Children and Young People's Strategic Partnership Recommendations:

How to make Northern Ireland an Early Intervention Region.

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CYPSP Recommendations: How to make Northern Ireland an Early Intervention Region.

1.1 These recommendations have been adopted by the Children and Young People's Strategic Partnership Early Intervention Sub Group after consideration of the detailed position paper attached at Appendix A. The CYPSP is the statutory Northern Ireland wide partnership aimed at improving outcomes for children and young people through integrated planning and commissioning of services across Northern Ireland. The CYPSP, formed in 2011 and building on previous partnerships, has identified the promotion of early intervention as a key strategic priority

1.2 Definition

The CYPSP has agreed that early intervention relates to early years and early stage of difficulty. It also accepts a 'whole society' approach to early intervention – through ensuring that a network of supports and services is present and applicable to address children's rights and needs when and where needed, and promoting an ownership within the community at large of the benefits of early intervention. Important underpinning themes include those of cycles of disadvantage, building resilience, redressing the impact of poverty, time span (generational), and improving outcomes.

The CYPSP has adopted the following broad and inclusive definition of early intervention, which was developed by the Centre for Excellence and Outcomes for Children and Young People (CE04):-

> **Early intervention is 'intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point in a child's life' (Grasping the Nettle' Report 2009)**.

The CYPSP notes that this definition includes the intergenerational aspect of early intervention and the term 'population at risk' includes specific geographical communities.

1.3 Government Mandate and a Coordinated Strategy

A mandate from the Northern Ireland Executive for Early Intervention as a joint Government priority is needed to support Departments and Agencies to work in an integrated way at different levels to make best use of available resources for Early Intervention. This approach needs to emphasise the link between improved outcomes for children and young people and the wider societal themes of the economy and workforce, civic engagement, community stability and public safety. (It is noted that such a recommendation has already been made in the Report of the Review of the Youth Justice System in Northern Ireland (DoJ, 2011).

> **Recommendation 1**
>
> **The CYPSP seeks a joint Governmental strategy for early intervention, which should include a set of achievable outcomes.**

The governmental strategy should be accompanied by guidance on how agencies and the voluntary sector should work in partnership to deliver it, based on best practice. The accountability processes, delivery targets and performance management criteria for statutory agencies need to be revised to give clear policy direction and momentum to working at early intervention, in partnerships, and towards common outcome based criteria. Likewise, contract and performance management criteria for government funding for the Voluntary and Community sectors need to be reviewed. Such a fundamental shift requires to be mandated at Executive and Departmental level.

1.4 Development Model

UNICEF has clearly demonstrated that countries which have committed to universal and easily accessible provision of early intervention services, backed up by and integrated with specialized services for children with additional needs, achieve the best outcomes for children and young people.

In Northern Ireland there is a mix of universal and targeted provision, unevenly spread.

> **Recommendation 2**
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> **The CYPSP will seek a long term shift in resources which is comparable to the Northern European countries**.

In the interim the CYPSP will support incremental improvement and co-ordination of existing programmes (universal and targeted), together with investment of resources in specific targeted programmes.

1.5 Added Value

The remit of the CYPSP provides it with a significant opportunities to add value in relation to Early Intervention, as follows;

- Outcomes; the measurement of outcomes for children and young people is being tracked collectively across a range of indicators which are wider than the remit of any single agency. This will be built upon by developing level 2 (Hardiker) indicators which are capable of measuring Early Intervention.

- Efficiency; to achieve the most efficient and productive use of all existing resources – and to develop the potential for better co-ordination of planning and commissioning to achieve better use of what is currently available.
- Equality; to address the uneven development of services and of accessibility of services to disadvantaged groups and localities
- Integrated Planning; partnership working is essential to ensure that services are designed to connect seamlessly with the needs of children and young people at the point of delivery
- Access; to mandate agencies and services to work together locally to enhance accessibility of services to all children and young people through the Family Support Hub model, (See APPENDIX 6)
- Strategic Influencing; to develop a collective position in relation to improving outcomes for children and young people which can influence government spending priorities

1.6 Strategic Scan

The existence of the CYPSP, with membership from all relevant agencies at Chief Executive level, provides, for the first time, a strategic framework and mandate for a Northern Ireland wide delivery model for Early Intervention. This creates the possibility of effectively linking strategies on Early Intervention which are being developed by a range of Government Departments, including OFMDFM (Our Children and Young People, Our Pledge), DHSSPS (Investing for Health, Healthy Futures 2010 -2015, Healthy Child Healthy Future 2010, Families Matter), DE (Every School a Good School and the pending Strategy for 0-6), DSD (People and Place – a Strategy for Neighbourhood Renewal), DoJ (Framework for the Prevention of Offending, Community Safety Strategy).

Core connecting themes in the Early Intervention element of these strategies include those of;
- Evidencing improved outcomes for children and young people
- Supporting and empowering parents and families
- Care and education for 0-6
- Improving Safeguarding of children and young people
- Supporting the contribution of children, young people and their families to communities (Building Social Capital)
- Addressing Health and Well-being Inequalities
- Improving foundations for Better Physical, Emotional and Mental Health
- Improving foundations for Achievement and Education
- Improving Community Safety and Prevention of Offending

> **Recommendation 3**
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> **The CYPSP will carry out a review of existing strategies, in order to consider where they can be harmonised in order to maximize impact on Early Intervention, and to identify gaps that need to be addressed collectively.**

This approach would fit with the recommendations of the Draft Report of the Review of the Youth Justice System in Northern Ireland (DoJ, 2011), in relation to Early Intervention.

