

**This document should be read in conjunction with Section 1 of the SOC report. It provides structural and legislative information to inform an understanding of the context and background to Children’s Social Services in Northern Ireland.**

## 1. Background to Roles and Players

Dating back to September 2011, the associated Framework Document sets out, inter alia, the main priorities and objectives of each organisation<sup>1</sup> and the manner in which the body is expected to discharge its functions and engage with others and the Department. A summary of duties by organisation of relevance is set out below:

<b>Health and Social Care (Reform) Act (NI) 2009 Framework Document Duties</b>	
<b>Organisation</b>	<b>Duty</b>
Department of Health, Social Services and Public Safety	<p>A general duty to promote an integrated system of health care designed to secure improvement in the physical and mental health of people in Northern Ireland and in the prevention, diagnosis and treatment of illness; and to promote an integrated system of social care designed to secure improvement in the social well-being of people in Northern Ireland.</p> <p>The Department sets the strategic vision and priorities for health and social care; and is required to develop policies; determine priorities and objectives; allocate financial resources; set standards and formulate general policy and principles. The framework notes that <i>“in allocating current expenditure ... the Department must strike a balance between facilitating full and timely deployment of resources to frontline and the need to ensure that appropriate control of funds is retained centrally by the Department;”</i> with the use of a capitation formula regarded as <i>“the most fair and equitable allocation of revenue funding for LCG areas”</i>. The Department has also responsibility for strategic capital planning (and associated procurement and performance management of the capital programme).</p> <p>In terms of service commissioning and provision, the Department discharges this duty primarily by delegating the exercise of its statutory functions to the HSCB and the PHA and to a number of other HSC bodies created to exercise specific functions on its behalf. All of these HSC bodies are accountable to the Department which in turn is accountable, through the Minister, to the Assembly for the manner in which this duty is performed.</p> <p>The Department’s current organisational structure as it relates to Children’s Social Services is that there is a Grade 3 Lead of Social Services Policy Group (SPPG), who has the following remits/reports:</p> <ul style="list-style-type: none"> <li>• Director of Family and Children’s Policy</li> <li>• Director of Older People and Disability</li> <li>• Director of Mental Health</li> </ul> <p>While not a direct report, the Office of Social Services (led by Chief Social Worker) is also closely aligned to SSPG and has a whole population focus.</p>
HSCB (now SPPG)	<p>Responsible and accountable for the commissioning of services, resource allocation and performance management. It is noted that the Framework will have to be amended to take account of the closure of the HSCB and the transfer of functions to the SPPG within the Department (as mandated by the 2022 Health and Social Care Act (NI)).</p> <p>The SPPG’s current organisational structure as it relates to Children’s Social Services was not available in the reporting timeframe. SPPG has advised that in order to support and enable</p>

<sup>1</sup> Public Health Agency (PHA), former Health and Social Care Board (HSCB), Regional Business Services Organisation (BSO), Health and Social Care Trusts, Patient and Client Council, Regulation Quality and Improvement Authority (RQIA) and Special Agencies (NI Blood Transfusion Service, NI Medical and Dental Training Agency and NI Guardian and Ad Litem Agency).

<b>Health and Social Care (Reform) Act (NI) 2009 Framework Document Duties</b>	
<b>Organisation</b>	<b>Duty</b>
	the transition to its new modus operandi it is undertaking a new model of Organisation Design through its SPPG Ambition People Strategy, in line with the HSC NI Management of Change Framework and its associated Strategic Workforce Planning. The HSC Leadership Centre has been commissioned to facilitate areas of business to map their alignment to the new model and to explore new and better ways of working and for the alignment of complex services.
HSC Trusts	<p>SPPG commissions a comprehensive range of health and social care services required in Northern Ireland from Health and Social Care Trusts (HSCTs) and other organisations.</p> <p>The annual Commissioning Plan provides the framework for each Trust to develop its annual Trust Delivery Plan, which sets out how the Trusts will provide services that meet the requirements of the Commissioning Plan and meet the standards and targets set by the Minister. Service and Budget Arrangements, which set out volume, cost and outcomes of services, are detailed as being the <i>“administrative vehicle for demonstrating that these obligations have been met”</i>. Organisational structures of Trusts, as they relate to Children’s Social Services, are detailed in Section 2.</p>
PHA	<p>The PHA is a multi-disciplinary, multi-professional body which has four key functions:</p> <ul style="list-style-type: none"> <li>• Health and social wellbeing improvement;</li> <li>• Health protection;</li> <li>• Public health support to commissioning and policy development; and</li> <li>• HSC research and development.</li> </ul> <p>In the exercise of these functions, the PHA also has a general responsibility for promoting improved partnership between the HSC sector and local government, other public sector organisations and the voluntary and community sectors to bring about improvements in public health and social well-being and for participating in local government community planning arrangements.</p> <p>The PHA is currently subject to a review by Ernst and Young.</p>

<b>Other Key Players and / or Planning and Delivery Mechanisms within NI health and social care arena</b>	
CYPSP	<p>The Children and Young People’s Strategic Partnership (referred henceforth as the CYPSP) is a non-statutory partnership set up in 2011 to improve outcomes for children and young people through integrated planning and commissioning of services across Northern Ireland. The early work of the CYPSP included undertaking a review of existing strategies, profiling of service infrastructure and the development of a Commissioning Action Plan. In turn the CYPSP requested the development of a joint governmental strategy for intervention; and a long term shift in resources comparable to Northern European countries.</p> <p>The Partnership is currently chaired by the Chief Executive of the PHA and its members are senior representatives of statutory, voluntary and community organisations, councils and Executive departments involved in delivering services to children and families. The CYPSP is supported by sub-groups and sub-committees at regional, sub-regional and local levels. Its current organisational structure is illustrated below. The current agreed structure comprises:</p> <ul style="list-style-type: none"> <li>• One regional CYPSP;</li> <li>• Regional Subgroups / Task and Finish Groups focusing on cross-cutting early intervention issues for children and young people;</li> <li>• Five Outcomes Groups (OGs) focusing on the need in specific geographic areas. The purpose of OGs is to act as coordination and planning space for early intervention family support developments in their area. Membership of Outcomes Groups reflects that of the</li> </ul>

Other Key Players and / or Planning and Delivery Mechanisms within NI health and social care arena	
	<p>CYPSP in that it includes representatives from statutory agencies and the community and voluntary sector. Regional sub-groups carry out integrated planning and commissioning for specific groups of children and young people at particular disadvantage. They concentrate on those things which cannot be achieved more locally and have to be worked through by the agencies at a regional level.</p> <ul style="list-style-type: none"> <li>• 25 Locality Planning Groups (LPGs) are partnerships between statutory, voluntary and community organisations working with and for children, young people and families at a local level. Their work focuses on early intervention to improve outcomes for children and young people.</li> </ul> <p>The CYPSP promotes and uses Outcomes Based Accountability (OBA) as a framework for the identification of measurable population and performance indicators to inform multi-agency integrated planning; the maintenance of child rights indicators / UNCRC monitoring and the production of OBA monitoring tools and Report Cards, for CYPSP's OGs, LPGs and Family Support Hubs.</p>
SBNI	<p>The Safeguarding Board of Northern Ireland (henceforth SBNI) was established by the Safeguarding Board Act (Northern Ireland) 2011 to co-ordinate and ensure the effectiveness of specified organisations in safeguarding and promoting the welfare of children. It is supported by five Safeguarding Panels and a Case Management Review Panel.</p> <p>The five Safeguarding Panels are located within the geographical area of the five HSCTs. They are independently chaired, multi-agency, multi-disciplinary statutory committees of the SBNI. Safeguarding Panels facilitate safeguarding and child protection practice at a local level and are responsible for implementing the SBNI's strategic vision at a local level.</p> <p>The primary aim of the SBNI is to co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in Northern Ireland. The 2011 Act requires member organisations to co-operate to safeguard and promote the welfare of children and young people in Northern Ireland.</p> <p>The SBNI reports to the DoH as the sponsor Department for the discharge of its statutory functions and acts in accordance with Guidance to the Safeguarding Board for Northern Ireland, published by DoH. Among other statutory functions of the SBNI, it is required to develop operational policies and procedures for safeguarding and promoting the welfare of children and young people which must be adopted and implemented by member organisations across Northern Ireland. Operational policies and procedures should reflect the policy guidance set out in this document. The SBNI has a particular strategic focus – it is not an operational body. It sets strategic direction relating to safeguarding with the agreement and participation of its member bodies.</p> <p>The SBNI is responsible for ensuring effective information sharing arrangements which includes information sharing agreements with and between its member organisations and key bodies (for example the PPS) and with other jurisdictions. This includes information regarding multi-agency training, lessons learned from Case Management Reviews, the dissemination of safeguarding policies and procedures and any other additional relevant information. <i>[Source: Co-Operating to Safeguard CYP in NI]</i></p> <p>Notably, under Section 10 of the 2011 Act members of the SBNI and its statutory committees and subcommittees have a statutory duty to co-operate in the exercise of their statutory functions. Mechanisms to underpin and support effective cooperation, collaboration and joint working between member bodies of the SBNI in operational practice must also be in place.</p>

