with learning disabilities and/or mental health needs.

## 2. The International Policy Context

*Policies reviewed:*

- United Nations Convention on the Rights of the Child (UNCRC) (1989);
- United Nations Convention on the Rights of Persons with Disabilities (UNCRPD) (2006);
- UNICEF (2009) Guidelines for the Alternative Care of Children;
- WHO (2010) European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families;
- European Children's Network (2005) Report on Children's Rights in the European Union.

At a global level, the United Convention on the Rights of the Child (UNCRC) (1989) outlines the rights of all children and young people under the age of 18 and specifies how these rights should be met. The Convention was adopted by the UN in 1989 and ratified in the UK in 1991. The Convention comprises of 54 articles which are non-discriminatory (apply to all), prioritise the best interests of the child and protect from abuse and sexual exploitation. It also states that children have the right to access quality education, social and leisure opportunities, and fair treatment in the justice system (UNCRC, 1989).

With regard to looked after children and young people, the Convention establishes a child's right to be looked after outside the parental home if necessary, but also to maintain contact with both parents where possible. It specifically notes that those in state care should have their care reviewed regularly to ensure it is still appropriate. The Convention also specifies that disabled children have the right to specialist care and support; as well as stating that all children have a right to express their views and opinions and have them heard, and to receive appropriate information pertaining to their lives and health. Although the Convention upholds the rights of children and young people living in substitute care, it fails to address issues of transition and leaving care. The UNCRC has no statutory force within the UK, however the ratification of the Convention in 1991, has committed the UK government (and all devolved administrations) to ensuring that all law, policy and practice documents

involving children conform with the UNCRC principles and standards (Children's Law Centre, 2009).

The UN Convention on the Rights of Persons with Disabilities was ratified in the UK in 2009. Its purpose is to protect and promote the full enjoyment of human rights by people with any form of disability (including both children and adults). The Convention emphasises that everyone is equal under the law and is based on the principles of respect, non-discrimination, inclusion, participation, equality and accessibility. It acknowledges that all countries have a responsibility to raise awareness of the rights of disabled people and uphold their right to access all aspects of society. The Convention states that disabled people have the same rights as all other individuals to: education; health; employment; standard of living; access to justice; liberty and security; freedom from exploitation, violence, abuse; freedom of expression' and respect for privacy. The Convention acknowledges that where the family of a disabled child is unable to care for them, it is the responsibility of the State to provide appropriate alternative care that is in their best interests, either within the wider family or the community in a family setting. The Convention clarifies that: *'In no case shall a child be separated from parents on the basis of a disability of either the child or one or both of the parents'* (UN, 2006: 16). Like the UNCRC, the UNCRPD does not specifically refer to leaving care and the additional support required by disabled care leavers.

However, some of the Articles within the Convention do focus on areas applicable to care leavers. Article 24 states that persons with disabilities have a right to *'access general tertiary education, vocational training, adult education and lifelong learning without discrimination'* and that they should have access to *'reasonable accommodation'* (UNCRPD, 2006: 16). Another area covered within the Convention, which is important for care leavers is access to employment opportunities. Article 27 highlights disabled people's right to work and prohibits discrimination on the grounds of disability. State parties are advised to promote employment opportunities and career advancement for all disabled people in the labour market; this point is especially important as young care leavers are often not afforded the opportunity to gain employment. Article 28 covers the issue of adequate standard of living and social protection. Under this article, disabled people have a right to public housing as well as

State assistance with disability related expenses, including financial assistance, respite care, training and counselling. Articles 29 and 30 highlight the issue of participation and ensure disabled people's right to participate in public and political life; as well as their right to participate in cultural life, recreation, leisure and sport.

With regard to disabled care leavers who have transitioned into young, adult life, Article 24 is relevant as it promotes the full development of disabled people's human potential and states that: "States Parties shall ensure that persons with disabilities are able to access general tertiary education, vocational training, adult education and lifelong learning without discrimination and on an equal basis with others.."(UN, 2006: 16-18). Other relevant articles focus on liberty and security (Article 14), freedom from torture or cruel, inhuman or degrading treatment or punishment (Article 15) and freedom from exploitation, violence and abuse (Article 16). This includes taking a range of legislative, administrative, social, educational and other measures to ensure the protection for disabled people, within and outside the home, from all forms of exploitation, violence and abuse.

Most importantly, however, is the general theme throughout the Convention of a disabled person's right to live independently and actively participate in all aspects of life. Article 19 specifically states that disabled people have the right to live in their communities, with equal choices, and to experience full inclusion and participation in the community. This is very relevant to care leavers, many of whom are leaving state care, hoping to become independent and part of their wider communities. This Article makes provisions for choice of where and with whom disabled people live and access to a range of resources and support services suitable to their needs. Although the UNCRC does not specifically address the needs of care leavers, the articles highlighted indicate that the Convention is still very applicable and relevant when addressing the needs of disabled care leavers.

In 2009, the UN published guidelines on alternative care for children, focusing on two key aspects: ensuring that children do not move into alternative care unnecessarily; and, when a child is cared for out-of-home, that care is suitable to their needs and delivered according to their rights and best interests. The guidelines aim to support work to strengthen families, as well as ensuring appropriate care for children

outside of the parental home. The guidelines outline procedures to prevent the need for alternative care by promoting parental care through guidance, support and resources. However, where out of home care is required the guidelines acknowledge the need for appropriate care placements for children and young people as well as inspection and monitoring procedures of care facilities. The guidelines also cover young people leaving care and their participation in planning for post-care lives including engagement in education, training, health care and financial support services. The report acknowledges additional needs of disabled children and young people; however it is not specific in terms of learning disabilities and mental health issues (UNICEF, 2009).

At a European level, in 2005, a report on children's rights in the European Union (EU) acknowledged the challenges facing children including discrimination, poverty and social exclusion, trafficking and violence. The report outlined the need for developing a more coherent EU approach, including EU children's rights policies and clear leadership on matters involving the rights of children. Although the report does not highlight the specific needs of disabled care leavers, it does address the needs of young disabled people leaving school and care leavers who are parents. The report also acknowledges the mental health needs of children and young people, especially those facing adversity (European Children's Network, 2005).

The European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families (World Health Organisation (WHO), 2010) was endorsed and signed by the 53 member states in the WHO European region. The declaration highlighted 10 key action areas for improvement including:

- *To protect children and young people with intellectual disabilities from harm and abuse;*
- *To enable children and young people to grow up in a family environment;*
- *To transfer care from institutions to the community;*
- *To identify the needs of each child and young person;*
- *To ensure that good quality mental and physical health care is coordinated and sustained;*
- *To safeguard the health and well-being of family carers;*

- *To empower children and young people with intellectual disabilities to contribute to decision-making about their lives;*
- *To build workforce capacity and commitment;*
- *To collect essential information about needs and services and assure service quality; and*
- *To invest to provide equal opportunities and achieve the best outcomes* (WHO, 2010: 5).

Although the report does not specifically address the needs of young disabled care leavers, it does highlight the importance of ensuring that young disabled people grow up in safe, supportive and caring family units, either with biological parents or foster/adoptive parents. The report acknowledges the damage of institutionalised care and calls for a transfer of care from institutions to community care with additional support for families/caregivers (WHO, 2010: 9-10). The WHO have since reported on each of their key action areas. Regarding the transfer of care from institutions to communities, the report addresses the challenges of transferring care including:

- *Lack of the appropriate legislative framework;*
- *Lack of capacity to manage the deinstitutionalization process;*
- *Resistance to change on the part of various stakeholders;*
- *Over-stretched statutory social services;*
- *Outdated maternity/paediatric practices and a lack of community health nurses;*
- *Insufficient interagency working in relation to children and families;*
- *Lack of clarity over the definition of institutionalization;*
- *Insufficiently accessible and flexible universal services;*
- *Insufficiently flexible sources of funding for reform; and*
- *Financing mechanisms* (WHO, 2010a: 5).

However, successful examples of practice initiatives are also acknowledged including: the development of services to replace residential special schools; increased inter-departmental and voluntary service collaboration; the recruitment, support and

financing of specialist foster parents; and awareness raising of the issues associated with disabled young people's access to universal services (WHO, 2010a).

### **Summary**

At a global level the UNCRC and UNCRPD lead the way in promoting equality, human rights, access to services and social inclusion for disabled children and adults. However, recent documents published by the WHO and UNICEF highlight the barriers and issues that still need to be addressed regarding disabled children and young people in care. A common thread throughout the international policy documents is the need for a universal approach to improving the lives of disabled children and young people through service collaboration and clear targeting of the specific needs of this vulnerable population.

### 3. The NI Rights-Based Policy Context

*Policies reviewed:*

- The Disability Discrimination Act (1995);
- The Disability Discrimination (NI) Order (2006);
- The Human Rights Act (1998);
- The Northern Ireland Act (1998).

In recent decades, a range of rights-based legislation has been introduced in NI which has relevance to the lives of disabled children and adults. In 1998 the Human Rights Act was introduced to safeguard the rights of individuals and clearly define the basic values and standards that every individual is entitled to. The Act ensures that individuals can have their human rights cases heard in the UK, without having to go before the European Court of Human Rights in Strasbourg. There are 16 human rights, taken from the European Convention, addressing an individual's right to life and prohibition of torture, slavery and forced labour as well as a person's right to liberty, security and fair trial. More specifically, an individual's right for privacy and respect for family life is included as well as freedom of thought, conscious and expression and the right to marry and the right to receive an education is included. Finally, access to the rights and freedoms within the Act are to be assured without discrimination; however it is important to acknowledge that discrimination on the grounds of disability is not specifically covered.

The Disability Discrimination Act (1995), enforced by the Equality Commission for NI, was introduced to end discrimination for disabled people. The Act defines disability as '*a physical or mental impairment which has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities*'. Legally 'substantial' is taken to mean more than minor and all individuals who satisfy the definition of 'disability' are covered by the Act, including those who have had a disability in the past (DDA, 1995:2). Under the Act, the rights of disabled people extend to areas of education and employment, as well as access to goods, facilities and services (for example, accessible transport), property ownership and the functions of public bodies (for example, the issuing of licences). The Act has since been extended, by the Disability Discrimination (NI) Order (2006), which strengthens the coverage of

the Act but more importantly expands the definition of disability to include people with cancer, HIV and multiple sclerosis. Another important change is for people with mental ill health as they are no longer required to prove that their condition is '*clinically well-recognised*' (DDO (NI) 2006: 39). This legislation ensures that all public services and organisations promote equality of opportunity and establish minimum standards to ensure equal access to facilities and services for disabled people.

Another key piece of equality legislation is the Northern Ireland Act (1998), which came into force in 2000. Section 75 of the legislation places a statutory obligation on all public authorities to consider the need to promote equality of opportunity between disabled and non-disabled people. Under this legislation, public authorities are required to conduct equality impact assessments to ensure that equality of opportunity is being delivered effectively. It is the role of the Equality Commission for Northern Ireland to continuously review the effectiveness of the duties imposed by Section 75; as well as offer advice to public authorities and others in connection with those duties.

### **Summary**

Reflecting the principles of the UNCRC and UNCRPD, four key statutes in NI address the rights of disabled people (including disabled children and young people). The Human Rights Act (1998) and the Northern Ireland Act (1998) aim to safeguard the rights of all people in NI and ensure that statutory bodies promote equality of opportunity between disabled and non-disabled people. The Disability Discrimination Act (1995) and Disability Discrimination (NI) Order (2006) focus specifically on disability rights, expanding on the definition of disability to include those with mental health needs, seeking to address discrimination on the grounds of disability and promoting equal access to services. These rights-based policies set the scene for child care, mental health and learning disability policies relating to care leavers with learning disabilities and/or mental health needs.

#### 4. Current Strategic Policy Drivers

*Policies reviewed:*

- DHSSPSNI (2004) A Healthier Future – A Twenty Year Vision for Health and Wellbeing in NI (2005-2025);
- Office of the First Minister and Deputy First Minister (OFMDFM) (2006) Our Children and Young People – Our Pledge. A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016;
- DHSSPSNI (2011) Transforming Your Care Review of Health and Social Care in NI;
- HSCB & PHA (2012) Commissioning Plan for 2012/13;
- OFMDFM (2013) Strategy to Improve the Lives of Disabled People 2012-2015.

Alongside the rights-based policy context discussed above, there is a range of key strategic documents which influence current policy and practice developments in NI. One of these strategic drivers is the OFMDFM's (2006) ten year strategy to improve outcomes for children and young people in NI, 'Our Children and Young People – Our Pledge'. Six core outcome areas are identified to guide progress towards the overall vision of children and young people in NI being: healthy; enjoying, learning and achieving; living in safety and with stability; experiencing economic and environmental wellbeing; contributing positively to community and society; and living in a society which respects their rights. These core outcomes have informed subsequent policy development and are still used as an overarching framework for measuring outcomes for children and young people in NI (see for example, the Standards for Leaving Care Services in NI [DHSSPSNI, 2012b]). Overall, the strategy adopts a whole-child perspective that promotes the development of high quality universal services alongside targeted interventions for particular groups of children and young people. Support for care leavers is identified as a particular area requiring improvement including:

- *The development of a sexual health strategy, specifically targeted at the needs of young people who are looked after or leaving care;*
- *Continuation of 'The Children Matter Taskforce' to assess the residential needs of young people with disabilities and those leaving care; and*

- *Encouragement for young people leaving care to avail of further education and training* (OFMDFM, 2006: 38).