1.7 Current Service Configuration

Universal services to promote the health and well-being of children and young people are delivered primarily by the statutory Health and Education sectors. A range of targeted services for children and young people with additional needs are delivered by statutory agencies, by voluntary agencies, and (in relation to specific localities) by the community sector. There is evidence that the distribution of locally accessible services to assist children, young people and families at the point of early onset of difficulties is uneven throughout the region. Areas of good practice, gaps in provision and opportunities for enhanced working to address the gaps need to be identified. There is evidence that the profile of the community and voluntary sectors in relation to policy and service delivery in the area of early intervention is enhanced in Northern Ireland compared to other regions of the U.K. This needs to be considered in relation to its ability to support the statutory provision. This approach would also fit with that suggested in the Review of Youth Justice in Northern Ireland (DoJ, 2011).

> **Recommendation 4**
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> **The CYPSP will profile the service infrastructure currently available to deliver an early intervention strategy – this includes universal statutory provision and additional provision.**

1.8 Action Plan for commissioning early intervention across Northern Ireland.

The CYPSP oversees a three level structure of planning which provides the Statutory, Voluntary and Community sectors with a mechanism for ensuring integration of planning and commissioning, with agreed outcome measures.

Recommendation 5
The CYPSP will develop an Early Intervention Plan capable of addressing the following four age ranges for intervention;
- **Pre-conception/conception; to create the best conditions for the pre-natal stage**
- **0-3; to maximize support according to need at the earliest stage**
- **3 Plus; a range of services, with emphasis on health and education, available locally, to support family living.**
- **Post primary;**
  - **infusing the post primary curriculum with a greater understanding of the broad principles of parenting and the impact of the environment on a child growing up**
  - **as well as a range of services with emphasis on supporting the young person growing to adulthood with improved outcomes**

1.9 Planning Instruments

The Northern Ireland Family Support Model (APPENDIX 6) is established as a planning instrument to support emphasis on prevention and early intervention services. The model, which is multi-agency and cross-sectoral, has been incorporated into the development of the High level Outcomes Framework (OFMDFM 2006), and has been influential in Departmental Strategy (DHSSPS 2009, DoJ 2010 etc). It has provided a framework for integrated planning, based on the assertion that services which work best for children and young people and their families are those that are a) accessible universally, with additional provision for children with additional needs b) integrated at the point of delivery to the child or young person. The more recent concept of 'progressive universalism' is consistent with this conceptual framework. The application of the model in Northern Ireland has been uneven to date, because of the differential development of integrated planning across the region. The CYPSP endorses this broad and inclusive approach to the planning of services for children and young people.

1.10 Sectoral Commitment to Early Intervention

Northern Ireland has relatively well developed voluntary and community sectors. However, the profiling of children, young people and families has been uneven, and the resourcing available to the sectors has not been fully utilized to improve outcomes. Building social capital through promoting better outcomes for children and families will be considered by the community and voluntary sector agencies on the CYPSP as to whether they could take this forward as an agreed priority across their sector.

Statutory sector agencies are held accountable to Government through a range of performance targets and measures set by Departments, and it is for this reason that any significant shift in application of statutory resources

requires to be mandated across Departments. Statutory partners on the CYPSP will consider the following actions

> the statutory partners on the CYPSP take steps to review their business planning processes in order to maximize current opportunities for collaborative planning for Early Intervention;
> that they utilize and develop the outcomes based framework for measurement;
> and that they undertake to address the Early Intervention agenda and Outcomes measurement in accountability reviews with their respective Departments.

1.11 Measurement

Recommendation 6

The CYPSP will measure the effectiveness of early intervention at a number of levels;

- **Track aggregated population level trends. This work has begun, and a framework is already in place. What is required in order to fully develop outcomes measurement for Early Intervention is a refinement of population based level 2 indicators.**
- **Gather and evaluate existing research on how to influence each of the outcomes**
- **Carry out a baseline audit of the quality of early intervention programmes in place in Northern Ireland**
- **Review the progress of the RCT based programmes in Northern Ireland**
- **Develop and pilot a standardized resilience based framework for evaluation of Early Intervention programmes across Northern Ireland**
- **Develop an Evaluation Framework to measure the added value of local integration of services (Family Support Hubs)**

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APPENDIX A: CYPSP Position Paper – Can Northern Ireland be designated an Early Intervention Region?

1. How are best outcomes for children achieved? – Lessons from Developed Countries.

1.1 The debate about the future direction and priorities of UK policy in relation to children and young people is defined by two themes which have been well rehearsed historically, but which have been re-invigorated by recent developments - on the one hand by public anxiety about the state's ability to guarantee the safety of all children (in the wake of the tragedy of Baby Peter Connolly), and on the other hand by renewed emphasis, based on research evidence, of the importance of enhancing early childhood experience in order to redress the effects of disadvantage and to positively influence longer term outcomes. Recent events in England in relation to young people's involvement in public disturbance have raised the political profile of this debate, and are likely to result in changes in UK Government social policy. It is unclear at this point in time whether this debate will focus on criminalization or on the promotion of well-being.

1.2 This paper's development of the theme of early intervention will be built on the assertion that services for children should be
- designed and delivered along a continuum of need,
- integrated in planning and delivery,
- committed to safeguarding at all levels, and
- based on the principle of building on the strengths of children, young people and families,
- based on children's rights as well as addressing their needs.