## 2. Background to Commissioning

There has not been a Commissioning Direction issued by the Department since pre-pandemic times i.e. the 2019/20 financial year. The Commissioning Plan Direction 2019/20 sets out the eight outcomes and under each it assigns objectives/goals for improvement and associated quality and performance indicators. It is notable that whilst children feature under Outcomes 1, 3, 4 and 5; there are only five objectives and six performance indicators (all six indicators relate to Outcome 1). The following refers:

<b>2019/20 Commissioning Plan Direction Outcomes, Objectives and Performance Indicators</b>
<p><b>Outcome 1: Reduction of Health Inequalities</b></p> <p><u>Objectives Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- Objective 1.12: By March 2020, the proportion of children in care for 12 months or longer with no placement change is at least 85%; and 90% of children, who are adopted from care, are adopted within a three year time frame (from date of last admission). The aim is to secure earlier permanence for looked after children and offer them greater stability while in care.</li> </ul> <p><u>Performance Indicators Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- A19: Proportion of looked after children who have experienced more than two placement changes.</li> <li>- A20: Length of time for best interest decision to be reached in the adoption process.</li> <li>- A21: Number of school age children in care for 12 months or longer who have missed 25 or more school days by placement type.</li> <li>- A22: Proportion of school-aged children who have been in care for 12 months or longer, who have a personal education plan.</li> <li>- A23: Percentage of care leavers aged 16 – 18 in education, training or employment by placement type.</li> <li>- A24: Percentage of care leavers at age 18, 19 and 20 years in education, training or employment.</li> </ul>
<p><b>Outcome 3: Improve the quality of the healthcare experience</b></p> <p><u>Objectives Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- Objective 3.2: During 2019/20 the HSC should ensure that care, permanence and pathway plans for children and young people in or leaving care (where appropriate) take account of the views, wishes and feelings of children and young people</li> </ul> <p><u>Performance Indicators Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- None</li> </ul>
<p><b>Outcome 4: H&amp;SC Services are centred on helping to maintain or improve the quality of life of people who use them</b></p> <p><u>Objectives Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- Objective 4.3: By March 2020, reduce the number of unallocated family and children’s social care cases by 20%</li> <li>- Objective 4.14: By March 2020, no patient waits longer than: nine weeks to access child and adolescent mental health services; nine weeks to access adult mental health services; nine weeks to access dementia services; and 13 weeks to access psychological therapies (any age)</li> </ul> <p><u>Performance Indicators Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- None</li> </ul>
<p><b>Outcome 5: People, including those with disabilities, long term conditions or who are frail, receive the care that matters to them</b></p> <p><u>Objectives Relevant to Children’s Social Services</u></p> <p>Objective 5.6: By March 2020, to have published the Children and Young People’s Emotional Health and Wellbeing Framework for school-aged children and young people in Northern Ireland.</p> <p><u>Performance Indicators Relevant to Children’s Social Services</u></p> <ul style="list-style-type: none"> <li>- None</li> </ul>

In response to this Departmental Commissioning Direction, a Commissioning Plan was prepared to detail how the services to be commissioned would deliver priorities and outcomes. The Annual Commissioning Plan (co-produced by the PHA and HSCB and in a format that was directed by the Department) presents “Commissioning Intentions.” To provide the reader with a sense of the content of the Commissioning Plan, the following summary compares the 12/13 with the 19/20 plan, demonstrating the nuanced changes in that timeframe:

12/13 Commissioning Cycle	19/20 Commissioning Cycle
<p>The Commissioning Direction identified six broad themes as priorities, namely:</p> <ol style="list-style-type: none"> <li>1. Improve and protect health and well-being and reduce inequalities, through a focus on prevention, health promotion and earlier intervention.</li> <li>2. Improve the quality of services and outcomes for patients, clients and carers.</li> <li>3. Develop more innovative, accessible and responsive services, promoting choice and by making more services available in the community.</li> <li>4. Improve the design, delivery and evaluation of health and social care services through involvement of individuals, communities and the independent sector.</li> <li>5. Improve productivity, by ensuring effective and efficient allocation and utilisation of all available resources in line with priorities.</li> <li>6. Ensure that the most vulnerable in our society, including children and adults at risk of harm, are looked after effectively across all our services.</li> </ol>	<p>The Commissioning Direction identified four strategic themes as priorities, underpinned by eight outcomes, as follows:</p> <ol style="list-style-type: none"> <li>1. To improve the health of the population <a href="#">Outcome 1: Reduction of health inequalities</a></li> <li>2. To improve the quality and experience of health and social care <a href="#">Outcome 2: People using health and social care services are safe from avoidable harm</a> <a href="#">Outcome 3: Improve the quality of the healthcare experience</a> <a href="#">Outcome 4: H&amp;SC Services are centred on helping to maintain or improve the quality of life of people who use them</a> <a href="#">Outcome 5: People, including those with disabilities, long term conditions or who are frail, receive the care that matters to them</a> <a href="#">Outcome 6: Supporting those who care for others</a></li> <li>3. To ensure the sustainability of health and social care services provided <a href="#">Outcome 7: Ensure the sustainability of H&amp;SC services</a></li> <li>4. To support and empower staff delivering health and social care services <a href="#">Outcome 8: Supporting and transforming the HSC workforce</a></li> </ol>
<p>The Commissioning Plan articulated Children and Families as one of 12 service areas "Area 10: Children and Families."</p>	<p>The Commissioning Plan articulated Family and Childcare Health as one of 16 service areas "Area 4: Family and Childcare Services".</p>

The FY19/20 Commissioning Plan, which remained the proxy reference through to FY22/23<sup>2</sup>, had the following strategic priorities and associated service delivery requests from the Trusts under Family and Childcare Services as follows:

Requirement/ Priority	Trust
<p>Effective arrangements should be in place to implement the Managed Care Network for Children and Young People with Acute and High Intensity Care Needs as recommended by the independent review into CAMHS Inpatient Services (CPD 4.14)</p>	<p>Trust responses should demonstrate plans to contribute to the development and establishment of a Managed Care Network for Acute CAMHS which includes Secure Care, youth Justice and Forensic CAMHS to deliver a more consistent service across the region and equitable access to acute services</p>
<p>Effective arrangements should be in place to prevent the increasing threat of Child Sexual Exploitation (CSE) as identified by the Marshall Inquiry.</p>	<p>Trust responses should detail their reporting arrangements to the Board in relation to the regional action plan and ensure that the CSE leads continue to coordinate CSE Trust assessments.</p>
<p>Effective arrangements should be in place to safeguard children and promote their welfare in line with Co-operating to Safeguard Children (2017).</p>	<p>Trust responses should demonstrate plans to provide effective safeguarding services; ensure robust HSC child protection processes are in place; ensure safeguarding policy and procedures are in place relating to referrals, assessment, service planning, case management and record keeping; monitor and audit effectiveness of policy, practice and service provision in achieving specified outcomes for children and young people; and ensure access to an effective range of therapeutic supports based on assessed needs</p>
<p>Effective arrangements should be in place to meet the requirements of the Children's Co-operation Act (2015) and the Special Educational Needs and Disability Act (2016).</p>	<p>Trusts responses should demonstrate plans which evidence partnership working with the EA; evidence improvements in the provision of timely advice for children undergoing Statutory Assessment and deliver necessary support/interventions to meet children's identified needs.</p>
<p>Effective arrangements should be in place to improve data collection in CAMHS services to</p>	<p>Trust responses should demonstrate how they will use information to assess the effectiveness of CAMHS and evaluate outcomes, fully</p>

<sup>2</sup> It is understood that an interim (currently unpublished) statement of strategic priorities has been developed by the Department for FY23/24.