The strategy also highlights disabled young people in transition to adult life as another key group where targeted improvement in service provision is required. It specifically recommends the development of a new package of 100 additional age-specific day care places for disabled young people leaving school as they make the transition to adulthood; and additional funding for social and life skills training for statemented children from age 14 until leaving school (OFMDFM, 2006: 64-65). Similarly, the strategy acknowledges the need for more comprehensive child and adolescent mental health services focused on prevention of suicide, the establishment of a child and adolescent crisis response teams to avoid admission to inpatient facilities, and the establishment of an in-patient adolescent mental health facility with appropriate on-site special education provision (OFMDFM, 2006: 34, 38-39). It is noteworthy that the strategy highlights the needs of care leavers, young people with mental health needs, and disabled young people in transition to adult life. However reflecting many other strategic documents, these three groups are addressed individually with little consideration of the combined experiences of care leavers with disability or mental health needs who have unique and diverse needs as they transition from state care into adult life.

In 2004, the DHSSPSNI presented a 20 year strategy for health and wellbeing in NI (2005-2025) that focused on five key themes: investing for health and wellbeing; involving people; teams which deliver; responsive and integrated services; and improving quality. As well as these themes 16 policy directions are also outlined within the report. These include:

- *Improving the physical and mental health and social wellbeing of the people of Northern Ireland;*
- *Prioritising the support and development of people and caring communities;*
- *Breaking down organisational, sectoral and professional boundaries to improve the ability of services to respond to individual and collective needs;*
- *Delivering effective community-based services;*
- *Improving access to services by using clear access standards;*

- *Developing multi-skilled teams within the community but supported by hospital staff;*
- *Enhancing the role of hospitals in supporting community-based services;*
- *Providing tailored services for key groups;*
- *Building integrated workforce plans which cross professional, organisational and sectoral boundaries; and*
- *Developing a proactive and responsive relationship with private, community and voluntary sector providers (DHSSPSNI, 2004).*

The report acknowledges a number of vulnerable groups including looked after children and young people, care leavers and children and young people with learning disabilities or mental health needs. However, it neglects to focus on those who have combined experiences of being disabled and looked after, highlighting the vulnerabilities of such individuals to being excluded or overlooked by services (DHSSPSNI, 2004).

Another key strategic document is the recent review of health and social care services entitled 'Transforming Your Care' (DHSSPSNI, 2011). The review identifies twelve major principles for change, which should underpin and shape any future model planned for health and social care. They are:

- *'Placing the individual at the centre of any model by promoting a better outcome for the service user, carer and their family;*
- *Using outcomes and quality evidence to shape services;*
- *Providing the right care in the right place at the right time;*
- *Population-based planning of services;*
- *A focus on prevention and tackling inequalities;*
- *Integrated care – working together;*
- *Promoting independence and personalisation of care;*
- *Safeguarding the most vulnerable;*
- *Ensuring sustainability of service provision;*
- *Realising value for money;*
- *Maximising the use of technology; and*

- *Incentivising innovation at a local level*' (DHSSPSNI, 2011:5).

The review sets out a future model for integrated health and social care. This model takes into account the individual and their personal needs, emphasises preventive services, and promotes integrated and localised planning and delivery of high quality health and social care services. The review acknowledges the need for better service provision for people with mental health needs and/or learning disabilities and highlights the growing number of looked after young people in NI and the difficulties in recruiting foster care families to meet the growing demand. The 'Transforming Your Care' document acknowledges the needs of looked after children and highlights that children do best in a family environment; reaffirming their commitment to placing looked after children and young people in foster homes/kinship care where possible. However, it does not specifically highlight the difficulties faced by these young people as they leave care or the additional support they may require as they transition from child to adult services (DHSSPSNI, 2011). Transitions are covered within the 'Transforming Your Care' Review, with regards to youth transitions linked to resettlement. The Review highlights the important role of personalised care and early intervention, acknowledging that community care is vital for disabled children and young people. It reaffirms the commitment to complete resettlement by 2015. However the review also reports that the objective to shift expenditure to a ratio of 60% community to 40% hospital has yet to be achieved. Regarding mental health provision for young people and those with learning disabilities, the importance of a stepped care approach is acknowledged and further provisions to ensure consistent care are planned (DHSSPSNI, 2001: 91).

The Health and Social Care Board and the Public Health Agency's Commissioning Plan for 2012/13 outlines their priorities for the delivery of health and social care services which are fully supportive of the Transforming Care Review vision. As part of this plan, a key priority is *'to ensure the most vulnerable in our society, including children and adults at risk of harm, are looked after across all our services'* (HSCB & PHA, 2012:92). With regard to care leavers, the plan specifies that by March 2013 there would be an increase to 72% in the number of care leavers aged 19 in education, training or employment (HSCB & PHA, 2012). The plan also highlights the commissioning of a range of supported accommodation projects for care leavers to

enhance and support their pathways through the transition from child to adult services. In addition, there is acknowledgement of the need for *'advice and assistance; personal support; education, training and employment support; financial and practical life skills support; access to safe and supported accommodation and access to health services including services to address emotional needs'* (HSCB & PHA, 2012:153). The commissioning plan sets out clear goals with regard to future employment, education and training targets, specifically for young care leavers. The plan also focuses broadly on transition to adult life by ensuring that Trusts have in place a care and support plan for all young people with learning disabilities leaving school, which accurately identifies and addresses the young person's needs and known preferences for further education or training. The plan highlights the need for collaboration between services (child and adult) and across government departments to ensure that transition plans are in place by the young person's 14<sup>th</sup> birthday. The plan also acknowledges that accommodation and support needs for young people leaving care and those with learning disabilities need to be addressed and that community living support services have a responsibility to ensure that they support vulnerable people, by providing access to a range of services including local community activities, vocational training and employment support. With regard to mental health services the plan acknowledges the need for integration and cohesion between CAMHS, AMHS and transition services. However, despite the focus on care leavers and improving the lives of people with mental health issues and those with learning disabilities; the plan does not acknowledge young people who are care leavers and experience mental health and/or learning disabilities. The additional support needs for this group of vulnerable young people are not specifically addressed (HSCB & PHA, 2012).

In 2013, the OFMDFM released a disability strategy aimed at improving the lives of disabled people. It outlines a high level policy framework to direct and guide multiple Government Departments on disability policy issues. The overarching goals of the strategy are based on seven core areas: choice and control; early years and family support; transitions to adulthood; independent living; employment and employability; information and communication; and bringing about change. The strategy highlights 18 strategic priorities, which are in keeping with the UNCRPD and PSI Report, including: the opportunity for disabled people to influence policy and achieve social inclusion; raising awareness of their rights and the opportunities

available to them; challenging the negative perceptions of the general public; eliminating the barriers (access to physical environment, goods and services, transport) that exist for disabled people; and increasing the level of accessible/inclusive communications and support available as well as the level of choice, control and freedom afforded to the disabled population. Priority 10 specifically targets transition and notes the difficulties for young disabled people transitioning from child to adult services. Other priorities cover disabled people's rights to an adequate standard of living, employment, lifelong learning and further skills training, equal treatment under the law, effective access to justice and equal access to community life (including sports, arts and leisure). However, these areas are not specifically highlighted with regard to transitions. The Strategy does not include consideration of looked after, disabled children and young people or disabled care leavers within any of the priorities. It also fails to develop a timeframe or concrete targets for the implementation of the priorities highlighted, although it does acknowledge Government commitment to each area in order to address the needs of disabled people. Another important point to note is that the Strategy although published in 2013 is dated 2012-2015 and there are no further plans beyond 2015 (OFMDFM, 2013).

### **Summary**

The Transforming Your Care Review, Ten Year Children's Strategy and Disability Strategy are three key strategic drivers for the future of policy affecting the lives of care leavers with mental health needs and/or learning disabilities. The outcomes statements for children and young people identified in the Ten Year Strategy have been used as a guiding framework for children's policy in NI, including the recently published standards for leaving care services (DHSSPSNI, 2012b). The impact of Transforming Your Care is already evident in policy documents introduced since the review, including the commissioning plans for health and social care services. The Disability Strategy is grounded in a rights perspective and, although its impact remains to be seen, it is likely to inform the development of disability policy. Whilst these three documents do not specifically address care leavers with learning disabilities and/or mental health needs, they provide a cornerstone for the development of policy across the domains of child, disability and mental health services which impact on the support provided for care leavers with mental health needs and/or learning disabilities.

## 5. Leaving Care and Child Care Policy

### *Policies reviewed:*

- Children (NI) Order 1995;
- Children's Homes Regulations (NI) 2005
- Children (Leaving Care) Act (NI) 2002;
- Children (Leaving Care) Regulations (NI) 2005;
- DHSSPSNI (2005) Leaving and Aftercare: Volume Eight Guidance and Regulations;
- OFMDFM (2006a) Anti-poverty and Social Inclusion Strategy;
- DHSSPSNI (2007) Care Matters (NI) Report;
- Health and Social Care (Reform) Act NI (2009);
- WHSCT (2010) Good Practice Guidance on Transition Planning for Young People Leaving Care with a Disability;
- NICE (2010) Guidance on Promoting the Quality of Life of Looked After Children and Young People;
- DHSSPSNI (2011d) Understanding the Needs of Children in NI (UNOCINI);
- RQIA (2011) Inspection of Leaving Care Services & 16+ Transition Teams
- DHSSPSNI (2011c) Speech, Language and Communication Therapy Action Plan;
- DHSSPSNI (2012b) Standards for Leaving Care Services in NI.

The principal statute governing the care and protection of children and young people in NI is the Children (NI) Order 1995. The premise behind the Order is that children do best in families and there is a unique advantage to being brought up within one's own family. The Order empowers Health and Social Care Trusts (HSCTs) with the duty to support children in need and their families and to provide substitute care for children or young people where their parent/guardian is unable (for whatever reason) to provide them with suitable accommodation or care. The Order also gives the courts a broader range of powers to safeguard and protect children and young people. The five guiding principles for the care and protection of children and young people outlined within the Order include: the paramountcy of the welfare of the child; parental responsibility; preventive services to support children and young people; partnership working; and protection of children through intervention if necessary. In 1996, when the Order became law it was viewed as a major shift in the care and provision of services for children and young people. Importantly, it was the first time

that disabled children and young people were recognised in children's legislation and identified as children in need. The Order also emphasised the importance of ascertaining the views and wishes of children and young people, including those with disabilities.

The Children's Homes Regulations (NI) 2005 govern the conduct and management of all private, statutory and voluntary children's homes, they also outline the requirements of staff employed within these facilities. The primary emphasis is on the promotion of each child's welfare, which ranges from their basic right for food and clothing to promoting and protecting their health and wellbeing in children's homes. Children must be registered with a GP and have access to additional health services when required such as, dental or therapeutic services. The regulations also ensure that each child is provided with the advice, support and guidance they need regarding all health and personal care issues. Staff are also responsible for the safekeeping and administering of medicines. The regulations account for the additional needs of disabled children and young people and procedures are in place for maintaining records of care leavers; however supporting the additional mental health needs of children and young people whilst they are living in children's homes or upon leaving is not directly addressed within the regulations.

In 2002, the Children (Leaving Care) Act (NI) was introduced to improve the lives of young people transitioning out of care. The Act amends the Children (Northern Ireland) Order 1995 to place new and enhanced duties on HSCTs to prevent premature discharges from care, to improve preparation, assessment, planning and consistency of support for young people leaving care, and to strengthen arrangements for financial assistance. The Act states that the HSCTs should also maintain contact with the child, including but not limited to *'taking reasonable steps to keep in touch'* to ensure that the welfare of the child is promoted even after they leave care (DHSSPSNI, 2002: 3). Their duty extends until the child is 21 years or later if the Trust is supporting further education and training. HSCTs should also appoint a Personal Advisor and develop a pathway plan which establishes a programme of further education or training to promote independence and is subject to regular review. Finally, the Act acknowledges that the Trust is expected to assist and support, as well as contribute financially, where necessary to the ongoing education and training of care leavers,

including expenses attributed to receiving education and accommodation expenses until the age of 24.