1.3 The paper has been written from a Children's Rights perspective as set out in Article 18 of the United Nations Convention on the Rights of the Child (UNCRC), which specifically refers to the responsibility of the state to provide appropriate assistance to parents, carers and families in the performance of their child rearing responsibilities. The realization of the rights enshrined in the articles of UNCRC – for example the emphasis on the importance of growing up in a happy and loving family environment, on the right to an adequate standard of living, to protection from violence and exploitation, to the highest attainable standard of health care, to equitable access to educational opportunity, and on the right to be heard (UNICEF 2007 p7) - is evidenced in enhanced outcomes for children and young people. The emphasis on the UNCRC and on outcomes related to rights provide the framework which enables the position in the UK, and in Northern Ireland, to be viewed in an international context.

1.4 In 2007 UNICEF published a comprehensive overview Report of child well-being in developed countries (UNICEF 2007, Child Poverty in Perspective), which provides a comprehensive assessment of the lives and well-being of children and young people in 21 nations of the industrialized

world. This report measures and compares child well-being under six different headings or dimensions, which draw on 40 separate indicators relevant to children's lives and rights;

- material well being (poverty)
- health and safety
- education
- peer and family relationships
- behaviour and risks
- young peoples own subjective sense of well-being

1.5 The framework developed in this report is guided by the articles of the UNCRC. The Report lists countries in order of their average rank for each of the six dimensions (See Appendix 2). It concludes that;

- ➢ The overall table of child well-being is headed by the Netherlands
- ➢ European countries dominate the top half of the overall league table, with Northern European countries (Netherlands, Sweden, Denmark, Finland) claiming the top four places
- ➢ All countries have weaknesses that need to be addressed, and no country features in the top third of the rankings for all six dimensions
- ➢ The United Kingdom and the United States are in the bottom third of the rankings for five of the six dimensions reviewed, and are at the bottom of the overall ranking
- ➢ No single dimension of well-being stands as a reliable proxy for child well-being as a whole
- ➢ There is no obvious relationship between levels of child well-being and GDP per capita

1.6 The majority of the countries listed in the top third of the UNICEF outcomes table have child welfare systems which are based on the principles of comprehensive
universal provision, a high level of integration of services and emphasis on early years. Such systems are made possible through state provision funded by taxation regimes which are high relative to the UK, as well as a political consensus about the value of investment in children and young people as integral to the social, political and economic well-being of society. The debate about taxation and investment priority lies outside the immediate scope of this paper, which is to facilitate an Early Intervention plan by co-ordinating existing resources. However the Partnership may also consider that it wishes to include lobbying government for structural changes as part of its overall plan. The first key implication of the UNICEF study for the UK (and its regions) is the imperative to maximize all available resources in order to move in the direction of accessible and universally available services in order to improve outcomes. The second key implication is that integrating services, particularly in relation to early intervention, improves outcomes.

2 Early Intervention – Key Messages

2.1 There have recently been several major national reports in the UK, coming from different policy directions (Breaking the Cycle of Disadvantage, Improving Early Learning, Safeguarding) which have come to similar conclusions about the importance of Early Intervention. There is a broad consensus that early intervention is critical in order to address disadvantage. This position is based on considerable evidence of the negative impact of neglect on the developing brain and on the conclusions of major studies such as the ACE study that adverse childhood experiences have a profound, proportionate and long lasting effect on well-being. The extensive literature base is referenced and summarized in the Allen Report (2010)
This section of the paper will consider some of the key themes referenced, under the headings of;

- o Why Early Intervention?
- o What is Early Intervention?
- o How can Early Intervention be measured?
- o Early Intervention Delivery Models.

Why Early Intervention?

2.2 Two major Reports commissioned by the UK Government in relation to Early Intervention have been compiled by Graham Allen MP. The Allen Report (2010) – jointly written by the Centre for Social Justice and the Smith Institute, which refers to a need to address what has been termed as 'broken Britain', identifies a number of contextual themes ;

- The scale of social breakdown in Britain. The report suggests that too many communities are characterised by underachievement, lost potential and wasted lives. The report holds that it is clear that policies of late intervention have failed and the alternative must be tried.
- The size of what the report terms the 'dysfunctional base' (i.e. those facing severe disadvantage) is increasing – this has huge social and economic costs for society (p21). Building human capabilities is as important as improving economic or educational outcomes – this is a generational problem, which will take a generation to fix (p24)
- There is evidence that ill health and dysfunction strongly correlate with adverse experiences in early life (ACE Study) – the report holds that dysfunction expands exponentially in relation to the number of different types of adverse early experience (p23)
- The report holds that 1 in 8 children are growing up in 'risk' environments in the UK (p25) – thresholds for social work intervention mean that such services do not reach a substantial number of these families
- Research evidence of very poor outcomes for Looked After children who have been taken into the care of the state – there is a disproportionate level dysfunction which 'they are likely to perpetuate and which can have a significant impact on future generations' (p26)

- There is a 'disconnect' between agencies involved in early years (0 - 10), and those involved in the subsequent years (10 -18)
- There is a need to ensure that children are 'school ready'- a child's development score at 22 months can serve as an accurate predictor of educational outcomes at 22 years (Millennium Cohort study)
- The report suggests that society needs to address trends such as the rise in violent crime (particularly young males), drug and alcohol use by young people (p35 -36), educational under-achievements of children from disadvantaged backgrounds, reduction in marriage rates, increase in teenage pregnancy, absent fathers
- The report describes dysfunctional families as 'incubators for the generational transfer of mental and physical ill health and chaotic life styles…'
- There is a need to address the growth in prescribing for mental health states of children (Perry) – there is evidence of a rise across child onset depression, personality disorders, psychosis, addictions, substance misuse, violence, anger disorders, eating disorders (p39)
- The impact of unresolved trauma on later mental health (Perry, ACE study) (p39) requires to be factored in, as does the relationship between addictions, poor health outcomes and early childhood experiences (Perry)