Requirement/ Priority	Trust
capture need, demand activity, outcomes and service user experience	implement CAPA and ensure effective case management in line with NICE guidance. Trusts responses should demonstrate plans to strengthen NICE approved Psychological Therapies to include a skills analysis and workforce plan to identify gaps in the delivery of evidenced based therapies and skill mix requirements to deliver a range of therapeutic interventions.
Effective arrangements should be in place to support the CYPSP multiagency children's services planning process	Trust responses should set out how the work of the Outcomes Group and the network of family support hubs and locality planning groups are to be supported.
Effective arrangements should be in place to appropriately manage the increasing number of children with complex health care needs and challenging behaviour.	Trust responses should demonstrate how service provision will meet the needs of children with complex health care needs and challenging behaviour and that Trusts demonstrate how funding has addressed the core issues
Effective arrangements should be in place to appropriately manage the increasing number of Looked After Children (LAC) entering the system. (CPD 1.12)	Trust responses should demonstrate how: <ul style="list-style-type: none"> <li>• Criteria will be set to ensure children become looked after where there is a clear indication that their long term outcomes will be improved or removal is required in order to safeguard the child/young person;</li> <li>• Trusts should also evidence a systematic approach in reducing the need for children to become looked after through prevention and family support services;</li> <li>• Initiatives will be put in place to increase the number of placements and specify how these will be provided including the development of regional retention and recruitment strategy for foster care, for the recruitment of specialist foster carers, parent child placements, post adoption support and stability of placements/prevention of placement disruptions and breakdowns in placements;</li> <li>• Support will be provided to young (16/17 year olds), homeless individuals who are seeking to achieve a safe, stable return to a family appropriate safeguarding measures will be put in place for extra-ordinary placements;</li> <li>• Intensive edge of care interventions and family support will be provided to enable children to remain within their families where this is in the child's best interest; and</li> <li>• Required volumes of service activity for 2019/20 will be delivered</li> </ul>
Effective arrangements should be in place to ensure the stability of mainstream care placement arrangements for children in care	Trust responses should demonstrate a reduction in unplanned care placement moves for children in care and use of effective interventions to deescalate crisis and prevent moves for children in care, particularly into high end regional facilities
Effective arrangements should be in place to appropriately manage the increasing number of unplanned/emergency placements where children are known to a Trust.	Trusts should demonstrate effective use of Network meetings, FGC, Pre Proceedings Resource panel to ensure contingency arrangements identified which best meet the assessed needs of children and young people where there is the potential for an admission to care.
Effective arrangements should be in place to ensure a seamless care pathway for LAC which promotes stability and permanency for children. (CPD 3.2)	Trust responses should demonstrate arrangements to ensure stable care pathways for LAC and deliver permanency within the quickest possible timeframe. Effective arrangements and monitoring should be in place to ensure LAC achieve permanency in line with the agreed policy. Trust responses should demonstrate plans to ensure equitable access to GEM (Going the Extra Mile) services for all young people in foster care in line with regional policy and procedures on permanency and the outworking of the Trust permanency panels.
Effective arrangements should be in place to ensure that children's care plans explicitly state what is to be achieved by the admission to care, the child and young person's views about their care plan, what is expected from parents in order for the child to return home and the anticipated duration of the placement. (CPD 3.2)	Trust responses should demonstrate how robust assessments (in keeping with policy and procedures) will be undertaken for all children who are to return home, enabling the Trust to determine the feasibility of such a move and to identify any support required to maintain the placement and discharge any existing Care Order. This assessment should outline how the child/young person's views have been taken into account in agreeing the care plan.

Requirement/ Priority	Trust
Effective arrangements should be in place to meet the increasing demand for Autism Services to include the creation of an integrated care system for Children, Young People with Developmental, Emotional and Mental Health services.	Trust responses should demonstrate plans to address autism waiting lists in line with the Autism Access Standard and support the development of an integrated service model to include assessment, early intervention, diagnostic and transitional services supported by using the additional recurrent funding identified by the Board.
Effective arrangements should be in place to manage the increasing demand in CAMHS and the continued implementation of the stepped care model focusing on improvement of the interfaces between acute and CAMHS community care including secure care and Youth Justice; integration of CAMHS and children's neurodevelopmental (autism and ADHD) provision.	Trust should demonstrate plans to: <ul style="list-style-type: none"> <li>• Demonstrate the management of service demand.</li> <li>• Improve interface arrangements between CAMHS acute and community care, secure care and with Youth Justice.</li> <li>• Integrate CAMHS, Autism and ADHD services to ensure effective access based on assessed needs to children, young people and their families.</li> <li>• Ensure implementation of the CAMHS Integrated Care Pathway.</li> </ul>
Effective arrangements should be in place to strengthen and improve placement services for children.	Trusts should evidence developments to improve placement services including residential care, foster care and post adoption support.
Effective arrangements are in place to ensure transitions/exit from care, are timely and well planned and co-ordinated.	Trusts should evidence arrangements are in place to ensure young people in transition placements or being discharged from care have robust plans which demonstrate a current assessment of their needs, how these will be met and arrangements for ongoing monitoring and support.

### 3. Background to Children's Services Planning

There is a statutory requirement in relation to Children's Services planning detailed within paragraph 2A of Schedule 2 to the Children (Northern Ireland) Order 1995 (as amended by the Children (1995 Order) (Amendment) (Children's Services Planning) Order 1998):

Schedule 2 to the Children (NI) Order 1995 includes, at paragraph 2(A), that:

(1) Every Board shall (a) Review the services provided within its area (under Articles 18, 21, 23, 27, 34C to 34E, 35A and 35B); and (b) Having regard to that review and the most recent reviews under Article 20, prepare and publish a plan for the provision of services under Part IV.

(2) The Department (a) Shall review ... at least once in each financial year ..., the plan prepared under sub-paragraph (1)(b) (as modified or last substituted under this sub-paragraph); and (b) May, having regard to that review and to the most recent reviews under Article 20, prepare and publish (i) modifications (or, as the case may be, further modifications) to the plan reviewed; or (ii) a plan in substitution for that plan.

(3) In carrying out any review under this paragraph and in preparing any plan or modification to a plan, the Department shall consult (a) every Health and Social Care Trust; (b) the Education Authority; (c) every district council, (d) such voluntary organisations as appear to the Department: (i) to represent the interests of persons who use or are likely to use services provided under Part IV; or (ii) to provide services which, were they to be provided by an HSC trust, might be categorised as services provided under that Part; (e) the Northern Ireland Housing Executive; (f) the Chief Constable; (g) the Probation Board for Northern Ireland; and (h) such other persons as appear to the Department to be appropriate.

Notably, whilst Provision 2(A) of the Children (NI) Order 1995 places a clear remit on both the Trusts and the Board (now SPPG) to review service plans on an annual basis; the scope of the planning is limited to the provision of services under Part IV (Support for children and their families) which includes Children in Need and their families; Children Looked After by an authority and Care Leavers. The aims of Children's Services Planning, as included in the Children's Services Planning Guidance 1998; are as follows:

- Promote the welfare of children;
- Clarify strategic objectives in relation to services;
- Promote integrated provision of service and effective use of available resources;
- Ensure consistency of approach to planning;
- Promote and establish high standard of co-ordination and collaboration between HSCB and Trusts and between social care and health services; and
- Facilitate joint commissioning by agencies when it is seen as appropriate to meet the needs of children.