The amended Children (NI) Order 1995 and associated guidance and regulations provide clear definitions of care leavers and specific groups of young people leaving care who are eligible for support. A care leaver is defined as a person who has been looked after for at least 13 weeks, since the age of 14, and who is in care on their 16<sup>th</sup> birthday. The status of care leavers can be further sub-divided into eligible, relevant, former relevant and qualifying young people. An eligible young person is aged 16 or 17, has been looked after at least 13 weeks since the age of 14 and is currently looked after. A relevant young person must be aged 16 or 17, be eligible and have left care. Former relevant young people are aged 18-21 (or older if they are in further or higher education or training) and, before turning 18, were either eligible and/or relevant young people. Appendix 1 provides a detailed summary of the provision for these categories of care leavers as specified under legislation.

The Children (Leaving Care) Act (NI) 2002 and associated regulations are inclusive of all young people, and although comprehensive in its guidelines, it does not highlight the specific additional support which may be required by care leavers with disabilities or mental health needs. The Children (Leaving Care) Regulations (NI) 2005 support the provisions of the 2002 Leaving Care Act, which were passed prior to the NI Assembly suspension. The regulations provide more detailed guidance for HSCTs on how best to assess and meet the needs of young people preparing to leave care and those who have already left. The regulations include: the qualifying criteria for leaving and aftercare arrangements, thus ensuring that young people do not leave care until they are ready to do so; the assessment of need preparation and review of pathway plans to improve support for care leavers; the functions of personal advisors to ensure better support for young people after they leave care; and finally the assistance available for care leavers with regards to education, training, financial support and accommodation. It is noteworthy to acknowledge that the regulations state that accommodation for care leavers, where reasonably practical, should be suitable for those with any form of disability, including a learning disability.

In addition to this, Volume Eight of the Guidance and Regulations for the amended Children (NI) Order 1995 on leaving and after care services (DHSSPSNI, 2005), has a dedicated section on the additional needs of disabled young people leaving care. This guidance highlights the importance of: ensuring suitable training, employment or meaningful day opportunities are secured; addressing sexual health education needs; building self-esteem; increasing ability to make choices, take risks and assume adult responsibilities; and working closely with other authorities such as education or housing to ensure a smooth transition to adult life. It is also noted that particular attention should be given to disabled young people who do not meet the criteria to access adult health and social care services.

In 2006, the UK Government released its Green Paper 'Care Matters' (2006) which acknowledged that, although the outcomes for children in care are improving, there are still gaps between these outcomes and those for all children. The DHSSPSNI released their Care Matters (NI) report the following year. Building on the Care Matters Green Paper (2006) and the Ten Year Strategy (OFMDFM, 2006), this report focused specifically on developing policy and practice to best meet the needs of children and young people and their families in NI. The report reiterated the importance of developing preventative services to ensure where possible that families stayed together whilst also promoting more flexible fostering and kinship care arrangements for those who require substitute care. The proposed vision of services was grounded in the principles of participation and partnership working and aimed to improve outcomes for looked after children and young people incorporating family support, a clear pathway of care and integrated service approaches (DHSSPSNI, 2007).

The Care Matters report is one of the few child care policy documents that specifically highlights the challenges faced by disabled young people leaving care and recognises the need for innovative ways of working cohesively and collaboratively to improve the lives of this group of care leavers. The report highlights specific issues for disabled young people leaving care including the need for wraparound services that include a combination of alternative activities aimed at supporting young people to build and maintain social networks and to access specialist support for more complex emotional/mental health needs. Co-ordinated transition support is also recommended to act as a connection between child and adult services. These services include

access to transition workers and mental health specialists to assist and support care leavers with disabilities and mental health needs (DHSSPSNI, 2007: 95).

In 2006, the OFMDFM released the Lifetime Opportunities Strategy which focused on key challenges and priorities for action to eliminate poverty and address social exclusion including: tackling area based deprivation; eliminating poverty from rural areas; addressing inequalities in health and the labour market; and breaking cycles of deprivation. Regarding children and young people, the strategy acknowledges that its goal is *'to ensure all children and young people experience a happy and fulfilling childhood, while equipping them with the education, skills and experience to achieve their potential to be citizens of tomorrow'*. For young working adults the strategy aims to *'ensure that everyone has the opportunity to fully participate in economic, social and cultural life'* (OFMDFM, 2006a: 6). The report acknowledges the challenges faced by those with disabilities and complex needs. It also highlights the additional support required by looked after children and young people to ensure that they improve their educational attainment. It highlights that those aged 16-25 years can have additional mental health needs, which need to be supported; however the report does not specifically address the additional vulnerability of disabled care leavers to poverty, social exclusion and inequality in young adult life (OFMDFM, 2006a).

In 2010, the WHSCT released 'Good Practice Guidance on Transition Planning for Young People Leaving Care with a Disability'. The aim of the document was to provide HSCTs with regionally agreed good practice guidance, in order to improve the support offered to disabled care leavers aged 16-25 years. The Guidance acknowledges the legislative context for NI and associated entitlements for care leavers. Collaborative working and inter-agency communication is emphasised to enhance outcomes for disabled care leavers. The guidance also outlines the key principles underpinning good practice including a person-centred approach, partnership, assessment and planning; case-coordination, equity, and continued support as a good corporate parent. The guidance details key roles and responsibilities for 16+ teams; child and adult social services teams; health services; education and housing. The guidance is extensive and could be an important tool for those working in leaving care, transition and adult services. However, the true

measure of the effectiveness of the guidance is whether it is fully implemented throughout all the HSCTs in NI and amongst the different agencies identified as having a key role in supporting successful transitions for disabled care leavers (WHSCT, 2010).

NICE published guidelines on promoting the quality of life of looked after children and young people in 2010. A number of key recommendations in relation to care leavers are included starting with the prioritisation of the needs of care leavers and how these needs could be addressed in practice. The guidelines also recommend the inspection of services available for care leavers and an evaluation of how well these different services work together. Similar to the Care Matters (NI) Report (DHSSPSNI, 2007) the guidelines also highlight the importance of collaborative working and the need for mental health services to reach out to schools, day opportunity providers and residential centres to support the mental health needs of those leaving care (NICE, 2010).

Guidance for professionals is also recommended on how to best address the education, further training and employment needs of care leavers. Finally, the need for continuity of care is highlighted as leaving care services should address the diverse needs of care leavers and enable them to avail of the range of services and supports they require during their transition. All pathway plans developed as part of care leavers' transitions should include additional support to young people where the thresholds to adult services (e.g. mental health or disability services) have not been met (NICE, 2010). These latter recommendations are perhaps the most important with regard to young people with mild or borderline learning disabilities or mental health needs who experience difficulties in mainstream activities (education, training, employment or community-based opportunities) but may not meet the criteria for access to adult disability or mental health services. As the Care Matters (NI) Report (2007) highlighted, wraparound services and collaborative working between child and adult services are paramount to ensuring that care leavers with additional disability or mental health related needs receive the care and support they require to enjoy positive outcomes in young adult life.

In the same year, the Health and Social Care (Reform) Act NI (2009) was introduced to primarily address the restructuring of administration of health and social care in NI. The Act provides the legislative framework for health and social care in NI, including accountability and governance arrangements to support effective delivery of all health and social care services. A new aspect addressed within the Act is the creation of a Patient and Client Council (PCC) ensuring the representation and involvement of all patients, clients, carers and communities within health and social care. Section 19 of the Act places a legal obligation on the DHSSPSNI and all HSC organisations to establish Personal and Public Involvement (PPI) Consultation Schemes, which outline their commitment to ensuring that all service users and carers are actively involved in the planning and delivery of the health and social care services that they receive. The Act also places responsibility with the PCC to promote best practice regarding the involvement and provision of information about HSC services. The PCC must also promote the involvement of the public in consultation processes affecting the health and wellbeing of the public. Although the Act does not specifically address disabled care leavers, the changes outlined within the Act affect the services provided for the whole population of NI and their right to complaint or redress.

In 2011, the OFMDFM and DHSSPSNI issued guidance on a new assessment framework for children and young people, Understanding the Needs of Children in NI (UNOCINI). The assessment areas are in keeping with the OFMDFM's (2006) ten year strategy for children and young people and aim to address deficiencies in assessment approaches identified in the inter-agency inspection of child protection services (DHSSPSNI & SSI, 2006c). Assessment domains include: the needs of the child or young person; the capacity of their parents or carers to meet these needs; and wider family and environmental factors that impact on need and parental capacity. Care leavers are specifically addressed in the guidance including pathway planning and recommendations for improved links with further education and training providers to promote progression for young people leaving care. The guidance also acknowledges the additional needs of young people with mental health needs and learning disabilities. With regard to a child or young person's physical and emotional wellbeing and their educational attainment; the report advises that additional consideration needs to be made for those with learning difficulties and/or disabilities. However the report does not state specific ways of addressing the needs of disabled young people

as they transition into adult life. There is also no specific consideration of the additional needs of the combined experience of disabled care leavers (UNOCINI, 2011).

In the same year, the DHSSPSNI published the Speech, Language and Communication Therapy Action Plan: *Improving Services for Children and Young People*; a two year plan to further develop speech and language therapy services within health and social care in order to improve outcomes for children and young people. The aim of the action plan is to ensure that *'all children and young people, at risk of or presenting with speech, language or communication needs, will be able to benefit from timely support and integrated services that best meet their needs'* (DHSSPSNI, 2011c:12). The plan acknowledges the need for collaborative working between Government departments and agencies in order to achieve real service improvements across community, health and education settings. The action plan does acknowledge looked after children and young people and care leavers. It also acknowledges that vulnerable children and young people with communication problems go on to develop mental illness if not supported and treated. The action plan states that these young people can also have difficulties in other aspects of their development including their social and emotional development, educational opportunities and employment prospects. Although disabled care leavers are not specifically highlighted in the action plan, stages of transitions for those in care and those leaving school and entering adult services are targeted within the key action areas (DHSSPSNI, 2011c).

The Regulation and Quality Improvement Authority (RQIA, 2011) carried out an inspection on accommodation services for care leavers in NI. The inspection report covered a number of key areas including: referral and admissions arrangements; the self-assessment framework; young people's participation; support planning; and risk assessment. The report acknowledges examples of good practice including one Trust's policy for disabled young people leaving care and transitioning to adult services (RQIA, 2011). The inspectors were also satisfied with the progress made by accommodation projects. However, they made a number of recommendations for further improvement in services including staffing arrangements, record keeping and an exit questionnaire for young people. The findings identified areas of good practice; including the Western Health and Social Care Trust's launch of protocols for the

transfer of disabled young people to adult services; however, the mental health needs of young care leavers were not addressed.

Subsequently, the DHSSPSNI published Standards for Leaving Care Services in NI (DHSSPSNI, 2012b) which specify the arrangements, services and procedures that should be in place to ensure quality services for care leavers. The eight standards incorporate the Ten Year Strategy's six outcomes statements with two additional themes relating to responsibilities for care leavers: corporate parenting responsibilities and preparation, planning and review (DHSSPSNI, 2012b: 5). In accordance with the Children (Leaving Care) Act NI (2002) and the NICE Guidelines (2010), the standards highlight the importance of early person-centred care planning which reflects their individual support needs and future goals. HSCTs are tasked with ensuring that young people attain and maintain the highest levels of *'physical, mental/emotional and sexual health and wellbeing'* (DHSSPSNI, 2012b:15), reach their full academic potential, and enjoy *'a range of leisure and recreational activities'* (DHSSPSNI, 2012b:17). With regard to their environments and their economic wellbeing, the standards require that every young person has access to *'suitable affordable accommodation'* enabling them to be safe as well as supporting and encouraging them to maintain economic stability through employment (DHSSPSNI, 2012b:19). HSCTs are also tasked with ensuring care leavers have the skills and information they require to enable them to contribute positively to their own communities and societies. Finally, the standards highlight Trusts' duty of care to young people leaving care and the importance of advocating and supporting them whilst they acquire the confidence and self-esteem necessary to exercise their rights and entitlements. Only two of the standards specifically mention the additional needs of those with mental health issues and/or learning disabilities. With regard to preparation, planning and review, the document specifically mentions planning for the additional needs of care leavers who have mental health issues or any form of disability. With regard to being healthy, the standards address the additional health needs of those with a learning disability. It is positive to see consideration of care leavers with disabilities or mental health needs, however, given the extent of barriers that exist for this population, all standards should address their additional needs (DHSSPSNI, 2012b).

## **Summary**

Current child care and leaving care policy reflects the rights-based principles of the UN Convention on the Rights of the Child (1989) and aims to support young people leaving care with a range of needs, based on clear and individualised assessment and planning processes. This legislation is based on the vision for improving outcomes for children and young people in NI set out in the Ten Year Strategy and the Care Matters report. There are core themes common to these policies and strategies including: a whole child perspective, an outcomes focused approach to service provision and evaluation; a combination of preventive universal support services and specialist provision targeted at sub-groups of the population; and a joined up, wraparound approach to multi-agency working. Whilst such themes are pertinent to the experiences of care leavers with learning disabilities and/or mental health needs, many policy documents fail to specifically consider this group. Exceptions to this are: Volume Eight of the Guidance and Regulations for the Children (NI) Order 1995 which has a separate section on the additional needs of disabled young people leaving care; and the WHSCT's Good Practice Guidance. As young people leaving care with a learning disability and/or mental health need represent a considerable proportion of the population of care leavers in NI, it is important that policy and practice guidance specifically considers their particular support needs. In addition, the requirement for PPI under the Health and Social Care (Reform) Act NI (2009) reinforces the need to consult service users and include them in decisions about services and policy and practice developments. This duty has implications for professionals to directly engage with care leavers with learning disabilities and/or mental health needs and involve them in decisions about their post-care lives and future policy developments.

