



Department of Health

Consultation on Children's and Young People's Emotional Health and Wellbeing Framework

Barnardo's NI is the largest children's charity in Northern Ireland. In the past year we worked with approximately 18,000 children, young people and families across more than 45 different services and programmes. We are a leading provider of schools-based support, reaching more than 32,000 children in schools across the UK and Ireland through our NI-managed social and emotional literacy programmes.

We deliver a wide range of services, from providing family support and early intervention, to working directly with children and families who have experienced adversity and need our support. Our goal is to achieve better outcomes for more children. To achieve this, we work with partners to build stronger families, safer childhoods and positive futures.

Barnardo's NI welcomes the opportunity to respond to the Department of Health's consultation on developing a Children's and Young People's Emotional Health and Wellbeing Framework. Our comments are informed by our long experience delivering services a wide breadth of services throughout Northern Ireland, including services that support children and young people's emotional health and wellbeing. Through our PATHS® Programme for Schools (UK Version), Barnardo's NI has delivered social and emotional learning programmes to over 180 schools throughout Northern Ireland and the UK, focusing on not only providing children and young people with the knowledge to understand their emotional wellbeing, but to also equip teachers and educators to develop social and emotional learning throughout their curriculum. The PATHS® Programme for Schools (UK Version) also provides training and resources for principals and board of governors to implement a whole-school approach to developing children and young people's emotional health and wellbeing as an integral part of the schools' ethos.

Barnardo's NI welcomes development of a framework that will, in theory, bring all aspects of children and young people's emotional health and wellbeing care into a single, integrated system that ensures that every child and young person in Northern Ireland receives the right kind of care that is catered to their needs. However, we want to emphasise the need for a robust framework that is accompanied by costed actions and targets, and is supported by joined up working across statutory, non-statutory, and the community and voluntary sector with clear accountability and responsibility.

1. Guiding Values

- 1.1. Barnardo's NI welcomes the inclusion of children, young people, and their families as co-designers and key stakeholders in this Framework, and we look forward to seeing this value embedded in the Department's policies, consultations, and service design.
- 1.2. We recommend that the guiding value "Collaborative Working" is expanded beyond the current scope. To achieve a regionally consistent, single model for emotional health and wellbeing, there needs to be an emphasis on collaboration between service commissioners, funding bodies, departments, Health and Social Care Trusts, and all other relevant bodies. Joined-up working ensures that actions, recommendations, and strategies are fully costed, funded, and implemented in a consistent and equitable manner. This is especially important to ensure that priorities which have been identified through consultation with relevant stakeholders are properly realised, and that any barriers to accessing services are identified.
- 1.3. While we welcome the emphasis on a child-centred approach and understanding the wellbeing of a child in their current context, we would like to highlight several key points for consideration:
 - The importance of a systemic approach that is wrapped around the child and their current context, which includes a child's support system, educational support, community, and culture and any other systems that the child or young person is involved with. This would also include an importance piece on antenatal attachment and pre-birth experiences for parents, families, and children and young people.
 - The context of a child's life between the ages of 0 and 18 is a wide range of experiences, and wellbeing is multi-faceted; therefore, we need to be clear that the whole context of a child or young person is fluid and subject to change, requiring services that can respond to those changes.
 - In order to meet children and their families within their current context, this framework must acknowledge the diversity of experiences and contexts, particularly for families, children, and young people who face barriers to accessing services due to a lack of

equality and equity considerations, including language, culture, accessibility, and location.

2. Presenting Needs

2.1. Barnardo's NI agrees that our systems, services, and supports need to understand children and young people's changing and evolving needs, culture, and current environment and context.

2.2. We have identified several areas for improvement:

- Cultural understanding of children's emotional health and wellbeing should be included as a presenting need that can impact children and young people's emotional development. This includes cultural barriers, mental health and wellbeing stigma, and dissolution of trust with institutions.
- "Related to experiences/circumstances" should be expanded to better represent children who have faced additional barriers due to protected characteristics, adverse childhood experiences, lack of provision and accessibility of services. We also know that changes in legislation, rights, and protections for children and young people as well as sociopolitical climates can negatively affect children and young people's emotional health and wellbeing.
- From our experience delivering early intervention and prevention work, for example our PATHS programme, Barnardo's NI disagrees with the use of the word "mood" to categorise children and young people's presenting needs; "mood" denotes a binary of "good" and "bad" moods that can prescribe a need as either positive or negative and therefore dictate the type of support required. We suggest exploring alternative terms such as "comfortable and uncomfortable feelings", which encapsulate a range of feelings that can be expressed beyond good or bad and can better capture the context of the child's need.

2.3. Barnardo's NI would like to emphasise the importance of involving children and young people in the work done to identify presenting needs to ensure that these categories reflect their lived realities.

3. Underpinning Principles

3.1. Barnardo's NI welcomes the focus on addressing risk and implementing safeguarding through the early intervention and transition principles. We also agree with the Framework's focus on a needs-led, not diagnostic-led, approach that will inform the support and intervention provided at every stage of a child and young person's journey.

3.2. It would be beneficial to consider what early intervention looks like for older children and young people.

- The approach to intervention changes when a child ages through the health and social care system, especially when they approach the age of 18.