2.3 The Munro Report on Safeguarding and Child Protection in the UK (2011) contends that the arguments for Early Intervention are threefold (C5);

- there is a 'moral' argument for minimizing adverse experiences for children and young people. Evidence demonstrates how deficiencies in early years experience can have a significant impact on development in later life, and that we have more ability to prevent or resolve maltreatment at an early stage, than when serious abuse or neglect has occurred (MacMillan et al 2009). The State has duties under Article 19 of the UNCRC to prevent the abuse or neglect of children and young people, as well as to deal with its incidence. Responsibility for the primary prevention of violence (i.e. all forms of harm) against children and young people lies with Health, Education, Social Work, Police and other services

- there is a 'now or never' argument, based on the evidence of the enduring damage done to babies by unresponsive and neglectful adults. This draws on evidence of the importance of secure attachment, and on lessons from neuroscience (The Royal Society 2011)

- there is a growing body of evidence to support the cost effectiveness of early intervention (Allen 2010, Knapp Parsonage and McDaid DOH 2011)

2.4 A further emphatic case for early intervention is made in the UNICEF Report (2010) entitled 'The Children Left Behind'. This report states that the case is strong in principle and in practice. For a child to suffer avoidable

setbacks in the most vulnerable years is an avoidable breach of Article 6 the UN CRC – that every child has the right to develop to his or her potential. Allowing a child to fall unnecessarily behind brings in its wake a long list of practical costs and consequences, which include low birthweight, parental stress, chronic stress to the child, food insecurity and inadequate nutrition, poor health outcomes (obesity, diabetes, chronic asthma, anaemia, cardiovascular disease etc), more frequent use of hospitals and emergency wards, impaired cognitive development, lower educational achievement, lower rates of return on investment in education, reduced linguistic ability, lower skills and aspirations, lower productivity and adult earnings, unemployment and welfare dependency, behavioural difficulties, involvement with police and courts, teenage pregnancy, alcohol and drug dependency. The report emphasises that the children who fall behind do so at the earliest stage of their lives, and that the central practical message is ' the earlier the intervention…. the greater the leverage'

2.5 A central theme of the Allen Report (2010) is the need to focus on those who will raise the next generation of children. The report makes reference to studies which have demonstrated the predictability of dysfunctional outcomes in early childhood – the Farrington and West Cambridge Study which found that adult offending could be predicted in childhood, and the Dunedin study into outcomes for 'at risk' children.   It states that Early Intervention by definition breaks the intergenerational cycle – the initial challenge is to locate the area where payback will be most effective. Evidence of the importance of neurological development in the first three years of life (WAVE Trust) strongly suggests that an investment fulcrum lies in primary prevention focused on 'at risk' groups under the age of three (p47). Early attunement and empathy are key elements of healthy attachment (p61). The overall approach has two strands;
a) 0-3 year olds need to receive the stimulus and responsiveness they need to flourish
b) all youngsters (0 -18) need to receive the knowledge and support that they require in order to be good parents.

2.6   Both the 2010 and 2011 Allen Reports are emphatic about the strong economic benefits of early intervention, arguing that intervening later is more costly, and that the rate of return on remedial, rehabilitative and reactive treatments decline as children get older, and entrenched behaviours become harder, if not impossible, to correct (Allen 2011, p2). The reports illustrate the financial costs to society of failure to pre-empt dysfunction – referring, for example to evidence of the enhanced cost to public services of children with untreated behavioural problems, involved in youth crime, placed in secure Children's Homes, disengaged from education, employment or training, or in need of treatment to address mental health problems etc. UNICEF (2010) points to the costs associated with increased strain on health and hospital services, remedial schooling, welfare and social protection programmes, police and courts, reduced economic productivity, and of children failing to develop their full potential.

2.7   The Field Review (2010) – cited by Munro - looked specifically at Child Poverty and life chances for those born into disadvantaged circumstances. Parenting is identified as a key factor, and it concludes that early interventions are essential to enable children to overcome disadvantage and to achieve better outcomes. In a similar vein the Tickell Review (2010) of the Early Years Foundation Stage notes the importance of providing support for children who are already experiencing developmental delay or behavioural problems.

2.8 The Munro Report notes that certain features of family life are associated with adverse outcomes for children and young people, which include the impact of factors such as parental mental ill health, alcohol/substance abuse, domestic violence, and living in poverty. However the Report notes that many children and young people affected by these conditions nonetheless thrive. It is noted by the Social Care Institute for Excellence (SCIE 2008) that research shows that there is still much to be learnt about the outcomes produced from the influence and interaction of individual risk factors across children's lives. A recent major article in the 'Observer' (11.09.11, p28) reports conflicting academic opinion on the over-riding importance of parental connection in the early years. This article reports views from the field of neuroscience that learning and cognitive development occurs throughout childhood and beyond, and that children (and adults) have been 'hardwired' for life-long learning (Breuer 1999). SCIE notes that gaining indications of vulnerability from the intersection of risk factors is complex, and that there is evidence that 'clustering' of risk factors is not always a sound indicator. Contextual circumstances do not make poor outcomes inevitable, and there is an emerging body of research on the importance of coping factors, protective strategies and children's resilience. (Pinkerton and Dolan 2007; Place Reynolds Cousins O'Neill 2002; Walsh 2002; Fraser Richman Galinsky 1999; Ungar 2006).