## 6. Mental Health and Learning Disability Policy

### *Policies reviewed:*

- Chronically Sick and Disabled Persons (NI) Act (1978);
- Mental Health NI Order (1986);
- DHSSPSNI (1990) People First, Care Management: Guidance on Assessment and the Provision of Community Care;
- Bamford Review (2005) Strategic Framework for Adult Mental Health Services;
- Bamford Review (2006) A Vision of a Comprehensive CAMHS;
- Bamford Review (2006a) Equal Lives Review of Policy and Services for People with a Learning Disability in NI;
- DHSSPSNI (2006) Safeguarding Vulnerable Adults: Regional Adult Protection & Procedural Guidance;
- Health and Social Care (Reform) Act (NI) (2009)
- DHSSPSNI (2009) NI Executive Response to the Bamford Vision of Improved Care for Mental Health and Learning Disability Services in NI;
- DHSSPSNI (2010) Strategy for Development of Psychological Therapy Services;
- DHSSPSNI (2010a) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services;
- The Autism Act (NI) (2011);
- DHSSPSNI (2011a) Learning Disability Service Framework;
- DHSSPSNI (2011b) Service Framework for Mental Health and Wellbeing;
- RQIA (2011a) Independent Review of Child and Adolescent Mental Health Services (CAMHS);
- DHSSPSNI (2012c) Autism Strategy and Action Plan;
- DHSSPSNI (2012d) An Evaluation of 2009-2011 Bamford Action Plan
- DHSSPSNI (2012e) Service Model for CAMHS in NI;
- DHSSPSNI (2012f) Delivering the Bamford Vision: Action Plan 2012-2015;
- RQIA (2013) Safeguarding Arrangements for Children & Vulnerable Adults in Mental Health and Learning Disability Hospitals in NI.

Although there is no legislative duty to assess community care needs in Northern Ireland, the People First Care Management Guidance states that health and social services are '*... required to assess the care needs of any person who appears to them to be in need of community care services and to decide, in the light of that*

*assessment, whether they should provide or arrange for the provision of any services'* (DHSSPSNI,1990: 3). The Health and Personal Social Services (NI) Order (1972) [amended by the Health and Personal Social Services (NI) Order (1991), the Health and Personal Social Services (NI) Order (1994) and the Health and Social Care (Reform) Act (NI) (2009)] is also a key piece of legislation governing the provision of health and social services in NI. The Order imposes a number of duties including: arrangements necessary to prevent illness and care for a person suffering from illness (Article 7); provision of advice, guidance and assistance (Article 15); and provision of personal medical services (Article 56). In addition, Section 2 Health and Social Care (Reform) Act (NI) 2009 details specific statutory duties on the DHSSPS to provide an integrated system of health and social care to improve the physical and mental health and social wellbeing of people in Northern Ireland. Under Section 3 the DHSSPS have a general power to provide health and social care services appropriate to the discharge of its duty and under Section 21 there is a duty on each Health and Social Care Trust (HSCT) to exercise its functions to improve the health and social wellbeing of, and reduce health inequalities between people in NI. Finally, Sections 1 and 2 of the Chronically Sick and Disabled Persons (NI) Act (1978) outline the duty to share information and make arrangements as necessary for the provision of social services to meet the needs of people defined as chronically sick or disabled, including those with mental disorder within the meaning of the Mental Health (NI) Order 1986.

The main mental health statute in NI is the Mental Health NI Order (1986) which addresses the assessment, treatment and rights of people with mental health needs. The Order also makes provision for compulsory community-based guardianship and the detention in hospital of people experiencing a 'mental disorder' under the criteria outlined within the legislation. The Order also affords certain rights to the nearest relative. The nearest relative may make an application for compulsory admission to hospital, as well as be consulted in matters pertaining to the person's treatment and discharge. The nearest relative may also apply to the Mental Health Review Tribunal on behalf of the service user. The Order states that it is applicable to all people in NI however throughout the legislation there is no reference to special provisions for those under 18 apart from paragraph 33 which acknowledges children and young people in care and authorises that their guardian shall be the HSCB/HSCT whose care they are in, or in the case of young people under a residence order, the person named in the

Order. Care leavers or disabled children and young people are not specifically addressed within the Order. This current law is widely considered to be outdated, as it was drafted at a time when care was primarily hospital focused. There is also no current law to enable health and welfare decisions to be made for people who lack capacity. Currently, decisions relating to those who lack capacity rely on common law doctrine or defence of necessity and the presumption of capacity amongst those aged 16 years and over. The Bamford Review of mental health law and policy concluded that this existing framework was discriminatory and confusing (Bamford Review, 2007).

Currently, the NI Executive and DHSSPSNI are developing new legislation known as the Mental Capacity Bill which will combine mental capacity law and mental health law into a single framework. The law is designed to protect those who are unable to make decisions regarding their health and welfare or their finances. It is intended that this will be one clear piece of legislation which deals with all health care decisions including welfare and finances. However, it is acknowledged that the new legislation will not be based on providing statutory powers to detain people for compulsory treatment or assessment. Instead it will provide legal protection from liability if compulsory intervention follows the specified procedures and safeguards. It will be capacity based, so the gateway criterion will be that the person is not able to make the relevant decision, and be underpinned by key principles including: autonomy and best interests and protection of those who lack capacity (Black, 2012). The DHSSPSNI, in keeping with current legislation in the rest of the UK, proposes that the legislation will apply to those individuals aged 16 and over, who 'lack capacity'; however there has been much debate over the 16 threshold, with those acknowledging that children reach maturity at different stages and, therefore, may or may not have the same capacity to make decisions as an adult (Black, 2012). The need for advocacy for young people has been emphasised to ensure their right to have their views and wishes considered by those deciding on proposed treatment or intervention (Children's Law Centre, 2009).

The Bamford Review of mental health and learning disability law, policy and provision began in 2002 and has subsequently had a major impact on policy and practice developments in NI. In addition to calls for a single legislative framework for

mental health and capacity law, a number of key legislative reforms were recommended including strategic frameworks for Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS) which were published in 2005 and 2006. These frameworks highlight the benefits of a stepped care model for mental health services based on the recovery model, person-centred practice and cross-sectoral collaboration to ensure that child and adult mental health needs are addressed in a holistic way (Bamford Review, 2005; 2006).

With regard to young people leaving care, the Bamford report 'A Vision of a Comprehensive CAMHS' (Bamford Review, 2006) highlights the difficulties faced by care leavers with mental health needs, many of whom may have complex emotional and mental health problems and may be reluctant to avail of standard therapeutic services. This report highlights the need for social services and CAMHS to collaborate closely when working with care leavers and calls for a range of service options to meet their specific and complex needs. The need for training and support for those who deliver mental health services is also highlighted to ensure that interventions allow young people in care to meet their full potential. Finally, the report acknowledges the need for the development of a collaborative model of services that prioritises and meets the mental health needs of looked after young people throughout NI (Bamford Review, 2006).

In 2011, the RQIA undertook an independent review of CAMHS that recommended the development of a clear model for CAMHS service provision in NI to address variances in provision and access to services across HSCTs. The review also included a focus on the transition process from child to adult mental health services however it did not include consideration of services for care leavers with mental health needs. The review noted progress in the development of new services (for example, an inpatient unit for children and adolescents), however it also reported a need for further service improvements to ensure that children and young people with mental health needs have access to the appropriate professional at the right time and place. In addition, closer and more joint working arrangements between CAMHS and learning disability services were recommended to improve services for young people with both learning disabilities and mental health needs (RQIA, 2011a).

Following this independent review, the DHSSPSNI published a service model for CAMHS in NI (DHSSPSNI, 2012e). In accordance with Transforming Your Care, the model (2012e) provides a framework for the integration of health and social care services that emphasises prevention, early intervention and proactive recovery. A stepped care model is proposed to ensure services are matched to service user need and a whole systems approach that effectively links primary care, child health, social care services and specialist CAMHS. Similarly, the Bamford Review's (2005) Strategic Framework for Adult Mental Health Services acknowledges the need for individualised care plans and early person centred planning to ensure a seamless transition from child to adult mental health services. This document also highlights the needs of specific groups of young people in transition to adult life. In particular, consideration is given to the transitional needs of young people with Asperger's Syndrome or high functioning autism, learning disabilities or attention deficit hyperactivity disorder; and young people whose mental health problems arise in childhood and extend into adult life. Importantly, adults with mental health problems arising from adverse childhood experiences including abuse are also identified as a particular group requiring targeted transitional support. The framework document emphasises the importance of emotional and practical support, timely assessment at the transition from school stage and opportunities for social inclusion, supported accommodation, employment and further education. The interface between mental health services and other health and social care services and the potential gaps in provision for young people with mild learning disabilities who may experience difficulties accessing adult mental health services are also highlighted. The development of more collaborative models of practice across mental health and learning disability services is also recommended.

In 2010, the DHSSPSNI launched its strategy for the 'Development of Psychological Therapy Services'. The strategy aims to improve the overall health and wellbeing of people in NI by firstly improving their access to psychological therapy services and secondly, by better addressing the needs of service users. The document makes a number of recommendations including that *'the provision of psychological therapies should be a core component of mental health and learning disability services'*; and that *'services should be delivered by staff with the skills and competence appropriate to the level of interventions required, and to national and regionally agreed standards and guidelines'* (DHSSPSNI, 2010:6). The

recommendations also highlight the need for everyone (including the public, service users and clinicians) to receive information on the range of therapy services available and how to access them. The importance of ensuring accurate service provision within primary and community settings is also highlighted with demand requirements highlighted within child and adolescent mental health and learning disability services. The strategy included a key recommendation regarding disabled young people:

*‘A detailed map of the remaining specialist/secondary psychological therapy services is required, to ensure that those with more complex difficulties and/or severe and enduring mental health or learning disability needs also have access to appropriate specialist services. This mapping exercise will need to link into forensic mental health/learning disability services for both adults and young people, and physical, neurological disability and challenging behaviour services’ (DHSSPSNI, 2010: 7).*

Finally, the document highlights the need for all HSCTs to re-design learning disability and mental health services around a stepped care model which includes access to psychological therapy services at all levels (DHSSPSNI, 2010). The DHSSPSNI strategy highlights the importance of collaboration and a stepped/tiered approach to child and adolescent mental health thus ensuring a seamless transition into adult mental health services. Although the document acknowledges challenges in the transition from child to adult services for young people with learning disabilities and/or mental health needs (and those with complex needs); it does not address the support needs of care leavers (DHSSPSNI, 2010).

The DHSSPSNI published the Service Framework for Mental Health and Wellbeing in 2011. It sets out a total of 58 standards aimed at improving the overall mental health and wellbeing of the population, as well as reducing inequalities and improving the quality of health and social care for people with mental health needs in NI. The standards cover the prevention, assessment, diagnosis, treatment, care and rehabilitation of both individuals and communities who currently have, or are at risk of developing a mental illness. Standard 31 is specifically aimed at children and young people who are transitioning from child to adult services. It highlights the importance of appropriate assessment of needs and the identification of services within adult

services for those with mental health needs, in partnership with families and carers. Standard 56 addresses those with learning disabilities and mental health needs. It highlights that people with learning disabilities are four times more likely to experience mental health issues and access to information and services requires improvement. This standard also outlines a multi-disciplinary approach to meeting the needs of those with dual diagnosis (learning disability and mental illness). Although these standards address the transition from child to adult services and acknowledge the needs of people with mental health and learning disabilities, they do not focus on the particular experiences of care leavers who have mental health needs and/or learning disabilities (DHSSPSNI, 2011b).

In relation to learning disability, the Bamford Review's report *'Equal Lives: Review of Policy and Services for People with a Learning Disability in NI'* (Bamford Review, 2006a) emphasises the five core values which should underpin all policy and service development: citizenship, social inclusion, empowerment, working together, and individualised support (Bamford Review, 2006a:6). The report acknowledges looked after children and young people and the difficulties in providing care for this population due to their complex needs. The challenges for young people with learning disabilities and their families as they leave school are also noted. Recommendations include further support for young people and their families and the development of further and higher education options and day opportunities to more effectively meet their needs (Bamford Review, 2006a). Interestingly, apart from an emphasis on rapidly addressing the re-settlement of long-stay patients (which may include young people) from hospital to supported living, this report does not specifically consider the needs of care leavers with a learning disability.