3.3. Under "Infant and Early Childhood Prevention", we recommend including a focus on the antenatal period as a time for building healthy emotional health and wellbeing practises. Issues with early attachments and social and emotional development during pre and post birth can create challenges later in a child's life.

- Part of the prevention process should include supporting parents and guardians to develop and implement tools to parent.

3.4. Barnardo's NI reiterates the importance of including a diverse range of settings where infants, children, and young people are experiencing emotional health and wellbeing needs, such as childcare, community-based care, faith-based care, and homeschooling and hybrid care.

4. Components of a Single Integrated System

4.1. Barnardo's NI is concerned that the proposed single integrated system as presented does not fundamentally change the current system. From feedback from our services, there was a consensus that the proposed system reflects the current Tiered system that is not fit for purpose.

4.2. Feedback from across our services reflects that the single integrated system as shown does not accurately reflect the guiding values, underpinning principles, and approaches that have been discussed throughout this proposal.

- We would like to see how the components of the system will denote the interdependency of each component with the values guiding the outcomes, and a planned approach to the implementation principles.

4.3. Barnardo's NI is also concerned with the lack of information regarding the implementation of a single integrated system and how this will work across all Health and Social Care Trusts, statutory and non-statutory agencies, and other service providers.

4.4. Under "Information and Signposting", it is important that the Framework considers how the information is accessible to everyone in Northern Ireland and considers the diversity of languages, accessibility needs, cultural needs, and where and how this information will be advertised.

4.5. Regarding the "Consistent referral pathway and single point of referral", we have several questions:

- Will the single point of referral be implemented across the voluntary and community sector (VCS), statutory, and non-statutory organisations?
- Who will be responsible for the triaging in this scenario?
- What is the understanding of the relationship between statutory and non-statutory services?
- Will the community and voluntary sector be supported to properly resource and implement any necessary changes?

4.6. Policy, commissioning, service management and delivery need to be embedded throughout the Framework in order to ensure the supports and services being delivered are fit for purpose and are meeting the emotional health and wellbeing needs of children and young people.

5. Implementation principles

5.1. From the feedback gathered from our services, there was a lack of clarity in this section of the Framework:

- Clarity is needed on the difference between the "Underpinning Principles" and "Implementation Principles".

- The use of the term “principles” does not reflect the components presented in this section and was better understood as the intended outcomes of the Framework.

5.2. As services are bound by conditions within the commissioning process, such as restrictions on geographic location and contract specifications on deliverables, funding, and timescale, we would like to see the commissioning of services and the new fair funding principles reflecting the new implementation approaches proposed in this Framework.

- This also includes workforce planning, streamlining management to cut down on bureaucracy, evidence-based service delivery, and monitoring and evaluation.

5.3. Barnardo's NI would strongly encourage a greater recognition of the role of the community and voluntary sector in delivering services to address children and young people's emotional health and wellbeing. A single integrated system will need to reflect working and delivery with the community and voluntary sector in order to reflect the current context of service delivery.

6. Suggested Model for Change

6.1. Barnardo's NI services that were familiar with the THRIVE Model for Change gave positive feedback about its functionality, specifically the ability to map services across the different quadrants.

6.2. However, we suggest that this model could be re-visualised to show the reality of how services and service users can flow between ‘quadrants’, and that if we are applying a whole-unit approach, then some family members may be in different quadrants when compared to the child or young person.

6.3. We would welcome further information on the use of the THRIVE Model within the proposed Framework. This includes:

- whether this model will be used to inform commissioning and monitoring of services,
- how this model will be managed and updated,
- whether this model will be regional to reflect the single integrated system, or perhaps based on Health and Social Care Trust, and,
- how statutory and non-statutory services will be represented in this model.

- how this model will align and build on developments proposed by the review of Children's Social Care Services review.

6.4. Finally, we recommend highlighting that there are structural barriers to getting support from the system, which can impact where the child, young person, or family might fit within the quadrants.

Final Comments

Implementation is key to a successful framework- how these principles, components, and values will not only be embedded across services and agencies, but also how the implementation will be consistently informed by the experience and feedback from children and young people. We are concerned about the lack of an implementation plan for the Framework- how will this Framework be consistently implemented across all Health and Social Care Trusts and services, and how will this be maintained from each component of the single integrated model, from service commissioning, funding, to provision, monitoring, and implementing change.

The Single Integrated System that is being proposed in this Framework does not propose the necessary transformation of the current system. There is a real need for improvement, however we do not see this fundamental shift required reflected in the proposals.

We are also concerned with the lack of targets and actions within the Single Integrated System. It is in our view that any measures are reflective of the entire journey of the commissioning, funding, implementing, reviewing, monitoring, and reforming services that support children and young

The Framework lacks clarity on the leadership, relationship, and accountability between statutory services, the community and voluntary sector, and non-statutory services. It is also vital that a Framework for children and young people's emotional health and wellbeing reflects the whole context of a child's needs, meaning that the focus must move away from a school versus home binary, and must recognise that children and young people have a range of needs in a range of different environments.

Barnardo's NI would be keen to engage with the Department of Health as this Framework is developed further.



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