2.9 The concept of resilience has had a major impact on thinking about the role of the family in recent years. It has been developed in psychology (Masten and Powell 2003), in relation to children in need (Gilligan 2003), in the arena of youth justice (Rutter et al 1998), and in the field of education, in work on academic resilience (Martin and Marsh 2007). In summary, resilience theory recognizes that all families function in a manner characterized by ebb and flow; that all families have strengths and weaknesses; that all families go through different stages as children develop; that children and families, in the majority of instances, can cope with episodes of adversity. It notes that families draw upon a range of resources – many of which may be informal - in order to address difficult issues and overcome them. More recently this understanding of resilience has been developed to take account of the ecological and cultural context. The Resilience Research Centre in Canada (Ungar 2009) has pointed out that, understood this way, resilience is more likely to occur when services and resources are provided which can enable every child to do well in ways that are meaningful to his or her family and community. Building resilience is inextricably linked to local culturally accessible services.

What is Early Intervention?

2.10 The Social Care Institute for Excellence (2008) has noted that definitions of Early Intervention are contested, and that the term 'early' can take on several meanings;
- chronologically early
- early in relation to the development of problem behaviours
- early in relation to the likelihood that available interventions might be successful

SCIE have proposed that a useful definition is where 'early' is taken to reference the point in time at which a child or young person becomes vulnerable to poor developmental outcomes

2.11 The Allen Report (2010) argues that it is essential to identify what works best among a broad range of schemes and programmes, and calls for the identification of 'blueprints' based on the best tried and tested schemes. It recommends a National Assessment Centre for Early Intervention, to stimulate and drive a wide Early Intervention strategy. The Report argues that it has identified a small number of programmes (which fulfil most 'standard' criteria and score highly on delivery), which can be regarded as foundational elements of an Early Intervention Strategy. Some of these are specific programmes, others are referred to generically and are planks of current government policy. The overall approach is that, whilst the 0-3 age group is the primary target for Early Intervention, there needs to be emphasis on ensuring that 0-18 year olds are 'child ready'. Hence the Report recommends a 'virtuous circle of interventions' (Allen 2010 p74);

- a pre-natal package ; HVs, Midwives to be retasked to be as active on the emotional aspects of maternal development as on physical and nutritional aspects; First Steps in Parenting programme
- post natal programmes (Family Nurse Partnership); intensive HV input to 'at risk' families; rigorously tested in the USA
- Sure Start Programmes and Children's Centres; One stop Shop for families in disadvantaged areas, offering access to a range of services
- Primary School programmes; to ensure that all children are 'school ready' -parenting support, language, numeracy literacy programmes, social competency programmes (including waiting a year to start school); SEAL (Social and Emotional Aspects of Learning);
- anti-drug and alcohol programmes; giving every 11 year old an effective drug and alcohol course;
- secondary school pre-parenting skilling programmes (p74); Secondary school SEAL programmes

2.12 The Munro Report (2011) describes a number of characteristics and examples of Early Intervention.

- policies to fund universal programmes and activities to all children young people and families ((e.g. Early Intervention Grant), as well as specialist services where intensive support is needed

- the Child Poverty strategy (Tackling the causes of disadvantage and transforming families lives), and the Social Mobility strategy (Opening Doors, Breaking Barriers)
- the commitment to double the number of places on the Family Nurse Partnership programme
- the development of the Sure Start programmes in local communities to enable services to be offered in good time to prevent difficulties
- a framework for governance/management of volunteers
- redesign of services locally to co-ordinate and provide programmes for families with multiple problems (including community budgets) (p76)
- local and shared arrangements to identify and record the early help needed by children, young people and families – it is the provision of an 'early help' offer, where needs do not meet the threshold for children's social care services, which will continue to matter and make the most difference to them (p78)
- the development of assessment processes (involving all partners) to address the problem of when to escalate the level of professional involvement where there are safeguarding concerns (e.g. multi-agency Safeguarding Hubs)

2.13 The OFMDFM Strategy for Children and Young People in Northern Ireland (2006-2016) is also underpinned by a commitment to prevention and early intervention. The strategy states that this should not be construed solely as the need for intervention at a point which prevents a problem worsening or a situation developing further. The aim (OFMDFM 2006, p 18-19) ' is to improve the quality of life, life chances and living for all our children and young people, and reduce the likelihood of more serious problems developing in the future…. We will achieve this, in the main, through the provision of quality universal services at all stages of a child or young person's life. In effecting a shift to preventative or early intervention practice, it is important tat we do not lose sight of, or take attention away from, those children and young people who are most in need….. we must ensure that universal and preventative approaches are supported by targeted and proportionate responses for children who need them most'. The OFMDFM pledge in relation to early intervention is to ' **promote a move to prevention and early intervention practice without taking attention away from our children and young people currently most in need of more targeted services'**

2.14 It can be seen from the above that early intervention is a wide concept that needs to encompass existing universal programmes as well as the networks of locally accessible culturally appropriate supports and services which have developed, using diverse routes, to address a wide range of needs. **The Centre for Excellence and Outcomes for Children and Young People (CE04) defines Early Intervention as 'intervening early and as soon as possible to tackle problems emerging for children, young people and their families or with a population at risk of developing problems. Early intervention may occur at any point in a child's life' (Grasping the Nettle' Report 2009). It is proposed that the CYPSP adopt this definition.**

How can Early Intervention be measured?