The DHSSPSNI published the 'Learning Disability Service Framework' in 2011 which provides standards of care that service users and carers can expect in order to: prevent disease or harm; manage their own health and wellbeing; and be aware of the type and quality of health and social treatment and care available (DHSSPSNI, 2011a:22-23). A total of 34 standards are put forward including performance indicators and anticipated performance levels; a number of which are relating to young people with learning disabilities and also those who are looked after. Standard 11 acknowledges the importance of child-centred and co-ordinated services for children

and young people, as well as the role of assessment in the ongoing care and support of those with a learning disability (DHSSPSNI, 2011a: 8).

Standard 13 focuses on looked after young people and acknowledges that any child or young person who is unable to live at home permanently should have their placement/ accommodation needs addressed whilst ensuring that any changes take full account of their learning disability. Standard 14 emphasises the importance of all young people with learning disabilities having a transition plan in place before their 15th birthday so that arrangements for their transition to adulthood are in place in advance of their 18th birthday. Finally, Standard 16 of the Framework acknowledges that all adults with learning disabilities have a right to be able to access support for employment opportunities (DHSSPSNI, 2011a:11). The Learning Disability Framework provides a set of standards to guide the overall development of learning disability services whilst also identifying particular groups including young people who are looked after and leaving school. However, the combined experience of young people with a learning disability who are leaving school and also leaving state care is not fully addressed.

The DHSSPSNI (2009) issued a response to the Bamford vision outlining the Government's commitment to improving the overall health and wellbeing of those with mental health needs or learning disabilities in an action plan for 2009-2011. It specifically mentioned the importance of a shared commitment to working together and highlighted five key areas for improvement: promoting positive health, wellbeing and early intervention; supporting people to lead independent lives; supporting carers and families; providing better services to meet the needs of individuals; and developing structures and a legislative framework (DHSSPSNI, 2009: 49, 89). However, the report only specifically refers to transition in relation to leaving school (without mention of care leavers), acknowledging that young people with learning disabilities or Special Educational Needs (SEN) who are leaving school require added support and guidance; and recommending improvements in transition processes between CAMHS and AMHS.

The DHSSPSNI's (2012f) evaluation of this action plan acknowledged advancements in mental health and learning disability service provision but also highlighted the importance of learning lessons and planning for further future

developments. By June 2011, 81% of learning disability actions and 82% of mental health actions had been achieved, including: re-settlement from institutions or hospitals into the community; cross-departmental collaboration; strategy and policy development; and increased community based early intervention. However, as none of the actions specifically address the needs of care leavers with mental health needs or learning disabilities, the evaluation does not identify these young people as a target population. The document cites financial cutbacks and the general economic climate as main hindrances in fuller realisation of the plan's aims. Other challenges identified moving forward into the next three years, include recognising changing demographic conditions and the need to address new emerging issues not considered in the original Bamford review.

The revised action plan for the period 2012 to 2015 (DHSSPSNI, 2012f) identifies five main areas for improvement: promoting positive health, wellbeing and early intervention; supporting people to lead independent lives; supporting carers and families; providing better services to meet individual needs; and developing structures and a legislative framework (DHSSPSNI, 2012f: 18). Under these headings, a total of 76 actions are proposed with relevant departments identified. The main thrust of the plan centres on departments collaborating with each other to: address barriers to social inclusion and participation; tailor the needs of the individual using a stepped care approach; and support people to live independent lives in all areas including housing, training and employment. The plan also outlines the HSC Board's statutory duty to establish and lead the Children and Young People's Strategic Partnership (CYPSP) aimed at improved outcomes for three groups of children: those with emotional and behavioural difficulties; those with disabilities; and disabled young people transitioning from child to adult life. However, no specific reference is made to the additional needs of care leavers with mental health needs and/or learning disabilities which are overlooked within the plan (DHSSPSNI, 2012a). The report only specifically refers to transition in relation to leaving education, acknowledging that young people with learning disabilities or Special Educational Needs (SEN) who are leaving school require added support and guidance and recommend improvements in transition processes between CAMHS and AMHS. The HSCTs, Education and Library Boards and the transitions sub-group of the Children and Young People's Strategic Partnership (CYPSP) will play significant roles in this work. The continued absence of

disabled care leavers moving from child to adult services in the Department's action plans suggests that this vulnerable group are still not being recognised as a priority at disability and mental health policy and service planning levels (DHSSPSNI, 2012d).

Since the Bamford Review, further disability-related legislation and policy has been introduced. The Autism Act (NI) (2011) aims to ensure that people with autism have access to the same entitlements and opportunities as those with other types of disability. It introduces an amendment to the Disability Discrimination Act (1995) and extends the definition of disability to include impairments affecting participation in normal social interaction or the formation of social relationships. This amendment clarifies the legal definition of disability and ensures that people with social and/or communicative disabilities are afforded the same protection against discrimination. The Autism Act also requires Government Departments to work together to achieve a more coordinated approach to service provision for people with autism and their carers.

Following the requirements of the Autism Act, the DHSSPSNI (2012c) presented the Autism Strategy and Action Plan for consultation. The Strategy outlines how the needs of people with autism and their carers should be addressed by a range of service providers including education, health and social care. The Strategy highlights the importance of awareness raising, accessibility, independence, choice and control; employment; and active citizenship to improve the lives of those with autism. The strategy calls for a planned, co-ordinated approach to services for people with autism. Although it does not specifically refer to looked after young people or those leaving care it does highlight the needs of autistic young people and their families as they transition from child to adult services (DHSSPSNI, 2012c).

In 2010, the DHSSPSNI published a report entitled 'Promoting Quality Care – Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services'. The report aims to provide support and guidance to all health and social care, who work with individuals with learning disabilities and/or mental health issues. It also aims to inform and prepare staff to reduce risk and provide safe and effective care provision to all service users and their

families/carers. The objectives set out as part of these good practice guidance include to:

- *Improve the safety and quality of services available to service users and their families/carers;*
- *Promote consistency and standardisation of best practice which is evidence-based across all care settings in Northern Ireland;*
- *Support fully integrated mental health and learning disability services and interfaces between these services and other service areas, such as family and child care;*
- *Facilitate regional reporting of adverse incidents and dissemination of associated learning; and*
- *Promote good practice which recognises the strengths of service users* (DHSSPSNI, 2010a: 6).

The document takes into account the modernisation and reform of learning disability and mental health services following the Bamford Review. The guidance purports to inform future RQIA reviews and functions and highlights fundamental principles when working with services users and carers including: team-working; risk management processes; and effective communication. The report also acknowledges the role of managerial teams and professionals in committing and acting upon current good practice examples in order to improve service provision. The report calls on HSCs to develop necessary protocols, procedures and training programmes for staff, particularly with regard to the recommended risk assessment tools (DHSSPSNI, 2010a: 36). Although the guidance has a section on looked after children and young people, and does focus on transition from child to adult mental health/learning disability services, it does not highlight the specific needs and associated risks for disabled care leavers transitioning to adult life (DHSSPSNI, 2010a).

The DHSSPSNI (2006) published a report entitled 'Safeguarding Vulnerable Adults: Regional Adult Protection & Procedural Guidance'. It establishes a framework for action to ensure the protection of vulnerable adults and provides regional procedural guidance to ensure '*a co-ordinated and standardised approach by all those who work with vulnerable adults*'(DHSSPSNI, 2006:7). The report notes the lack of a

consistent definition of a 'vulnerable adult' across HSCTs and adopts the following definition;

*'A person aged 18 years or over who is, or may be, in need of community care services or is resident in a continuing care facility by reason of mental or other disability, age or illness or who is, or may be, unable to take care of him or herself or unable to protect him or herself against significant harm or exploitation'* (DHSSPSNI, 2006:10).

A number of guiding principles are underpinned within the regional procedural guidance, including that vulnerable adults are entitled to; privacy; independence; dignity; respect; protection under the law; the right to choose; opportunity to fulfil personal aspirations and have their rights upheld regardless of age, gender, ethnic origin, cultural background or disability. The guidance report also acknowledges the importance of inter-agency collaboration in ensuring that the rights of vulnerable adults are upheld. However, although the report states that the guidance is applicable to all staff who provide health or social services to vulnerable adults in any setting; it does not highlight specific groups such as care leavers. It acknowledges those with mental health and/or learning disabilities, but does not mention those who are leaving state care who may be particularly vulnerable (DHSSPSNI, 2006).

In 2013, the RQIA completed a review of the effectiveness of safeguarding arrangements for children and vulnerable adults in mental health and learning disability hospitals throughout Northern Ireland, on behalf of the DHSSPSNI. Inspections were carried out in all five HSCTs. The review primarily focused on the procedures in place to prevent abuse and assist staff in protecting patients and themselves. The key findings include the continued admission of young people under 18 years to adult wards in all HSCTs. Although there are four dedicated mental health and learning disability children's wards, a total of 71 admissions by all five HSCTs has been made between November 2010 and November 2011 (RQIA, 2013: 25). The inspection found that appropriate policies and procedures specific to looked after children and young people were accessible to staff, however some of these procedures were outdated. It was discovered that wards were refraining from updating the documentation as a transfer of responsibilities from Regional Child Protection

Committee (RCPC) to Safeguarding Board for NI (SBNI) was underway as well as updates to regional policies and procedures (RQIA, 2013: 15). The report delivered 26 recommendations including that Trusts have a responsibility to ensure that:

- *all staff working on children's wards within mental health and learning disability services are appropriately trained in child protection and Understanding the Needs of Children in Northern Ireland (UNOCINI); and*
- *the awareness of their safeguarding structures and roles is fully promoted in all wards and ensure that this information is readily accessible to staff, patients, relatives and visitors (RQIA, 2013: 33).*

Although noting the existence of policies and procedures specific to looked after children and young people, the report did not mention the additional and sometimes complex needs of care leavers with learning disabilities or mental health needs.

### **Summary**

The Bamford Review has greatly impacted on mental health and learning disability policy and practice in NI. Its influence on law is clearly evident with the introduction of the Autism Act (2011) and subsequent Autism Strategy and Action Plan (2013-2020). It has also shaped the development of learning disability and mental health service frameworks. Reflecting the child care policy context, common themes across learning disability and mental health policy and service frameworks are: person-centred care, stepped care models, universal and targeted services, early intervention and multi-agency collaboration. Transitions to adult life are highlighted as a key priority in many of the existing learning disability and mental health policy documents. However, young people with mental health needs and/or learning disability who are leaving care have received much less attention. Current disability and mental health policies focus on either looked after children or young people leaving school or hospital settings; however the significant group of care leavers with mental health needs or learning disabilities remain largely overlooked.

## 7. Youth Justice Policy

*Policies reviewed:*

- Department of Justice (2010) Review of Youth Justice System in NI;
- Department of Justice (2013) Youth Justice Review implementation plan update Jan 2013.

In 2010, a review was launched by the Minister of Justice into the Youth Justice System in NI. The review assessed the current arrangements for responding to youth crime, whilst also making recommendations for future improvements. Northern Ireland, like other parts of the UK, has a separate justice system for children aged 10-17 years inclusive aimed at preventing re-offending, the protection of the public and securing the welfare of the child. The review highlighted the different stages and processes within the youth justice system including: early intervention through the voluntary and community sector; police action; the public prosecution service (PPS) who determine diversion and prosecution of cases; bail and remand; youth conferencing and youth court which can be affected by long delays; custody; and finally, re-integration and rehabilitation of youth offenders (DoJ, 2010). The report listed a number of key recommendations including the prioritisation of children and young people in the planning process, upholding the paramountcy of the welfare of the child and enhancing complaints procedures for young people. In relation to looked after children, the report also makes the following specific relevant recommendations:

- *Recommendation 8 - The development of an appropriate range of supported (and if necessary secure) accommodation, accessible at short notice, to reduce to an absolute minimum the use of Woodlands as a place of safety under PACE*
- *Recommendation 19 - Looked after children should no longer be placed in custody... where this would not have been an outcome for children in the general population*
- *Recommendation 22 - All agencies working with children and young people should improve their understanding of special needs and the impact these have on those specific groups over-represented in the youth justice system and in custody. The DHSSPS should lead in developing better assessment,*

*inter-agency information exchange and cross-referral mechanisms alongside more specialised interventions.*

- *Recommendation 24 – The CYPSP should become strategic, multi-agency forum through which regional and local priorities are agreed (DoJ, 2010: 171-177).*

The report acknowledges the need to address the over-representation of looked after children and young people within the youth justice system and also highlights required improvements to meet the additional support needs of young people with learning disabilities or mental health needs. However, care leavers with disabilities or mental health needs are not specifically mentioned. Vulnerable populations like those who are disabled and in care may require additional support and guidance navigating the youth justice system. They may also require significant help re-adjusting and integrating into society following contact with the justice system, however, this report neglects to consider the particular needs of these vulnerable young people.