The history of service planning is that there were initially, in 1999, four Children and Young Peoples Committees, one based in each of the four Board Areas; and they produced the first Children's Services Plan for the period 1999-2002. In 2008 Children's Services Planning adopted an outcomes based planning model (implemented through an EU-funded cross border project<sup>3</sup>). Within the resultant report *"Framework for Integrated Planning for Outcomes for Children and Families"* the following is noted with respect to integrated planning:

#### **Integrated Planning Definition**

At a basic level integrated planning is the formulation of plans by and between agencies, communities and service users for the provision of services for a particular group. It is generally envisaged to take place at the horizontal level i.e. agencies in a particular area work together.

It involves at least two agencies taking joint responsibility for translating strategy into action.

#### **Why is Integrated Planning Important?**

Integrated planning, and the resulting integrated provision of services, has in itself led to new and innovative work practices in achieving outcomes for children. Services have been reoriented to address the needs of children in the community through pooling resources and expertise, making them more accessible for those who need them. In short, services can become more customised and grounded in the needs of those in the community. There are other reasons why integrated planning is important and beneficial, besides the obvious improved services for children:

- Resources can be more effectively used;
- The stigma of using services can be reduced;
- Inefficient and ineffective services in the area can be easily identified;
- Fragmentation and overlap of services can be reduced, if not totally removed.

#### **What is needed for Integrated Planning to be Successful?**

[There are] ...a number of factors which are vital to successful integrated planning:

- Foremost is the regular attendance of agency representatives who are knowledgeable, mandated and empowered to act on behalf of colleagues and the whole agency. The most well-meaning partnerships can often falter on a simple thing like unfamiliarity, both with the context and with other actors around the table;
- Clear communication and specific, delineated responsibilities between staff and agencies;
- The need to establish (if not in existence), acknowledge, and facilitate the maintenance of positive formal and informal networks and cultures both between statutory agencies, and between statutory agencies and voluntary/community organisations;
- Training and development opportunities for all participants in and through the integrated planning process are essential in binding the actors and organisations together;

<sup>3</sup> This framework was developed by the Outcomes for Children Project which is funded by the European Union Interreg IVA to promote and implement inter-agency and cross border outcomes based planning in the Co-operation and Working Together (CAWT) border region.

- The realisation that such an approach may require a culture shift for some, if not all organisations - an agreed timetable for action and implementation should be set out along with an initial gradual approach to change will aid agency staff to cope with cultural change
- Linking the integrated planning process into the work of participant agencies so that all in that agency are aware of its existence, responsibilities and significance, and the planning process of each individual agency reflects the integrated plan and its priorities;
- Provision of supports - financial, training, research - so as to reflect on the process and its impact on outcomes;
- A strong leader and a steering committee or group empowered with responsibility to drive the process;
- An integrated system of commissioning services to support different agencies;
- Acknowledgement of power imbalances in the integrated planning process, especially between statutory agencies and voluntary/community sector partners. This must be addressed by development opportunities for the voluntary/community sector agencies and for the whole partnership together;
- The participation of children and young people, their families and communities.

#### **Common barriers to Integrated Planning**

Barriers to integrated planning in other areas of provision have included:

- Failure by participants to understand fully what integrated planning and partnership means;
- Unrealistic or over-elaborate aims can serve to devalue the entire process;
- Frequent staff turnover;
- Lack of qualified staff;
- Inflexible professional ideologies;
- Geographical position - organisations geographically close to one another tend to perform better in integrated planning scenarios;
- Government objectives which do not support integrated planning. Statutory agencies are sometimes driven in opposite directions by their lead departments of government;
- Real and perceived power and resource differentials between agencies. Successful integrated planning is a partnership process; it involves recognising that all participants have an equal role and while resources may be different, they are all required to ensure success.

The CYPSP website states that *“CYPSP will work together to carry out integrated planning to put in place those supports and services to improve outcomes for children and young people that can’t be put in place by agencies acting separately.”*

It is understood that the Provision 2(A) requirement<sup>4</sup> with respect to children’s service planning is met through the publication of CYPSP Action Plans. The Current CYPSP Action Plan is summarised below and overleaf, including detail of local plans where available.

#### **SUMMARY OF CYPSP ACTION PLAN 2021-2024**

##### **Overarching CYPSP Priorities 2021-2024**

1. **Children’s Mental Health and Emotional wellbeing, in particular but not exclusively children in the 5-10 age groups;**
2. **Early Intervention support for Children with Disabilities and their families;**
3. **Support to children whose wellbeing is being affected by disruption to their schooling; and**
4. **Contribution to strategic cross departmental actions in response to food and fuel poverty, as well as locality based service responses.**

##### **Southern Area Outcomes Group Priorities – 2021-2024**

###### **Response to Priority One**

- Improve outcomes for Emotional Mental Health and Wellbeing needs of children and families across SHSCT area at levels 1, 2 and 3 of the Family Support Model.

<sup>4</sup> The legislation required a plan to be in place before 31<sup>st</sup> March 1999; and for the Department to annually review this plan and, having regard to that review, to either publish modifications or substitute a new plan.

Response to Priority Two

- Improve outcomes for Children with a Disability through roll out of Our Journey through disability recommendations

Response to Priority Three

- BAME Children, young people and families will experience and benefit from good relations, equality and diversity - inclusive access to schools, youth and public facilities/services.

Response to Priority Four

- Link with SHSCT Poverty Forum in respect of children and families Link with SHSCT Domestic Violence Forum in respect of children and families

**Northern Area Outcomes Group Priorities – 2021-2024**

Priority	Outcomes	Action Plans
1	<ul style="list-style-type: none"> <li>• Enhanced multi-agency awareness of available support services and evidence gaps in meeting emotional health and wellbeing needs of children</li> <li>• Increased access to relevant and appropriate mental health information and services for Children and young people and families</li> <li>• Children and young people get the best start in life through positive social and emotional development from ante-natal to adulthood including evidence-informed interventions and support for families.</li> </ul>	<ul style="list-style-type: none"> <li>• All relevant links are made with other processes in respect of Emotional Health and Wellbeing locally and regionally. Produce a video of interviews with those contributing to the EWB of children and families in the Northern Area. To include the journey of the child.</li> <li>• Map of planned investments, what are these and when are they due to be implemented and any further gaps.</li> <li>• Hold a workshop to share information on EHWP investment for example including local profile and new ways of working, aligning with regional framework. Identify in particular and agree the further ideal expansion, scaling and investment requirements for Northern area linked to what works locally.</li> <li>• Learning/evaluation on what works in mental health and emotional wellbeing for children including evaluations from the DE Framework investment.</li> <li>• Data – Identify and share robust indicators for children and young people and families re: EHWP</li> <li>• Promote the CYPSP Youth Wellness Web as resource to access relevant and appropriate information for CYP and Families – Feedback to be presented to the NOAG</li> <li>• Identify good practice interventions around ASD/ADHD in relation to children across age-groups, inclusive of parents and consider further roll out. Promote a trauma informed approach across NOAG area</li> <li>• Annual learning/celebration event to share what is happening across Northern Area to include the voice of young people linking with the CYPSP Youth Reference group</li> </ul>
2	<ul style="list-style-type: none"> <li>• Families receive good communication. Whether formal diagnosis of disability or undiagnosed additional need, parents will be informed of what to expect from services and a timeline where appropriate</li> <li>• Increased connectivity/accessibility to community services</li> </ul>	<ul style="list-style-type: none"> <li>• Engagement with young people on their priorities</li> <li>• Rollout of accessibility workshops and toolkit for service providers</li> <li>• Identify and share widely, information on activities available for children with a disability and how to access services</li> <li>• Develop childcare/childminding provision in respect of Children with disabilities – round table discussion pending/ briefing paper in development to support this</li> <li>• Consider the recommendations of the Our Journey document</li> </ul>
3	<ul style="list-style-type: none"> <li>• Schools have increased awareness of available support services for school population and parents</li> </ul>	<ul style="list-style-type: none"> <li>• Quarterly promotion of support service e.g. Family Support NI, SENAC and Helpline NI through C2K website.</li> <li>• Identify EA, School and Youth Service representation to assist Task Group work</li> </ul>