2.15 The information gathered for the Family Support Data base in Northern Ireland (accessible at www.familysupportni.gov.uk) indicates a wide variety of programmes and agencies which provide Early Intervention. However, there has been no systematic attempt to achieve a consensus to what constitutes an evidence base in relation the quality of the provision across Northern Ireland. The publication of the Family Support Database provides an opportunity to develop a baseline audit of sources of information about what has worked.

2.16 In relation to tracking whether services improve outcomes for whole populations of children, as opposed to groups of children who use specific services, one approach developed by CEO4 in England involves an accountability framework for Children's Centres, or groups of Children's Centres, based on tracking population trends grouped under high level outcomes. The model works through the concept of 'turning the curve' i.e. through the tracking of such population based indicators and providing services which affect such indicators positively. This is very similar to the approach to outcomes measurement developed to date in Northern Ireland, and now endorsed by the CYPSP, which has been based on tracking high level outcomes on a whole population basis and utilizing a range of agreed indicators for each outcome. The indicators measure the contribution of different agencies, but critically require inter-agency co-operation in order to maximize impact. The data can be disaggregated in order to track outcomes for groups of children and young people with additional needs (e.g. Looked After children, Children with disabilities etc), who require more intensive inter-agency co-ordination than children and young people in the wider population. This model has been influenced by the work of Hogan and Murphey (2000) and on Friedman (2005) in the USA, which has demonstrated the relationship between a highly co-ordinated inter-agency outcomes based programme, an inherent emphasis on prevention, improved outcomes and associated cost savings. In Northern Ireland the approach has been mandated by OFMDFM to track progress towards the six high level outcomes which are at the heart of the 'Our Children and Young People – Our Pledge' strategy (2006), and the evolving range of indicators include Children's Rights indicators. The work of the CYPSP planning groups, including the sub-regional Outcomes Groups and Locality Groups, as well as the Northern Ireland wide sub groups of the CYPSP which focus of groups of children and young people with additional needs or circumstances, is based on this model. The model has been published in an Outcomes Planning 'tool kit', together with a literature survey (CAWT, 2008).

2.17 In contrast to the Hogan and Friedman models, which address the need for improved outcomes at whole population level, the Allen Report advocates a more targeted approach. At the centre of the first Allen Report (2010) is the assertion that a number of core services in an Early Intervention Strategy should replicate those that have been rigorously tested, using randomised control trial designs. These are described as 'blueprint 'programmes and examples include the Family Nurse Partnership programme (University of

Colorado USA) which is a preventative programme for vulnerable, young first time mothers. It is currently being piloted throughout the UK (including Northern Ireland), and early evaluation suggests that it can be delivered successfully (Lancet 373; 250-266); the Roots of Empathy programme for Primary School children (University of British Columbia, Canada) – implemented in Canada, USA, New Zealand and Australia; the Triple P Parenting programme (University of Queensland, Australia), which is applied to targeted localities and offers a range of clinically tested programmes to parents designed to improve parenting interventions to address conduct problems in children. (Sanders M, Markie Dodds C, Tully1 L, Bor W 2000). The second Allen Report (July 2011, C1;34, p8)) has established a list of the best programmes evidenced in this way in order to ensure that confidence from investors is retained, and calls for such programmes to be implemented with fidelity to the original design of their originators.

2.18 In relation to evidence based policy and practice, which are highly valued, it is acknowledged that the dominant view at present of what evidence is reliable gives greatest weight to random control trials (RCTs). There is, however, an ongoing and long standing debate about the use of RCTs as the gold standard for evaluation, and questions about cultural appropriateness and about programme fidelity across different contexts have been raised (Dolan and Featherstone 2010). It has been argued that children's lives, and the communities in which they live, develop in different societal and cultural contexts. The backdrop of available services, as well as cultural attributions given to factors such as expectations and behaviour, may differ significantly. In this view, the contention that interventions designed and tested in one society can be effectively transferred to another society is problematic. Cartwright and Munro (2010) observe that a properly conducted RCT, to quote "provides evidence that intervention works somewhere (i.e. in the trial). The decision maker, however, needs to estimate 'will it work for us?' The underlying social and physical structures in which an intervention is devised cannot automatically be assumed to be comparable to target localities in causally different aspects (assuming we know what these are). Differences in institutional, psychological and physical factors yield different causal and probabilistic relations. Sweden and the US, for example, have radically different ways of conceptualizing and responding to anti-social behaviour among young people…" (Cartwright and Munro 2010, Sect 8). Fundamental differences in levels and type of welfare state provision exist across national boundaries, which provide very different backdrops to particular programs, which cannot be screened out as variables in evaluation. The second Allen Report (July 2011, C4;20 p38), whilst on the one hand insisting on the importance of programme fidelity in relation to core evidence tested programmes, also states that the introduction of a number of early intervention programmes that are currently delivered outside the UK would require 'to be developed according to a UK context, reflecting different social and cultural norms'.