In 2013, the Department of Justice published an implementation plan addressing the recommendations of the Youth Justice Review. A range of improvements were noted including the development of a 'youth champions forum' and a training course for officers to gain the necessary skills to work with children and young people (DoJ, 2013: 4-7). In accordance with recommendation 8, the DoJ, DHSSPSNI, and the Department of Social Development (DSD) are tasked with establishing the scale and location of short-term, secure, supported accommodation requirements (DoJ, 2013: 19). With regard to recommendation 19, which specifically focuses on looked after children and young people; joint DHSSPS / PSNI guidelines on appropriate operations and procedures for looked after children were developed and issued to all Custody Sergeants (DoJ, 2013: 34). Similarly, with regard to understanding and accommodating the additional needs of specific groups of young people within the justice system (recommendation 22); the DHSSPSNI, DOJ, YJA and PSNI are working on a number of initiatives to address the issues faced by the over-representation of young people with special needs in the justice system (DoJ, 2013: 38). Finally, regarding recommendation 24 and the CYPSP's role in future regional and local priorities, discussions are ongoing regarding the best way to operationalise the multi-agency forum, however the CYPSP have identified three key strategic priorities

including mental health, education and early intervention to prevent offending/re-offending (DoJ, 2013: 43).

### **Summary**

The review of the youth justice system in NI and subsequent implementation plan highlights key areas for improvement including efforts to address the over-representation of looked after children and young people within the youth justice system and the mental health needs of children and young people within the youth justice service. However, there is still a failure to acknowledge disabled looked after children and care leavers with disabilities and/or mental health needs who are especially vulnerable due to their transition and likely reduced access to support they require. Care leavers with learning disabilities and/or mental health needs are not identified as a particular group within the wider population of vulnerable young people so it will be interesting to see if future youth justice service developments adequately address their specific needs.

## 8. Transition Policy

*Policies reviewed:*

- Chronically Sick and Disabled Persons (NI) Act 1978;
- Disabled Persons (NI) Act 1989;
- Carers and Direct Payments (NI) Act 2002;
- DENI (2005) Supplement to the Code of Practice on the Identification & Assessment of Special Educational Needs (SEN);
- Special Educational Needs and Disability (NI) Order 2005;
- NIHE (2005) Supporting People Strategy;
- DENI (2006) Report of Inter-departmental Transitions Working Group;
- OFMDFM (2009) Report on Promoting Social Inclusion Working Group on Disability;
- NIHE (2013) Housing Related Support Strategy 2012-2015;
- CYPSP (2013) Transition to Adulthood of Young People with Disabilities Draft Action Plan.

For any young person transition from school to young adult life can be a challenging time. For disabled young people, young people with mental health needs or young people in care, this period of transition can be particularly difficult with much uncertainty about the future and concern about access to continued support in young adult life. There is a range of legislation within NI relating to disabled young people's transitions to adult life including the Chronically Sick and Disabled Persons (NI) Act 1978; the Disabled Persons (NI) Act 1989; DENI (2005) Supplement to the Code of Practice on the Identification & Assessment of Special Educational Needs (SEN); and the Special Educational Needs and Disability (NI) Order 2005.

The Chronically Sick and Disabled Persons (NI) Act 1978 imposes duties on public authorities to make necessary arrangements to meet the needs of disabled people including but not limited to practical support in the home; travel assistance; home adaptations; and meal provisions. Public and education facilities also have a duty, where reasonable, to make provision for disabled people.

The Disabled Persons (NI) Act 1989 states that the DHSSPSNI must appoint an authorised representative for all disabled young people under 16 years in care. The representative acts on behalf of the young disabled person regarding personal social services issues. Under this legislation disabled young people must be informed about

provision entitlement and have their needs assessed. The Act also imposes a duty on the Education and Library Board to notify relevant Trusts at the time of 1<sup>st</sup> review of SEN following a child's 14<sup>th</sup> birthday, thus ensuring adequate time for Trusts to assess the young person's needs. The Board must also review leaving dates from full time education for any young person with SEN. It is important to note that Article 8 of the Act also ensures that the Board considers the carer of the disabled person, and their ability to adequately care for the young person. In addition, Article 10 states that the DHSSPSNI must annually report to the NI Assembly on the development and use of services by people with mental health disorders who are resident in the community or being treated as in-patients in hospital.

The Carers and Direct Payments Act NI (2002) places a requirement on Trusts to ensure that carers know about their right to carer assessment, as well as giving them powers to supply services to carers directly to help them in their caring role. The Act extends to those with parental responsibilities for disabled children (including 16 and 17 year olds) and offers young disabled people direct payments when they plan to leave home or move into further and higher education. However, a report by Lundy et. al. (2012) highlighted that the uptake of direct payments amongst young people with learning disabilities and their carers is low in NI.

The Code of Practice on the Identification and Assessment of Special Educational Needs was issued by the Department of Education, under Article 4 of the Education (NI) Order 1996 and came into operation in 1998. It has since been amended by the Special Educational Needs and Disability (NI) Order (SEND0) (2005). Special Educational Needs is defined in the legislation as, '*A learning difficulty which calls for special educational provision to be made*'; where a "learning difficulty" is defined as:

*'The child has significantly greater difficulty in learning than the majority of children of his or her age, and/or has a disability which hinders his or her use of everyday educational facilities (or, where the child is below school age, would hinder such use if the child were of school age)'* (DENI, 1998: 1).

The Code of Practice includes a number of fundamental principles including that the needs of pupils who experience learning difficulties should be addressed, and that every child should have access to a broad and balanced education. It also acknowledges that where possible a child's education should, in keeping with the parents' wishes, be undertaken in mainstream school. A key specification regarding young people with learning difficulties is the provision of a first annual review for young people with SEN when they reach 14 years to ensure that an appropriate transition plan is put in place. The Code of Practice outlines the content of the transition plan including: clear concise assessment arrangements and inter-agency collaboration ensuring smooth transition; opportunities for additional support/training and further education for young people; meaningful participation of young person to ensure their needs are met; and finally, special arrangements relating to young people living away from home. It is indicated that transition planning should involve collaboration between health and social services, education providers, career services and the young person in appropriate planning for future service provision. HSCTs have a particular duty to make arrangements for young people over the age of 18 (if they were looked after/received services prior to 18) and to liaise with all relevant agencies to support young people leaving foster care, residential homes or residential schools outside his/her own area (DENI, 1998: 66).

SENDO (2005) aims to introduce disability discrimination law to the whole education sector, as well as strengthen the rights of children and young people with special educational needs to access education in mainstream schools. Part 2 of SENDO (2005) acknowledges the importance of the child and parents/guardians participating in decisions regarding their education provision. Part 3 of SENDO clarifies disability discrimination in education (schools and further and higher education institutions). It broadens the term discrimination to include '*fails to act*' as well as '*acting unfavourably*' towards a disabled child (SENDO, 2005: 20).

The Supplement to the Code of Practice on the Identification and Assessment of Special Educational Needs (2005) provides additional information and clarity, to ensure consistency across schools of their statutory functions under SENDO (2005). The supplement enforces the views of the child stating;

*'The child should, where possible, according to age, maturity and capability, participate in all the decision-making processes that occur in education. This includes the setting of learning targets, contributing to Education Plans (EP's), discussions about choice of schools, contributing to assessment of their needs and to the annual review and transition processes' (DENI, 2005: 6).*

The Code of Practice addresses the needs of children and young people with SEN at school by ensuring that they have: access to the information and advice; opportunity to attend mainstream schools; support to avoid/resolve disputes; and increased rights through tribunal appeals. Disabled children and young people also have protection against discrimination at school and during their further and higher education training. Schools and further and higher education colleges must: make reasonable adjustments, where appropriate; improve the accessibility of all aspects of school life (building, curriculum and information); and undergo inspections to ensure their compliance with regulations.

With regard to supported and independent living, the Northern Ireland Housing Executive's (NIHE) Supporting People Initiative which began in April 2003 has led to significant investment in housing support services throughout NI. The initiative provides housing related support to help vulnerable people, including care leavers, those with learning disabilities and people with mental health needs, to live as independently as possible within their communities. The overall aim of their 2005-2010 Strategy was to commission housing support services, in order to improve independence and quality of life outcomes for vulnerable people. The strategy acknowledges that percentage resource allocation for those with learning disabilities and care leavers are lower than the English Benchmark (-2% and -3% respectively). Although figures for those with mental health problems are higher than those for young people with learning disabilities or young care leavers, this figure is inflated as service users with mental health problems are high cost/low volume with mostly accommodation-based costs. Currently, consultation on the development of the new housing support strategy 2011-2015 has been postponed by the Department of Social Development (DSD) pending the outcome from the Supporting People Commissioning Body (NIHE, 2005). Although the NIHE (2005) Strategy includes care leavers and

those with learning disabilities and mental health problems; it fails to acknowledge the additional needs of individuals who fall into more than one category.

Disabled young people's transitions to adult life can often be characterised by *'wider scope, longer duration and attenuated experiences'* (NICCY, 2012:19). Reflecting these challenges, in 2002, the Ministers for Employment and Learning, Education and Health, Social Services and Public Safety established an inter-departmental working group focused on improving the transition for school leavers with special education needs (SEN). The group focused on the transition process and post-school options including Jobskills, Access to Work and the Disability Advisory Service. The report of this working group (DENI, 2006) found that, although there were few places in adult day care services for those with learning disabilities, there had been vast improvements in the provision of alternative post-school options, including 'good practice' further education, training and employment opportunities. Despite these developments, a number of action points are highlighted including the need to improve links between schools and further and higher education, training and employment opportunities, more funding opportunities for higher education and training and better assessment to meet the overall health and wellbeing of this population. Although the report highlights the need for improved opportunities and support for young people with learning disabilities, it does not consider the needs of young people with mental health needs or specifically address the additional needs of young people with co-morbid disabilities. Care leavers are not included in the remit of the report as the focus is predominantly on leaving school, however, as this was a cross-departmental initiative, this was a missed opportunity to consider the needs of young people with SEN who are leaving both school and state care.

The Promoting Social Inclusion (PSI) Working Group on Disabilities was set up by the OFMDFM in 2004 to identify the barriers that exist for disabled children and adults regarding their employment, education, transport, housing, access to information and lifelong learning. In 2009, the PSI group published a report aimed at identifying the main barriers to participation for disabled people and how these barriers might be addressed within the context of wider policy developments. The report highlighted a number of specific subsections of the population including young people. With regard to young disabled people transitioning into adulthood, the report acknowledges that its

goal is to ensure that every young person leads a *'confident, enriched life'* and is provided with the *'appropriate supports to make a seamless transition to a fulfilled adult life in which they can participate socially, politically, culturally and economically'* (OFMDFM, 2009: 63). The key messages regarding transition to adulthood for disabled young people emphasised:

- *co-ordinated and joined-up educational, social and recreational services;*
- *equal opportunities for participation and outcomes as non-disabled peers;*  
*access to a full range of training opportunities to assist transition to employment; and*
- *disabled young people's participation in decisions about their future*  
(OFMDFM, 2009: 11).

The report acknowledges the additional barriers faced by disabled young people and difficulties when navigating between child and adult disability services as well as understanding their change in financial entitlements. The report states that disabled young people should receive support to access further and higher education/employment and leisure and social opportunities. The report acknowledges the importance of early planning, person-centred approaches and cross-departmental collaboration. However, it does not mention looked after children and young people or the additional barriers they face as they transition out of state care (OFMDFM, 2009: 71).

Since this inter-departmental report, the Children and Young People's Strategic Partnership (CYPSP) has been charged with the responsibility to address the transitional support needs of disabled children and young people including those with mental health needs. Their current draft plan (CYPSP, 2013) sets out priorities for disabled children and young people as they transition into adult life under the same six key outcomes based statements from the Ten year Strategy: being healthy; enjoying, learning and achieving; living in safety and with stability; experiencing economic and environmental wellbeing; contributing positively to community and society; and living in a society which respects their rights. However, the report does not highlight the additional support needs of looked after children and young people preparing to leave the care system. Reflecting the recommendations of the Learning

Disability Framework and the inter-departmental report, the CYPSP draft plan highlights the need for an integrated, multi-agency, person centred plan for every young person leaving school. The importance of monitoring young people as they move through education, further training, employment and adult services is also highlighted in order to understand the needs of this population and to improve service provision. The CYPSP draft plan also highlights the importance of disability awareness raising in schools and youth clubs and for those working with young people. Such initiatives should inform young people of their rights in accordance with the UNCRC and the UNCRPD and encourage them to participate in decisions about their care and their future adult lives (CYPSP, 2013).