Northern Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
	<ul style="list-style-type: none"> <li>Parents know where to go, how to access services, and who to ask for help</li> <li>Parents are empowered to support their children's wellbeing in education and valued in their role.</li> <li>Teachers are valued and supported in relation to their own resilience, self-care and regulation</li> <li>Increased positive messaging, and resilience for children and young people</li> </ul>	<ul style="list-style-type: none"> <li>Understand the effects of disruption to education on children's wellbeing. (Information/Research collate EA and other existing research, e.g. NICCY, Barnardos, QUB, UU)</li> <li>Training Needs/Support Awareness to include all school staff (short survey) to include what they have already completed.</li> <li>Promote a celebration day of school staff/volunteers (regional?)</li> </ul>
4	<ul style="list-style-type: none"> <li>Raise awareness of Poverty and understanding of effectiveness of Partnership working</li> <li>Greater levels of cross organisation response and holistic approach to addressing poverty</li> <li>Support and increase family capacity to move out of poverty and maintain that position</li> </ul>	<ul style="list-style-type: none"> <li>Share learning about poverty Portal (e.g. Save the Children or Causeway Coast &amp; Glens) with view to NAOG area rollout</li> <li>Hold a workshop to consider how we can work collectively to build on the good work happening in the Northern area</li> <li>Draw up plans on how we can reach the working poor e.g. cross referral systems, review models and target young people in poverty</li> <li>Review good models for wrap around services addressing key development and capacity building issues for children and families and consider further roll out and to build more wrap around into existing schemes. Raise awareness of support services/programmes available to families</li> </ul>

Western Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
1	<ul style="list-style-type: none"> <li>Increased access to community activities for children and young people, raise awareness and outreach to improve physical and emotional wellbeing</li> <li>Increased awareness of importance of strong emotional attachment for Children and Parents</li> </ul>	<ul style="list-style-type: none"> <li>Presentation of Unicef work</li> <li>Scoping exercise on what is currently available</li> <li>Raise awareness to young people on services and how to access</li> <li>Promote community activities as key to emotional health and wellbeing</li> <li>Work with young people to identify ambassadors to help with promotion</li> <li>Link with MACE to promote resilience and attachment programmes for parents/carers</li> <li>Trauma Informed Practice awareness training <ul style="list-style-type: none"> <li>Access to interventions</li> <li>Equipping community and voluntary sector to deliver</li> <li>Moving to action</li> <li>Integrate into practice</li> </ul> </li> </ul>
2	<ul style="list-style-type: none"> <li>There is greater collaboration and multiagency cooperation between the statutory, voluntary and community organisations</li> <li>All children have a safe place to go and someone to talk to when they need support, feel sad, worried or anxious. The</li> </ul>	<ul style="list-style-type: none"> <li>Sustained interaction with regional organisations who have responsibility for safeguarding in general to ensure delivery at local level (e.g. SBNI, NI Anti-bullying Forum)</li> <li>Promote the importance of a trusted person and support organisations</li> <li>Bullying policies and procedures in school are adopted to take into consideration a Trauma Informed Approach/ ACES</li> </ul>

Western Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
	support accessed is high quality, evidence-based, CYP-friendly and rights respecting.	
3	<ul style="list-style-type: none"> <li>Children feel seen, heard, valued and understood</li> <li>Culture change and investment to meet requirements of children with a disability and ensure access to services at the right time</li> <li>Referral pathways are developed to help parents and children and young people access support at the right time</li> <li>Parents/carers and teachers feel empowered to support children and young people's mental health.</li> </ul>	<ul style="list-style-type: none"> <li>Connect with Youth Forum, Young Voice, Youth Councils, EA LAGs to advise on pertinent issues and bring back to WOAG. E.g. LBGTQIA+ issues and develop actions as appropriate</li> <li>Understand UNICEF badges and how these could be incorporated into individual action plans. Building Child Rights into practice.</li> <li>Develop and coordinate regular communications from WAOG and share widely</li> <li>Children with a disability - Take on board recommendations from "Our Journey" to include investment and share evidence of good practice e.g. Sparks and Foyle Down Syndrome Trust. To include stepped approach to awareness/capacity/training</li> <li>Develop inclusion annual awards to recognise incorporation of recommendations from Our Journey Report (2020)</li> <li>Provide overview of support, programmes, training, etc. and share with key stakeholders (practitioners/parents/CYP) who will cascade appropriately</li> <li>Increased understanding and awareness of where to go for help and support. FYI, Family Support NI, FSH</li> <li>Link with EHWB regional lead re: new framework to support for children and families on waiting lists for diagnosis</li> <li>Training and awareness raising with parents to improve mental, physical health through awareness of and access to ways to improve coping strategies, activity levels and overall WB – Work in partnership with MACE project and their programmes and activities</li> <li>Link to EA EHWB framework and include RoE, Reach, Take 5 Networks etc. Sleep Awareness, Digital Safeguarding. Pool resources and expertise to support best practice across life of plan.</li> </ul>

South Eastern Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
1	Families, children and young people have access to timely information and support for their Emotional Health and Wellbeing	<ul style="list-style-type: none"> <li>Establish new integrated Wellbeing Hubs to enhance Step 1 and 2 mental health services with HLCs, GP Federations, ICPs, Trusts, V&amp;C sector and MDTs</li> <li>Contribute to the development of App for family support services information led by ANDC</li> <li>Promote Take 5 Ambassador Training Tracking progress and impact</li> <li>Roll out Building Out Children's Developing Brain</li> <li>Support the roll out of a community mentoring programme for young girls aged 10-14 years who experience poor emotional health/wellbeing</li> </ul>

South Eastern Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
		<ul style="list-style-type: none"> <li>Deliver a shared learning event on the impact of implementing ambassador and champions within the community. This workshop will bring partnership together to share ideas, challenges and potential developments</li> <li>All members to promote the CYPSP Youth Wellness Web as a resource to access relevant and appropriate information for Children, Young People and families.</li> <li>Outcomes Group to use data to agree priorities, and demonstrate outcomes</li> </ul>
2	<ul style="list-style-type: none"> <li>Recommendations from Our Journey are implemented in the South Eastern Area</li> <li>Increased connectivity/accessibility to community services</li> </ul>	<ul style="list-style-type: none"> <li>Work to implement recommendations from Our Journey Through Disability Report</li> <li>Scope role of key worker or navigator the support children with disabilities/additional needs and their families.</li> <li>Raise awareness of Foetal Alcohol Spectrum Disorder through LPGs</li> <li>Development of peer support for parents of children with disabilities</li> <li>Ensure co-design and co-production is embedded in all services for children with disabilities/additional needs</li> </ul>
3	<ul style="list-style-type: none"> <li>Children and young people are supported during times of disruption to their schooling</li> <li>Help Kids Talk is available across the South-Eastern Area</li> <li>Shared vision/principles between education and health and wellbeing</li> </ul>	<ul style="list-style-type: none"> <li>Understand the effects of disruption to education on children's wellbeing.</li> <li>If long term disruption to schooling occurs produce a guide of available support services, based on previous guide</li> <li>Develop additional education support for children to help them achieve, especially at points of transition</li> <li>Help Kids Talk is available across the South-Eastern Area</li> <li>Promote examples of excellence, pre/primary/post/HE, e.g. Operation Encompass, Solihull schools. Strengthen connections between schools and communities. Next stage after SE PLIG connecting schools to communities.</li> </ul>
4	<ul style="list-style-type: none"> <li>An integrated hardship service is established to support vulnerable families</li> <li>Information and services are more accessible for families</li> </ul>	<ul style="list-style-type: none"> <li>Take learning from integrated hardship service and replicate for future opportunities</li> <li>Support regionally joined up suggested mitigations of Cost of Living</li> <li>Support communities re: holiday hunger</li> <li>Provide evidence of health impact of lack of heating etc. on children – circulate presentation by Action for Children on this</li> <li>Share information and resourcing relating to poverty across the SE Area Trust via Regional Cost of Living Resource</li> <li>Share Cost of Living Resource within organisations and with families.</li> </ul>

South Eastern Area Outcomes Group Priorities – 2021-2024		
Priority	Outcomes	Action Plans
		<ul style="list-style-type: none"> <li>• Improve access to relevant universal messages. <ul style="list-style-type: none"> <li>○ Share learning from Colin Neighbourhood Partnership's Advice clinics</li> <li>○ Share learning in community fridges, social supermarkets etc.</li> <li>○ CVS awareness of pathways to services to reach families</li> </ul> </li> <li>• Raise awareness of financial benefits to recycling and food waste</li> </ul>

#### 4. Background to Resource Management

In allocating funding the SPPG use the Northern Ireland Capitation Formula, whereby each Local Commissioning Group is allocated its fair share of the available resources for hospital and community services to serve its population. The current formula is based upon a Programme of Care (PoC) approach and there are nine PoCs, as listed below, along with the current allocation of the overall resource budget:

Programme of Care	Share of Total Resources
1. Acute Services	43%
2. Maternity and Child Health	4%
3. Family and Child Care	7%
4. Elderly Care	20%
5. Mental Health	8%
6. Learning Disability	7%
7. Physical and Sensory Disability	3%
8. Health Promotion & Disease Prevention	3%
9. Primary Health and Adult Community	5%

Source: Factsheet – Northern Ireland Capitation Formula (2014 publication)

Each of the PoC formula comprises of three elements; the Relevant Population, the Age/Gender Weightings and the Additional Needs Weighting.