2.19 There is considerable emphasis in the second Allen Report (2011) on the creation of a 'Social Market' infrastructure to support the necessary investment in targeted Early Intervention programmes – such proposals

include outcome based contracting, stimulation of a Social Investment market, the creation of an Early Intervention Fund, Early Intervention bonds etc. Allen identifies inherent difficulties in implementing a Social Market approach. In addressing the issue of measurement of return on investment in targeted programmes, the Report acknowledges a number of difficulties;

- length of time between intervention and desired outcome – how to calculate investment time frames
- how to isolate/identify the outcomes which have a positive effect on the inter-generational cycle (examples provided are derived from RTC programmes)
- definition of target populations (how to avoid data manipulation – 'creaming i.e. selecting families with the aptitude for a particular programme, or 'parking' i.e. selecting out families who present the biggest challenges)
- establishing a causal link between intervention and outcomes
- how to evaluate the cash value of an outcome
- how to factor in unmet need – particularly in relation to achievement of savings targets in the short/medium term
- how to manage differential levels of investment risk for different cohorts of children/ young people

2.20 In contrast to the emphasis in the Allen Report on developing systems to track outcome data in order to adhere to RCT programme fidelity in relation to targeted groups of children and young people, the Munro Report (2011p 6) refers to ' the undue importance given to performance indicators and targets which provide only part of the picture of practice, and which have skewed attention to process over the quality and effectiveness of help given'. It goes on to recommend the revision of core statutory guidance in relation to Children in Need and their families in order to remove constraints imposed on front line staff as a consequence of excessive regulation, including national performance indicators. Constraints which have been imposed by prescribing or endorsing particular approaches, in the view of the report, have inhibited the quality of relationship building, innovation, professional judgement and assessment of need necessary to facilitate better safeguarding practice (Munro 2011, Recommendation 1)

2.21 The foundation Atlantic Philanthropies has provided significant support for children's services in the Republic of Ireland and Northern Ireland over the past decade, leading to investment in evidence based intervention models derived from other countries – for example, the Big Brothers Big Sisters Mentoring from the USA (a one to one adult to child friendship programme),or the 'Incredible Years' programme (aimed at parents, children and teachers), both of which are framed within rigorous high quality evaluations, including randomized control trial research studies. Reflecting on a tension between what have been described as 'blueprint' models and subjective practice based models of intervention, it has been argued
(Canavan, Coen, Dolan, Whyte 2009) that such approaches, based on highly prescribed structures and process, have the potential to negate relationship based working, good questioning in the interests of the child, and understanding of individualized nuances of need. There are also significant

limitations to subjective practice which is not informed by external evidence. What is required, in the real interest of working together for outcomes for children and families facing adversity is a balanced perspective capable of reflecting critically on quantitative and qualitative data and analysis.

2.22 Looking at the body of literature on resilience, Bruner (2006) argues that the measurement of resilience - which is the measurement of opportunities to build and use relationships, to develop informal support networks, to seek supports which are unique to each individual or family – has to rely heavily on user self measurement.. This position is reinforced by the International Resilience Project's emphasis on sensitivity to local constructions of health and well-being, and to local contexts. It is argued by the International Resilience Project (2009) that studies of resilience have insufficiently accounted for cultural specificity in their findings ; that existing work on developmental assets, such as the Search study, has ignored the possibility that certain assets may be more or less important in different contexts, or even that there might be other assets that have not been included; that studies have seldom constructed measures to test for the prevalence of health indicators of relevance to specific populations under stress; that it is not acceptable to treat culture as an independent variable that can be controlled for rather than fully understood; and that there is need for greater cultural relativism in studies of resilience, requiring methodological innovation. If the value and impact of preventative family support, including Early Intervention, is to build resilience, and if resilience is unique to each situation, then the evidence of improved resilience has to come from the people who use the service. This is the basis for an existing piece of work already recognized by the CYPSP Research Process- which is to develop a standardized user evidence evaluation framework to measure the impact of level one and level two Family Support services in Northern Ireland.

2.23 The issue of standards of evidence in relation to Early Intervention in work with children and families has been further addressed by Canavan (2010), with reference to the different frameworks which exist to help both consumers and producers of research. He has referred to the categorization of study types which has in effect privileged systematic reviews and random controlled trials, placing qualitative research at the bottom of the list. A recent contribution by Veerman and Van Ypren (2007) suggests another approach to providing evidence in relation to early interventions with children and young people which holds that the application of randomised controlled trials may not always be required for an intervention to be justified in practice or policy. This approach is inclusive of a mix of research methods – descriptive, theoretical, indicative and causal - which provide different levels of validation of effectiveness, and which has the advantage of incorporating user experience and reflecting cultural context. The requirements of Article 12 of the UNCRC in relation to participation and the voice of the child are particularly relevant in this debate. Canavan has adapted the Veerman and Van Ypren work into a research framework which can incorporate good descriptive accounts, connect with the literature and theory building, and can

then engage in various rigorous types of research to establish intervention value.

2.24 The second Allen Report (July 2011 C1;31. p7) in fact acknowledges that there are a great number of early intervention programmes that are not support by rigorous standards of evidence, and argues for the need to continually work to improve the evidence base. The Report says that this does not mean that such programmes are ineffective, particularly where they are informed by evidence from research and are still working to develop their own definitive evaluation.

2.25 It is proposed that the Partnership adopt the following incremental approach to gathering evidence at a number of levels;
- **Develop the Outcomes Framework to track aggregated population level trends. This is already in place, but requires more robust inter-agency support This Framework is rights based and compatible with the UNICEF approach.**
- **Gather and evaluate existing research on how to influence each of the outcomes**
- **Carry out a baseline audit of evidence of what Early Intervention has worked throughout Northern Ireland**
- **Review the progress of the RCT based programmes as applied in the Northern Ireland context**
- **Develop and pilot a resilience based framework for evaluation of Early Intervention programmes across Northern Ireland .**

Early Intervention - Delivery

2 26 The Reports referred to in this paper do not provide any definitive recommendations about the 'shape' of an Early Intervention Delivery model. What are described below are some emerging examples and principles from these Reports.