In 2012, the Children with Disabilities Strategic Alliance (CDSA) published their manifesto which highlighted, among other priorities, the needs of disabled young people as they transition into adult services. The fear and anxiety that transition can cause for young people and their families as they await re-assessment for access to services is highlighted (CDSA, 2012). The report draws on Article 19 of the UNCRPD indicating that all disabled people have the right to live independently and be supported to maintain their independence within their communities. The report also acknowledges the specific issues facing disabled young people with mental health needs regarding access to specialist services and support. A multi-agency transition service for disabled young people aged 14-25 is recommended to ensure whole-child, person centred and coordinated support and to promote the participation of disabled young people in decisions about post-school options to enable them to reach their full potential. Critically, the report acknowledges that disabled children and young people are often overlooked in strategic policy as they are situated across two areas (disability and children). Interestingly, although the manifesto addresses transitions from school and from hospital, it does not include consideration of the needs of disabled looked after children preparing to leave state care (CDSA, 2012).

In 2012, the Northern Ireland Commissioner for Children and Young People (NICCY) published a review of the transition policy and services for young people with learning disabilities. The report focuses on the education, training, employment and health and social care needs of the population as well as issues such as social security, leisure and transport. Although the report highlights the range of difficulties

faced by young people with learning disabilities during the transition to adult life, the focus of this report is leaving school and post-school services. The report does not fully address the experiences of disabled young people who are looked after or are leaving care; however it briefly notes the additional challenges facing this population regarding their accommodation needs. The report concludes that there is a need for person centred planning that prioritises the best interests of the young person and involves young people in decisions about post-school lives, in accordance with the UNCRC. Finally, the report highlights the need for consistency in provision of services across NI and improved access to information for young people with learning disabilities (NICCY, 2012).

### **Summary**

There has been a focus on addressing the transitional challenges experienced by young people with learning disabilities and/or mental health needs in a range of law, policy and planning documents. However, much of the emphasis is on transitions from school rather than transitions from public care. It is significant that care leavers with learning disabilities and/or mental health needs still seem to be an invisible group in plans for the future development of transition services. This is surprising as these young people are a group who are vulnerable to poorer outcomes in adult life and are likely to require additional supports during the transition to adult life and in their early adult lives. Ensuring they have a supported and co-ordinated transition experience that encompasses the full range of services required is crucial. In particular, the emphasis in current policy on whole child, person-centred and coordinated services at the point of transition is particularly relevant to this group who may need access to child and adult disability, mental health and/or 16+ services, alongside other post-school opportunities for continued education, training or employment.

## 9. Conclusion

This review of key legislation and policies relevant to care leavers with learning disabilities and/or mental health needs in NI highlights a commitment to promoting the children's rights and safeguarding all children and young people in NI, whilst improving the standard and provision of care they receive. Across the spectrum of disability, mental health, child care and rights-based policies the guiding principles of the UNCRC (1989) and UNCRPD (2012) are reinforced. In relation to children's legislation and policy, Care Matters (2006) and the leaving care guidance and regulations (DHSSPSNI, 2005) specifically highlight the additional needs of young people with disabilities and/or mental health needs and the importance of wraparound services and continuity of care for these young people as they transition from child to adult services. In relation to learning disability and mental health, the Bamford Review has led to the creation of the Learning Disability Framework (DHSSPSNI, 2011a), the Strategic Framework for AMHS (DHSSPSNI, 2005a) and Service Model for CAMHS (DHSSPSNI, 2012e). These documents acknowledge the challenges faced by young people with learning disabilities and/or mental health needs, as well as providing standards of care for young people and their families.

A number of guiding themes exist across the range of extant policies that can inform current research and efforts to monitor the impact of policy on practice. The following six core themes are particularly pertinent to future research and practice initiatives:

1. Person-centred approaches to care focused on the strengths and aspirations of the individual rather than medical models of impairment;
2. Inter-agency collaboration and inter-departmental working;
3. Access to local and community based services with a focus on social inclusion;
4. Systemic approaches based on a 'whole child' approach;
5. Stepped models of care and service provision incorporating preventative, universal supports, combined, when necessary, with specialist provision for those who need it; and
6. Participation of service users in decisions affecting their lives.

An interesting observation from this policy review is that the status and influence of differing types of policy documents is unclear which could lead to confusion and piecemeal policy implementation. In a recent policy report, Action for Children (2008) reflected on the short-term politics of publishing a range of strategies and policy initiatives affecting children's services and called for a focus on the long-term needs of children. In addition to these calls for a long-term policy vision, the current review also raises questions about the impact of various forms and levels of policy on service delivery and development. Are commissioners, service planners and providers guided by legislative duties first and foremost or do current strategic drivers such as Transforming Your Care have a dominant influence over key decisions about service development? The range of strategies, action plans, service frameworks and good practice guidance could also lead to some confusion. For example, how do the Disability Strategy (OFMDFM, 2013) and Autism Strategy (DHSSPSNI, 2012c) relate to the Learning Disability Service Framework (DHSSPSNI, 2011a), the Speech, Language and Communication Therapy Action Plan (DHSSPSNI, 2011c), and the Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services (DHSSPSNI, 2010a)? How do commissioners, planners and providers of services for care leavers with learning disabilities prioritise the range of policy initiatives across child care, disability and mental health to inform service development and everyday practice decisions?

These questions also have implications for monitoring the impact of policy in NI. It is difficult to ascertain how well the implementation of varying and wide-ranging recommendations across policy relevant to care leavers with learning disabilities and/or mental health needs is being monitored in terms of its impact on services for this group. Similarly, whilst the range of strategies, service frameworks and guidance documents across departmental areas highlight similar themes such as continuity of care and service collaboration, they often neglect to specify just how this collaboration should work and what guidelines or duties are in place to ensure that it is successful and effective. Without specific legislative duties for HSCs and Government departments to collaborate, including the sharing of information and resources, repeated calls for joined up working in policy guidance and strategies may not be realised.

This review also highlights the invisibility of care leavers with disabilities and/or mental health needs in many relevant child, disability and mental health policies. Coincidentally, disability and mental health issues are often not well-addressed within child care or leaving care policies, although this review highlighted a few notable exceptions. Likewise, the needs of care leavers are not recognised in most disability and mental health policy documents. It could be assumed that policies addressing the universal needs of all young people or disabled young people in transition do include care leavers without their specific mention. However, it is more likely that the lack of attention to this particular group across policy domains reflects their position as an overlooked group. It is crucial that, in order to adequately address the needs of care leavers with learning disabilities and/or mental health needs in the future, this group should be explicitly identified across policy areas. This would help to ensure they have a more comprehensive and consistent experience of support as they transition across child and adult service boundaries, seek access to disability and/or mental health services, and engage with education, housing, health and social care sectors.

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**APPENDIX 1: SUMMARY OF PROVISIONS FOR CARE LEAVERS UNDER THE AMENDED CHILDREN (NI) ORDER**

| <b>Status</b>   | <b>Who is affected</b>   | <b>Who Gets what</b>   |
|---|--|--|
| <b>Eligible children</b><br><i>Article 34A(3) of the Children Order</i>                           | Children aged 16 and 17 who have been looked after at least 13 weeks since the age of 14 and who are still looked after  | <ul style="list-style-type: none"> <li>• All the provisions of the looked-after system:</li> <li>• Personal Adviser: Article 34A(10)</li> <li>• Needs Assessment: Article 34A(5)</li> <li>• Pathway Plan: Article 34A(5) and (6)</li> </ul>  |
| <b>Relevant children</b><br><i>Article 34B(2) of the Children Order</i>                           | Children aged 16 and 17 who are eligible and who have left care.   | <ul style="list-style-type: none"> <li>• Personal Advisor: Article 34C(2)</li> <li>• Needs Assessment: Article 34C(3)</li> <li>• Pathway Plan: Article 34C(3) and (4)</li> <li>• Accommodation and maintenance: Article 34C(8)</li> <li>• Assistance to achieve goals (e.g. educational goals) agreed and set out in the Pathway Plan: Article 34C(8)</li> <li>• The responsible HSS Trust must keep in touch: Article 34C(11)</li> </ul>  |
| <b>Former relevant children</b><br><i>Article 34D(1) of the Children Order</i>                    | Young people aged 18-21 who have been either eligible or relevant children, or both. If at the age of 21 the young person is still being helped by the responsible HSS Trust with education or training, they remain a former relevant child to the end of the agreed programme of education or training even if that takes them past the age of 21. | <ul style="list-style-type: none"> <li>• The responsible HSS Trust must keep in touch: Article 34D(2)</li> <li>• Personal Adviser: Article 34D(3)</li> <li>• Pathway Plan: Article 34D(3)</li> <li>• Assistance with employment: Article 34D(4)(a)</li> <li>• Assistance with education and training: Article 34D(4) (b) and (7)</li> <li>• Assistance in general: Article 34D(4)(c)</li> <li>• Vacation accommodation for higher education or residential further education if needed: Article 34D(9)</li> </ul>  |
| <b>Qualifying children and young people over 16</b><br><i>Article 35(1) of the Children Order</i> | Any young person (including those who do not fall into any of the three categories above) aged under 21 (under 24 if in education or training) who cease to be looked after or accommodated in a variety of other settings, or privately fostered, after the age of 16.  | <ul style="list-style-type: none"> <li>• The same benefits as under Article 35 and 36 of the Children Order before amendment: Article 35, 35A and 35B</li> <li>• The responsible HSS Trust must keep in touch as they think appropriate in order to discharge their functions under Articles 35A and 35B: Article 35(4)</li> <li>• Care leavers are entitled to assistance with education/ training up to the age of 24: Article 35B(3)</li> <li>• Care leavers are entitled to vacation accommodation for higher education courses or residential further education courses if necessary: Article 35B(5)</li> </ul> |
| <b>The responsible authority</b><br><i>Article 34B(4) of the Children Order</i>                   | The HSS Trust which last looked after the young person.  |  |

**APPENDIX 2: SUMMARY OF LEGAL ENTITLEMENTS & SERVICE EXPECTATIONS FOR CARE LEAVERS WITH DISABILITIES OR MENTAL HEALTH NEEDS**

|                                       | CHILDREN LEAVING CARE  | WITH DISABILITY   | WITH MENTAL HEALTH NEEDS   |
|---------------------------------------|--|---|--|
| <b>LEGAL ENTITLEMENTS<sup>1</sup></b> | <p><b>The Children (Leaving Care) Act (NI) (2002) and Children (NI) Order (1995):</b></p> <ul style="list-style-type: none"> <li>• <i>Eligible children</i> have access to all the provisions of the looked-after system, a personal adviser, needs assessment and pathway plan</li> <li>• <i>Relevant children</i> have access to a personal advisor, needs assessment and pathway plan, accommodation and maintenance and assistance to achieve goals set out in the Pathway Plan. The responsible HSS Trust must keep in touch.</li> <li>• <i>Former relevant children</i> have access to a personal advisor, pathway plan and assistance with employment, education and training or in general, to achieve goals set out in the Pathway Plan. The responsible HSS Trust must keep in touch.</li> <li>• <i>Qualifying children and young people over 16</i> have access assistance with education/ training up to the age of 24 and the responsible HSS Trust must keep in touch as they think appropriate.</li> </ul> <p><b>The Children (Leaving Care) Regulations (NI) (2005):</b></p> | <p><b>Chronically Sick and Disabled Persons (NI) Act (1978):</b></p> <ul style="list-style-type: none"> <li>• Practical support in the home, travel assistance and home adaptations.</li> <li>• Public and education facilities have a duty, where reasonable, to make provision for disabled people.</li> </ul> <p><b>Disabled Persons (NI) Act (1989):</b></p> <ul style="list-style-type: none"> <li>• An authorised DHSSPSNI representative for all disabled young people under 16 years</li> <li>• Information about entitlements</li> <li>• A needs assessment</li> <li>• A carer’s assessment</li> <li>• The Trust must keep in touch.</li> <li>• The ELB must notify relevant Trusts of SEN at the time of 1<sup>st</sup> review of SEN following a child’s 14<sup>th</sup> birthday.</li> <li>• The ELB must review leaving dates from full time education for young people with SEN.</li> </ul> <p><b>Carers and Direct Payments (NI) Act (2002):</b></p> | <p><b>The Mental Health Order (1986):</b></p> <ul style="list-style-type: none"> <li>• Details conditions for an application for hospital admission for assessment and treatment</li> <li>• Highlights the rights of service users, including the right to appeal</li> <li>• Provision is made for compulsory community-based guardianships and hospital detention</li> <li>• Nearest relative may apply for compulsory hospital admission, be consulted on matters pertaining to the person’s treatment and discharge and apply on the person’s behalf to the Mental Health Review Tribunal</li> <li>• Acknowledges looked after children and young people and authorises that their guardian shall be the Trust whose care they are in, or in the case of young people under a residence order, the person named in the Order</li> </ul> |

<sup>1</sup> The rights of disabled care leavers are also outlined in a range of legislation that seeks to address discrimination on the grounds of age and/or disability so they are relevant across all three groups. This legislation includes the: Disability Discrimination Act (1995); Disability Discrimination (NI) Order (2006); Human Rights Act (1998); and Northern Ireland Act (1998). For further details please refer to the main document.