#### 5. Legislation

##### *Children (Northern Ireland) Order 1995*

The primary legislative informant as to what social care services have to be delivered to care and protect children in Northern Ireland is the Children (NI) Order 1995. This legislation is based on a clear and consistent set of principles, designed with the common aim of promoting the welfare of children. In summary, these include:

- The child or young person's welfare is paramount
- The voice of the child or young person should be heard
- Parents are supported to exercise parental responsibility and families helped to stay together
- Partnership
- Prevention
- Responses should be proportionate to the circumstances
- Protection
- Evidence-based and informed decision making

The Order seeks to further these general principles through a broad range of provisions.

As well as detailing the importance of prevention and early intervention and engaging with the family, the Order is prescriptive as to the statutory expectations in respect to protection and safeguarding of children in need of support<sup>5</sup>, at risk of harm and for those who have suffered abuse and/or harm.

Schedule 2 to the Children (NI) Order 1995 imposes a duty on Trusts to:

- Identify the extent to which there are children and young people in need in their locality;
- Publish information about services (provided to children in need and their families and also so care leavers) and to make sure that those who may benefit from services are aware of them;
- Draw up a Children's Services Plan (as detailed above);
- Maintain a register of disabled children in their locality;
- Where a child is in need, undertake an assessment of their needs for the purpose of the Children Order, where there may also be an assessment being carried out under other statutory provision;
- through provision of services to prevent neglect, abuse;;
- Provide accommodation to protect a child;
- Provide services for disabled children;
- Take steps to prevent the need for care proceedings; and
- Provide a range of services to children and young people while living with their families including advice, guidance, counselling, social and cultural activities, home helps, help with travel costs and access to family centres; and in providing services; provide family centres; maintain children at home; and take account of the different racial groups to which children, young people and their families belong.

For children in need of support, the legislation imposes a general duty on Trusts to provide a range of services for children defined as 'in need' in their locality. Articles 17, 17A, 18, 18A, C and D, 21 (under Part IV of the Children Order) and Schedule 2 (1-12) set out the main Trust responsibilities for children defined as 'in need'. Once defined as 'in need', the Trust, under Article 18(1-9) has a duty to safeguard and promote the welfare of children and young people by, insofar as it is consistent with that duty, promoting their upbringing by their families by providing a range and level of social care appropriate to those children's needs. With respect to the provision of such services, Article 18 establishes that the services may be provided for the family of a child in need's family or for any member of their family (Article 18(3)) and Trusts shall facilitate others (such as voluntary organisations) to provide support services (Article 18(5)).

Where family support services fail to ameliorate concerns and where children are at risk of/have been abused/neglected, the Children (NI) Order 1995, makes provision for children to be provided with accommodation and looked after by an authority (Article 25 onwards). This provision also comes under the planning of services under part IV of the Children (NI) Order 1995.

#### *Children's Services Co-Operation Act (NI) 2015*

In addition, there is also the Children's Services Co-Operation Act (NI) 2015 (henceforth CSCA) which defines children and young people as persons who are under the age of 18; or 21 years for those who have a disability or experience of being in care; and 24 years for those who have experience of being

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<sup>5</sup> Article 17 of the Children Order outlines that a child becomes defined as 'in need' if:

- They are unlikely to achieve or maintain, or to have the opportunity of achieving or maintaining, a reasonable standard of health or development without the provision for them of services by an authority under this Part;
- Their health or development is likely to be significantly impaired, or further impaired, without the provision for them of such services; or
- They are disabled.

in care and are receiving support relating to expenses connected with their employment, education or training.

The CSCA places a requirement on children's authorities (i.e. statutory organisations that have children's functions) to co-operate with other children's authorities, and also other children's service providers, in exercising their children's functions in order to contribute to the well-being of children and young people. The CSCA requires the Executive to adopt a Children and Young Person's Strategy setting out:

- What outcomes it is intended should be achieved to improve the well-being of children and young people;
- What actions will be taken by the Northern Ireland Departments (among others) to achieve the outcomes; and
- How it will be determined whether and to what extent the outcomes have been achieved.

Notably, the first ten-year strategy (Children and Young People's Strategy 2019-2029) was only finalised for publication in December 2019 i.e. circa three years after the original intended publication date. When the Executive returned in January 2020 this was replaced with the Executive Children and Young People's Strategy 2020-2030. See Section 2 for detail about same.

The Children's Services Co-operation Act requires that the implementation of the Act, including the mandated CYP strategy, is formally reported on, within specific timeframes – firstly within 18 months of adoption of the Strategy and at periods of no more than 3 years thereafter.

The Act also provides a mechanism whereby one Children's Authority may provide staff, goods, services, accommodation or other resources to another Children's Authority for the purposes of co-operation in accordance with arrangements under Section 2, or make contributions to a fund out of which relevant payments may be made.

## 6. Categories of Support

Outline details of the four service tiers is provided below:

**TIER ONE SERVICES: UNIVERSAL PREVENTATIVE AND SOCIAL DEVELOPMENT SERVICES** - Tier 1 Services refers to "universal" services i.e. supports that are available to, and accessible by, the whole population. It also includes services designed to improve the situation of disadvantaged people through community development. Universal services promote the health and well-being of children and young people and are delivered primarily by the statutory Health and Education sectors. Examples include Ante Natal Services (pre-birth to birth) predominantly undertaken by the Health sector; Post Natal Services / Health Visitors (birth to 2½ years) (as well as providing universal services, this programme acts as an important mechanism for identifying families in need of additional support and children who are at risk of poor outcomes).

**TIER TWO SERVICES: SUPPORT & THERAPEUTIC INTERVENTIONS TO CHILDREN AND FAMILIES IN NEED** - Tier 2 Services refers to the provision of targeted specific interventions to a cohort of the population that are considered to be vulnerable and/or on the threshold of requiring statutory involvement, through an assessment of need. Services are targeted to individual children, with parental support, and are provided in statutory and voluntary settings. Typically the services are delivered following a non-statutory referral mechanism e.g. by school teacher, GP, health visitor, etc.

A central goal of family support approaches is viewed as providing parents and families with the skills and confidence required to drive better outcomes for their children. The impact on families of the lack of access to family support services has been commented upon by the judiciary in Northern Ireland; with the following noted:

*What is badly needed is more practical day to day support from people with practical parenting skills, probably more mature people who may have raised their own families and thereby learned from their own successes and mistakes. An investment in recruiting support of this type would be both effective and cost effective in maintaining families within the community and avoiding the costly involvement of the care system. This form of upstream intervention obviously cannot hope to prevent every mishap or tragedy but it would help to keep children to receive “good enough” care where ideally they belong living in their own families. An outcome of permanent removal of children from their families is, too often, as much an indictment of a failed system as it is of inadequate parents.*

Source: *Judgement of Weir J in Belfast Health & Social Care Trust v SM [2010]*

**TIER THREE SERVICES: THERAPEUTIC AND SUPPORT SERVICES FOR CHILDREN AND FAMILIES WITH SEVERE DIFFICULTIES** - Tier 3 Services refers to the provision of a complex mix of services to children, young people and families experiencing chronic problems and who are the most in-need of support to achieve better outcomes; typically they already have statutory involvement through the likes of the criminal justice system or social services.

**TIER FOUR SERVICES: INTENSIVE AND LONG TERM SUPPORT AND PROTECTION FOR CHILDREN AND FAMILIES** - Tier 4 Services refers to services delivered to children with complex and/ or acute needs; this would include children in need of rehabilitation, children with critical and/or high risk needs; children in need of safeguarding (including Looked After Children); and Children with complex and enduring needs.

Of note, the Hardiker Model emphasises the interdependence between the tiers. Strong and effective services for all children at Tier One will alleviate the need for Tier Two services for many children. A good and comprehensive range of preventative services at Tier Two will address difficulties early enough to affect the numbers of children and young people who require services at Tier Three.

## 7. Safeguarding Referrals

The initial point of contact with social services (for those who self-refer and for referrals<sup>6</sup> from other agencies) is with a Gateway Team, which were introduced following recommendations made in a 2006 Inspection Report<sup>7</sup>. Gateway represents one point of contact in all Trusts for all referrals i.e. for Tier Two and above and were designed to improve accessibility, assessment processes and accountability. Gateway Teams typically consist of Gateway Team social workers within the Trusts. Following receipt of a referral, a social worker in the Gateway Team determines the priority level of the referral. On completion of an initial UNOCINI assessment, the following options could be applicable:

- Case closure;
- Referral to the Family Support and Intervention Team. For those cases where ongoing family support is decided upon it is likely that the Gateway team will complete an initial family support

<sup>6</sup> Defined as a request for services to be provided by children’s social care and is in respect of a child who is currently not assessed to be in need, which may result in an episode of care which may be an initial assessment of the child’s needs, the provision of information or advice, referral to another agency or alternatively no further action.

<sup>7</sup> *Our Children and Young People: Our Shared Responsibility – Inspection of Child Protection Services in NI*

pathway plan, which is followed up and developed by the Family Intervention Team. Family support pathway plans are then further developed within the Family Intervention Team;

- Instigation of child protection procedures; and
- Instigation of child protection and looked after child procedures which result in the removal of a child from their family home by way of an application to court for a legal order.

## 8. Family Support Referrals

Family Support Hubs are multi-agency networks of statutory, voluntary and community organisations (membership typically includes Education, HSC Trusts, PSNI, Councils, Neighbourhood Renewal, Youth Justice Agency, and the community and voluntary sector) that were originally set up in c.2011 and extended under a Delivering Social Change (DSC) Signature Project. There are now 29 Family Support Hubs operational across the region. The specific purpose of hubs is as follows:

- To improve access to early intervention family Support services by matching the needs of referred families to family support providers;
- To improve coordination of early intervention family support services by creating a collaborative network of community, voluntary and statutory providers;
- To improve awareness of early intervention family support services; and
- To assess the level of unmet need for early intervention family support services and inform the Trust Outcomes Group. Hubs coordinate existing statutory/community and voluntary services.

Some hubs have attached services but this is separate from the hub function which is about coordination. For example<sup>8</sup>, the South Eastern Trust has a Family Support Team attached to their hub that takes referrals for families and children with medium priority needs following an initial UNOCINI assessment or through the unallocated waiting list within the Children and Family Team.

The model adopts a community-based approach to integrate local services and coordinate early intervention support to meet the specific needs of local families. The hubs are a single point of contact that enables families to access key services in a timely and simplified way, significantly impacting on reach and quality of service delivery. Unlike the Gateway Teams, the Family Support Hub referral teams consist of a wider membership than social workers. The referred Interim Review of FSHs commended the hubs for their “strong local network and multi-agency approach”, noting the following:

*“Through the hubs, local services have the opportunity to build relationships and develop long-lasting partnerships to support families with multiple needs. One of the benefits is that you sit with all these different agencies and can hear what is going on and who is delivering what and you build those working relationships, working jointly, and sourcing that to the families as well (...). We discuss the referrals with all members and we all make the decisions.”*

Source: Northern Ireland Family Support Hubs Interim Review Report

In 2020, these 29 hubs supported 7,590 families – 8,486 children – working with over 600 statutory and non-statutory organisations across Northern Ireland. In FY20/21 there were 11,001 family support referrals; the following data relates as to the top seven sources of referrals to the hubs:

Top Seven Sources of Referrals to Family Support Hubs			
Referral Source	FY16/17	FY19/20	FY20/21
Self	20%	17%	21%
CVS	7%	5%	13%

<sup>8</sup> CSCS Review Workshop Presentation by a SE Trust Family Support Team member

Top Seven Sources of Referrals to Family Support Hubs			
Referral Source	FY16/17	FY19/20	FY20/21
GPs/ Nurse	11%	21%	11%
School	11%	12%	9%
Health Visitor	11%	9%	7%
Gateway	9%	5%	7%
Surestart	2%	1%	5%

Source: Northern Ireland Family Support Hubs Interim Review Report

Referral type was as follows:

Referral Types to Family Support Hubs			
Referral Type	FY16/17	FY19/20	FY20/21
Child(ren)	63%	70%	67%
Parent(s)	37%	30%	33%

Source: Northern Ireland Family Support Hubs Interim Review Report

The top seven reasons for referrals were as follows:

Top Seven Reasons for Referrals to Family Support Hubs			
Referral Reason	FY16/17	FY19/20	FY20/21
Emotional and behavioural difficulty support for parents	6%	4%	3%
Parenting programmes/ parenting support	16%	15%	13%
Counselling services for children and young people	5%	9%	6%
Emotional and behavioural difficulty support for post primary school children	12%	9%	6%
Emotional and behavioural difficulty support for primary school children	22%	18%	13%
Practical support e.g. furniture, appliances, etc.	4%	3%	5%
Financial support	6%	5%	22%

Source: Northern Ireland Family Support Hubs Interim Review Report

The Interim Review also credited hubs with preventing escalation of need to Tier Three services:

*“The hub sits in a gap [between tiers 2 and 3]”. This is a significant location meaning that hubs potentially prevent cases escalating to Tier 3 services. They do this by working with families that require community-level intervention, perhaps providing intensive support to mitigate the risk of needing higher-level interventions, and potentially a child protection response. Moreover, as illustrated in the second quote, in many cases hubs are the first point of contact and can identify the specific needs of families at an early stage, being able to support the family and prevent deterioration in family circumstances.”*

Source: Northern Ireland Family Support Hubs Interim Review Report

## 9. Strategic Context

The key outcome with respect to children and young people in the draft PfG is that of **‘we give our children and young people the best start in life’** [PfGO12]. This outcome has been developed to ensure that children grow up in a society that provides them with the support they need to achieve their potential – underpinned by good health; a secure family and community environment including an adequate standard of living; education; a good physical environment; opportunities for cultural and artistic expression and to make a positive contribution to society; physical exercise; space to play; and protection from violence and harm. Other outcomes of relevance are thus:

- PfGO2: We live and work sustainably – protecting the environment
- PfGO3: We have a more equal society
- PfGO4: We enjoy long, healthy, active lives
- PfGO5: We are an innovative, creative society, where people can fulfil their potential
- PfGO6: We have more people working in better jobs
- PfGO7: We have a safe community where we respect the law and each other
- PfGO8: We care for each other and help those in need
- PfGO9: We are a shared, welcoming and confident society that respects diversity
- PfGO10: We have created a place where people want to live and work, to visit and invest

The primary strategic policy that seeks to articulate how the above outcome will be achieved is the CYPS; in relation to children and young people it is positioned as the hub strategy from which a number of spoke strategies will emanate:

*The Strategy for Children and Young People 2020-2030 is the overarching Strategy from which will flow a variety of cross-departmental, multi-agency plans and more detailed topic-specific strategies and programmes.*

Source: Page 9

Whilst it is led by the Department for Education, it has by signed up to by all government departments and agencies; and details eight high level outcomes and specific headline indicators which will be used to monitor progress. The strategy notes that these are not additional outcomes but, rather, describe PfG outcomes in terms which relate to children and young people. Funding for this Strategy is noted as coming from within departmental budget allocations.