|  |  |  |  |
|--|--|--|--|
|  | <p>Gives guidance to HSCTs on how best to assess and meet the needs of young people preparing to leave care and those who have already left. They include:</p> <ul style="list-style-type: none"> <li>• the qualifying criteria for leaving care and aftercare arrangements, thus ensuring that young people do not leave care until they are ready to do so</li> <li>• the assessment of need preparation and review of pathway plans to improve support for care leavers</li> <li>• personal advisors</li> <li>• assistance regarding education, training, financial support and accommodation (suitable for those with disabilities)</li> </ul> <p>Particular attention is additionally paid to disabled young people who do not meet criteria to access adult health and social care services.</p> <p><b>Children’s Homes Regulations (NI) (2005):</b></p> <ul style="list-style-type: none"> <li>• Children’s homes must promote child welfare regarding: basic rights (food and clothing); health and wellbeing (registered with a GP and dentist) and therapeutic services when required</li> <li>• Advice, support and guidance should be given regarding all health and personal care issues</li> <li>• Staff are responsible for safekeeping and administering medicines.</li> <li>• Staff must maintain records of care leavers</li> </ul> <p><b>DHSSPSNI (2005) Leaving and Aftercare: Volume Eight Guidance and Regulations:</b><br/>Transition requirements include:</p> | <ul style="list-style-type: none"> <li>• Trusts must ensure carers know about their right to an assessment and have powers to supply services to carers directly to help them in their caring role.</li> <li>• The Act extends to those with parental responsibilities for disabled children (including 16 and 17 year olds) and offers young disabled people direct payments when they plan to leave home or move into further and higher education.</li> </ul> <p><b>Supplement to the Code of Practice on the Identification &amp; Assessment of Special Educational Needs (SEN) (2005):</b><br/>Promotes participation of disabled children in educational decision making processes. It ensures they have:</p> <ul style="list-style-type: none"> <li>• Access to information and advice</li> <li>• Opportunity to attend mainstream school</li> <li>• Support to avoid/resolve disputes</li> <li>• Access to tribunal appeals</li> <li>• Protection from discrimination at school and further and higher education</li> <li>• School and further education colleges must undergo inspections to ensure compliance with regulations and make reasonable adjustments where appropriate to improve the accessibility of all aspects of school life (building, curriculum and information).</li> </ul> <p><b>SENDO (2005):</b></p> |  |
|--|--|--|--|

|                                    |  |  |   |
|------------------------------------|--|--|---|
|                                    | <ul style="list-style-type: none"> <li>• Ensuring suitable training, employment or meaningful day opportunities are secured</li> <li>• Addressing sexual health education needs</li> <li>• Building self-esteem</li> <li>• Increasing ability to make choices, take risks and assume adult responsibilities</li> <li>• Working closely with other authorities such as education or housing</li> </ul> <p>Particular attention to be given to disabled young people who do not meet the criteria to access adult health and social care services.</p>   | <ul style="list-style-type: none"> <li>• Introduces disability discrimination law to the education sector</li> <li>• Strengthens rights of children with SEN to access education in mainstream schools</li> <li>• Broadens term 'discrimination' to include <i>'fails to act'</i> as well as <i>'acting unfavourably towards a disabled child'</i>.</li> </ul> <p><b>The Autism Act (NI) (2011):</b></p> <ul style="list-style-type: none"> <li>• DDA (1995) to include impairments affecting participation in normal social interaction or formation of social relationships in the definition of disability</li> <li>• People with autism to have the same rights and opportunities as other disabled people</li> <li>• Government departments to work together to achieve a co-ordinated service approach for this group and their carers.</li> </ul> |   |
| <p><b>SERVICE EXPECTATIONS</b></p> | <p><b>OFMDFM (2006) Our Children and Young People – Our Pledge 10Yr Children’s Strategy:</b><br/>Six core areas identified to guide progress towards children and young people in NI:</p> <ul style="list-style-type: none"> <li>• Being healthy</li> <li>• Enjoying, learning and achieving</li> <li>• Living in safety and with stability</li> <li>• Experiencing economic and environmental wellbeing</li> <li>• Contributing positively to community and society</li> <li>• Living in a society which respects their rights</li> </ul> <p>The strategy adopts a whole child perspective for leaving care and includes:</p> | <p><b>WHST (2010) Good Practice Guidance on Transition Planning for Young People Leaving Care with a Disability:</b></p> <ul style="list-style-type: none"> <li>• Emphasises collaborative working and inter-agency communication to enhance outcomes for disabled care leavers</li> <li>• Underlines person-centred approach, partnership, assessment and planning; case-coordination, equity, and continued support as a good corporate parent.</li> </ul> <p><b>DHSSPSNI (2011) Speech, Language and Communication Therapy Action Plan</b></p>  | <p><b>DHSSPSNI (2010) Strategy for Development of Psychological Therapy Services:</b></p> <ul style="list-style-type: none"> <li>• Recommends psychological therapy delivered by skilled staff trained to national and regionally agreed standards and guidelines</li> <li>• Sharing information on the range of therapy services available and how to access them (including the public, service users and clinicians)</li> <li>• Service providers should re-design services using stepped care model.</li> </ul> |

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|  | <ul style="list-style-type: none"> <li>• A sexual health strategy targeted at young people leaving care</li> <li>• A taskforce to assess residential needs of young people with disabilities and those leaving care</li> <li>• Further education and training opportunities</li> </ul> <p>In addition, the strategy recommends for successful transition to adult life:</p> <ul style="list-style-type: none"> <li>• 100 additional age-specific day care places for disabled young people leaving school</li> <li>• Funding for social and life skills training for statemented children from age 14 years until leaving school</li> <li>• More services focused on suicide prevention</li> <li>• Child and adolescent crisis response teams to avoid admission to inpatient facilities</li> <li>• An in-patient adolescent mental health facility with appropriate on-site special education provision.</li> </ul> <p><b>NICE (2010) Guidance on Promoting the Quality of Life of Looked After Children and Young People:</b></p> <ul style="list-style-type: none"> <li>• Highlights the priority status of the needs of care leavers and how these needs could be addressed in practice</li> <li>• Recommends inspection of services available for care leavers and how well services work together</li> <li>• Identifies the importance of collaborative working and the need for mental health services to reach out to schools, day opportunity providers and residential centres to support the mental health needs of those leaving care</li> </ul> | <ul style="list-style-type: none"> <li>• A two year plan to further develop services to improve outcomes so that those at risk of, or presenting with speech, language or communication needs will benefit from timely support and integrated services</li> <li>• The plan acknowledges looked after children, young people and care leavers and the danger of mental illness developing if this issue remains unaddressed.</li> </ul> <p><b>DHSSPSNI (2011a) Learning Disability Service Framework:</b></p> <p>Outlines 33 standards of care service users and carers can expect including:</p> <ul style="list-style-type: none"> <li>• Needs addressed in a way that takes full account of 'learning disability'</li> <li>• Involvement in choices and decisions regarding their care</li> <li>• Information regarding health and services communicated in a meaningful way</li> <li>• Access to self-directed support to enhance their choice and control over the help they receive</li> <li>• Access to advocacy services</li> <li>• An action plan</li> <li>• Age appropriate, co-ordinated services</li> <li>• Transition plan in place before 15<sup>th</sup> birthday</li> </ul> <p><b>DHSSPSNI (2012) Autism Strategy and Action Plan:</b></p> <p>Contains strategies relating to:</p> <ul style="list-style-type: none"> <li>• Awareness raising and promotion of positive attitudes towards people with autism</li> </ul> | <p><b>DHSSPSNI (2010a) Good Practice Guidance on the Assessment and Management of Risk in Mental Health and Learning Disability Services:</b></p> <p>Objectives:</p> <ul style="list-style-type: none"> <li>• Improve safety and quality of services available</li> <li>• Promote consistency and standardisation of best practice</li> <li>• Support fully integrated mental health and learning disability services and interfaces between other services areas</li> <li>• Facilitate regional reporting of adverse incidents</li> <li>• Disseminate learning and good practice.</li> </ul> <p><b>DHSSPSNI (2011) Service Framework for Mental Health and Wellbeing:</b></p> <p>Aimed at:</p> <ul style="list-style-type: none"> <li>• Prevention, diagnosis, treatment, care and rehabilitation of individuals and communities who have or are at risk of developing a mental illness.</li> <li>• Outlines a multi-disciplinary approach to meeting the needs of those with dual diagnosis (learning disability and mental illness).</li> </ul> <p><b>DHSSPSNI (2012) Service Model for CAMHS in NI:</b></p> <p>A framework for the integration of health and social care which emphasises:</p> |
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|  | <p><b>RQIA (2011) Inspection of Leaving Care Services &amp; 16+ Transition Teams:</b><br/>Recommended service improvements include:</p> <ul style="list-style-type: none"> <li>• Staffing arrangements,</li> <li>• Record keeping</li> <li>• An exit questionnaire for young people.</li> </ul> <p><b>DHSSPSNI (2012) Standards for Leaving Care Services in NI:</b><br/>Trusts to provide person-centred care planning reflecting individual support needs and future goals including:</p> <ul style="list-style-type: none"> <li>• Physical, emotional and sexual health and well-being</li> <li>• Reaching academic potential</li> <li>• Enjoying leisure activities</li> <li>• Accessing suitable accommodation and employment.</li> <li>• Support with self-esteem building</li> <li>• Inform young people of their rights and entitlements</li> </ul> | <ul style="list-style-type: none"> <li>• Effective and appropriate support</li> <li>• Increased choice, control and freedom</li> <li>• Coordinated approach to life transitions</li> <li>• Safeguarding employment rights</li> <li>• Increased access to appropriate training and lifelong learning opportunities</li> <li>• Equality of legal treatment</li> <li>• Opportunities to influence policies</li> <li>• Increased social inclusion</li> </ul> <p><b>CYPSP (2013) Transition to Adulthood of Young People with Disabilities Draft Action Plan:</b><br/>Sets out transitional support service expectations based on same outcomes outlined in the Ten Year Strategy Plan.</p> <p><b>OFMDFM (2013) Strategy to Improve the Lives of Disabled People 2012-2015:</b><br/>Highlights 18 priorities in keeping with the UNCRPD including:</p> <ul style="list-style-type: none"> <li>• The opportunity for disabled people to influence policy and achieve social inclusion</li> <li>• Raising awareness of their rights and opportunities</li> <li>• Challenging public negative perceptions</li> <li>• Eliminating barriers relating to physical environment, goods and services and transport</li> </ul> | <ul style="list-style-type: none"> <li>• prevention</li> <li>• early intervention</li> <li>• proactive recovery</li> </ul> <p>A stepped care model is proposed to ensure services are matched to service user needs and a whole systems approach linking:</p> <ul style="list-style-type: none"> <li>• primary care</li> <li>• child health</li> <li>• social care services</li> <li>• specialist CAMH services</li> </ul> <p><b>DHSSPSNI (2012a) NI Executive Response to the Bamford Review of Mental Health and Learning Disability. Action Plan 2012-2015<sup>2</sup>:</b></p> <ul style="list-style-type: none"> <li>• More investment in community based services</li> <li>• User-determined recovery goals supported by services</li> <li>• Stepped care model of support</li> <li>• Services and departments must support people to live independent lives, including housing, training, employment</li> <li>• ‘Health in Mind’ programme for improved access to information and support</li> <li>• Developing integrated structures and legislative framework</li> </ul> |
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<sup>2</sup> This is relevant to both mental health and learning disabilities service expectations.

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|  |  | <ul style="list-style-type: none"> <li>• Increasing levels of accessibility/ inclusive communications and support available as well as levels of choice, control and freedom</li> <li>• Support to live independently</li> <li>• Supported entry into employment and related rights</li> <li>• Life-long learning opportunities</li> <li>• Equal treatment by the law</li> </ul> <p><b>NIHE (2013) Housing Related Support Strategy 2012-2015:</b><br/> Aims to support vulnerable people, including those with learning disabilities and mental health needs to live as independently as possible within their communities including:</p> <ul style="list-style-type: none"> <li>• Supported accommodation schemes</li> <li>• Effective pathways into and out of services to assist people to achieve independent living.</li> <li>• Floating support services</li> <li>• Assistance with housing adaptations</li> </ul> <p>Young People who are homeless or leaving care are acknowledged as a target group requiring an inter-agency approach and additional service provision.</p> | <p><b>RQIA (2013) Safeguarding Arrangements for Children &amp; Vulnerable Adults in Mental Health and Learning Disability Hospitals:</b></p> <ul style="list-style-type: none"> <li>• Focus on abuse prevention and protection of staff and patients.</li> <li>• Young people under 18 years should not be admitted to adult wards. If unavoidable, staff must be trained in child protection and UNOCINI</li> <li>• Safeguarding structures and roles to be fully promoted in wards and ensure information is readily accessible to staff, patients, relatives and visitors.</li> </ul> |
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