*There are many different Departmental strategies, programmes and services already in place which impact on the lives of children and young people. This Strategy sits above those work areas and requires all Departments to ensure the linkages with its outcomes are identified. This, in turn, will allow the Departments to better understand how effective their interventions are.*

Source: Page 12

The CYPS aim is that of *“Working together to improve the well-being of children and young people living in Northern Ireland and to achieve positive, long-lasting outcomes”* and the underpinning principles are thus:

- **Participative** – Ensuring children and young people are involved in the strategy’s design;
- **Partnership-driven** – Requiring co-operative working by a range of individuals and bodies. To make sure this happens the Strategy intends to promote co-operation in line with the Children’s Services Co-operation Act and report on how it is being implemented; establish structures to ensure all Children’s Authorities work co-operatively towards the delivery of children’s policy and services; and ensure children’s service providers and parents, carers and guardians are involved in the Strategy’s delivery.

- **Evidence and Research-based** – Ensuring policy development is data and research-informed. To achieve this the Strategy will establish systems to facilitate the sharing of information, research and data across Departments and other public sector bodies and a data development agenda will be advanced (where new baselines can be established in relation to key outcome areas).
- **Right-based** – Ensuring compliance with the UNCRC.
- **Focused on early and sustained help, support and intervention** – Ensuring that, going forward, that Children’s Authorities’ policies and programmes focus appropriately on the provision of help, support and early intervention – both universal and specific – and that services are structured to support children and young people as long as necessary, working to promote self-resilience and strength in children and young people and their families.
- **Responsive and Age Appropriate** – Ensuring the Strategy stays attuned to needs. This will be done by establishing structures to monitor the implementation of the Strategy to also support the identification of new and emerging issues that impact on the well-being of children and young people. Also, intends to report on the operation of the Children’s Services Co-operation Act in line with the timescales set out in the Act. This will include identifying any ways in which the well-being of children and young people can be improved and, if appropriate, areas where the Strategy could be revised.
- **Transparent and Open to Scrutiny** - including the regular publication of progress against the Strategy’s headline indicators.
- **Child-centred and Family Focused** – ensuring parents, carers and guardians are involved and their voices are heard. Includes a commitment to develop a cross-Departmental Family and Parenting Support Strategy.

The CYPS is designed to provide a region-wide, holistic structure to drive forward and monitor how departments are progressing agreed outcomes to improve the well-being of children and young people. The Strategy will use ‘Outcomes Based Accountability’ (OBA) to embed outcomes based decision making into planning, delivery and reporting. The Strategy has three key component parts (i) Strategy (Outcomes) (ii) Population Indicators (Monitoring) and (iii) Delivery Plan (Actions). The eight CYPS outcomes are as follows:

- a. Children and young people are physically and mentally healthy.
- b. Children and young people enjoy play and leisure.
- c. Children and young people learn and achieve.
- d. Children and young people live in safety and stability.
- e. Children and young people experience economic and environmental well-being.
- f. Children and young people make a positive contribution to society.
- g. Children and young people live in a society which respects their rights.
- h. Children and young people live in a society in which equality of opportunity and good relations are promoted.

The CYPS identifies 38 “Areas of Greatest Focus<sup>9</sup>” and these are listed below:

1. Infants and early years – establishing health and wellbeing from the outset.
2. Children and young people’s mental health and emotional well-being.
3. Children and young people with a disability and/or complex health needs, including life limiting conditions.
4. Health outcomes of children and young people living in areas of deprivation.

<sup>9</sup> The Strategy notes that the “Delivery Plan will not attempt to encompass the full range of ongoing services and supports that we provide for children and young people and their families, but will focus on actions that will address the issues and groups of children and young people that have been identified as requiring the greatest focus”. This is the list of 38 areas requiring this greatest focus.

5. Early years – importance of play for infants’ and young children’s development.
6. Inclusive participation of children and young people with a disability in play and leisure opportunities.
7. Improving play and leisure opportunities for children and young people living in poverty.
8. Increasing and improving play and leisure opportunities for young people in their teens.
9. Improving educational achievement for children and young people from families experiencing socio-economic disadvantage.
10. Improving educational experience for children and young people with Special Educational Needs.
11. Nurturing children with social, emotional and behavioural difficulties.
12. Improving educational and personal achievement of care experienced children and young people.
13. Improving educational support for Newcomers, Travellers and Roma children and young people.
14. Improving educational support for children and young people in custody.
15. Bullying Online safety for children and young people.
16. Youth homelessness.
17. Securing stability in the lives of looked after and care experienced children and young people.
18. Children and young people under the threat of paramilitary intimidation or recruitment.
19. Children and young people experiencing neglect, sexual abuse or domestic violence.
20. Children and young people who are victims of, or at risk of sexual exploitation.
21. Children and young people in contact with the youth justice system or who have a parent in prison.
22. Supporting children and young people experiencing the impact of family breakdown.
23. Families experiencing poverty Improving opportunities for young people in need of education, employment or training.
24. Improving access to education, training, employment and social activities for young people living in rural areas.
25. Improving children and young people’s access to the natural environment and the quality of the environments in which they live, learn and play.
26. Extending youth work opportunities (youth organisations and groups).
27. Improving support for children and young people acting as carers.
28. Creating an environment where the ‘Seldom heard voices’ of children and young people can be heard.
29. The rights of children and young people who experience racism.
30. The rights of children and young people who are Lesbian, Gay or Bisexual.
31. The rights of children and young people who identify as Transgender.
32. The rights of children and young people for whom English is not their first language.
33. The rights of children and young people who seek to practise their faith.
34. The rights of children and young people who have no faith.
35. Improving communication with children and young people who have a learning disability, autism or communication barrier.
36. Improving equality of opportunity for all children and young people and those most likely to experience inequality.
37. Promoting diversity and mutual understanding.
38. Improving opportunities for children and young people living in interface areas to learn and socialise together.

With respect to the forward plan for the Strategy there is recognition that *“publication of this core Strategy is only the beginning of the process. There are a number of steps to take forward as we begin to put it into operation.”* The first Delivery Plan sets out the prioritised actions under way or being developed within departments, which will contribute to meeting the outcomes in the CYPS during the period April 2021 – March 2024. It outlines those actions identified by departments as most likely to improve the areas of greatest focus identified by children and young people, parents and stakeholders. The actions identified are linked to the Areas of Greatest Focus (as per Annex I). Actions by Outcome are summarised as follows:

Outcome	Actions
a. Physically and mentally healthy	72
b. Enjoy play and leisure	38
c. Learn and achieve	62

d. Live in safety and stability	44
e. Experience economic and environmental well-being	43
f. Make a positive contribution to society	24
g. Live in a society which respects their rights	40
h. Live in a society in which equality of opportunity & good relations are promoted	36

Examples of actions include:

#### **Outcome A**

- Development of a new Sport and Physical Activity Strategy for Northern Ireland to cover the next ten years and beyond.
- Development of a suite of employability programmes and services to assist people to find work.
- Support provision to those with a disability and/or health condition in work to sustain employment.
- Delivery of a regional transgender service for under 18s (currently provided by the BHSCT).

#### **Outcome D**

- Deliver the Independent Review of Education, as prescribed by New Decade, New Approach, and to agree delivery of the Review's recommendations.
- Develop a new cross-Departmental Family and Parenting Support Strategy.
- Mainstream a number of projects developed under the Early Intervention Transformation Programme (EITP).
- Establishment of a new integrated Regional Care and Justice Campus incorporating Woodlands Juvenile Justice Centre and Lakewood Secure Care Centre.
- Initiatives under the Tackling Paramilitarism Programme to assist children and young people under threat.
- Delivery of the Cycling Proficiency Scheme to all primary schools across Northern Ireland.

The CYPS indicates that a Children and Young People's Strategy Monitoring and Reporting Group comprising senior managers from each Department will support the collaboration and co-ordination of all policy matters affecting children and young people and monitor the progress of the Strategy against the outcomes and indicators. The determination of outcomes will be informed by a small number of high level population level indicators. The Action Plan notes that *"Cross-departmental monitoring and reporting arrangements are being developed which will ensure a coordinated and inclusive approach to tracking progress and holding delivery partners to account."*