2.27 The Allen Report (2010) presents two practical examples of co-ordinated Early Intervention programmes – in Greater Litterton, Colorado and in Nottingham.

1) Greater Littleton City Council is the major funder for the Greater Littleton Youth Initiative, which is a large community collaboration. It has developed, over 8 years, a package of six 'blueprint' programmes;

   - Nurse / Family Partnership
   - Incredible Years Parenting programme
   - Big Brothers/Big Sister of America mentoring programme
   - Life Skills Training
   - Functional Family Therapy – a therapeutic programme for 'at risk' youth
   - 'Bully – proofing Your School' – a bullying prevention programme

This initiative is described as a work in progress (p103)

2) Nottingham Early Intervention City – 'One Nottingham'. Leadership of this initiative came from the Local Strategy Partnership, pulling together partners from police, health, schools, business and the voluntary sector. Plan based on concept of the 'virtuous' circle for 0-18 yr olds

- CHILD READY
- Pre natal for all single mothers/Mothercare Pregnancy services
- Post natal ; Intensive Heath Visits for all single mothers, Family Nurse Partnership
- SCHOOL READY
- Creating the Attendance Habit
- Children of Prolific Offenders Supported
- Sure-start
- Incredible Years or Triple P
- Primary SEAL ; Emotional Competence for all Primary Children
- Roots of Empathy
- LIFE READY
- Drug Education for 11 yr olds;
- Alcohol Education for 11 yr olds
- Big Brother – Big Sister Mentoring
- Witnessing Domestic Violence Health Alliance Project
- Secondary SEAL for all teenagers;
- All 16 yr old mums properly housed
- First Steps in Parenting

2.28 The Allen Report (2011) sets out the following principles for a national policy to interrupt the current dysfunctional cycle;
- Political leadership and effective planning and co-ordination at official level
- Early Intervention is less expensive and more effective than late interventions – all political parties need to commit resources to Early Intervention in the Comprehensive Spending Review
- The creation of an Early Intervention Foundation nationally to maintain momentum, challenge the evidence base, support programmes, co-ordinate the investment programme etc
- Localism will be the primary enabler and commissioner - local agencies need to be mandated nationally to break out of 'silo' thinking - there needs to be the right balance between local independence and a national framework
- Outcome based contracting based on improving data
- Creation of a market in Social Finance - Need to incentivise investment in this area

2.29 The Allen Report (2010 C5 p112) refers to the duty and privilege of achieving success as resting with parents or primary care givers. It states that only parents can deliver, and that children and young people, as future

parents, need to be seen as sources for the solution. There is very little reference to the importance of the views, experiences, input of parents, care givers, children or young people in any other part of the two Allen Reports. The Munro Report (2011), which is entitled a 'A child centred system' refers to the centrality of forming relationships with children and families and recommends an inspection framework for children's services which is capable of examining the child's journey, and exploring how the rights, wishes, feelings and experiences of children and young people inform and shape the provision of services (Munro 2011, Recommendation 4.11). It is a contention of this paper that a delivery mechanism for Early Intervention needs to fully reflect the Art 12 of the UNCRC in relation to participation.

2.30 The Munro Report highlights the importance of multi-agency working to implement an Early Intervention agenda. One of the formal recommendations of the Report is that Government should place a duty on Local Authorities and Statutory Partners to ensure the sufficient provision of early local help services for children, young people and families – to include

- Specifying the range of professional help available to local children, young people and families through statutory, voluntary and community services
- local Strategic Needs Analysis;
- Specifying how they will identify how they will identify children who are suffering, or are likely to suffer, significant harm, and arrangements for managing safeguarding at the front-line of universal services;
- local resourcing for early help;
- design and manage the provision of an 'early help' offer where needs do not meet statutory children's social care criteria.

2.31 The CE04 'Grasping the Nettle' Report (2009) notes that key characteristics of effective integrated working that need to be in place everywhere include having a shared vision, clear understanding of needs and identification of gaps, sharp focus on improving outcomes, clear and consistent messages communicated to staff and families, and an underpinning workforce development strategy.

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APPENDIX 1 – CONSTITUENT AGENCIES OF THE CYPSP

STATUTORY SECTOR	
Agency	**Agreed representative**
Health and Social Care Board	**CHAIR: John Compton, Chief Executive** Fionnuala McAndrew, Director Social Care and Children Tony Rodgers, Assistant Director of Social Care and Children
Public Health Agency	Dr Eddie Rooney, Chief Executive Carolyn Harper, Executive Medical Director/Director of Public Health Mary Hinds, Director of Nursing and Allied Health Professionals
Education and Library Boards	TBC, BELB Tony Murphy, Chief Executive, SELB Barry Mulholland, Chief Executive, WELB Shane McCurdy, Chief Executive, NEELB Stanton Sloan, Chief Executive, SEELB. Clare Mangan, Head of Children & Young People's Services (SELB & WELB)

Council for Catholic Maintained Schools	Jim Clarke, Deputy CEO
Belfast Health and Social Care Trust	Colm Donaghy, CEO
Northern Health and Social Care Trust	Sean Donaghy, CEO
Southern Health and Social Care Trust	Mairead McAlinden, CEO
South Eastern Health and Social Care Trust	Hugh McCaughey, CEO
Western Health and Social Care Trust	Elaine Way, CEO
Northern Ireland Housing Executive	John McPeake, CEO
Youth Justice Agency	Paula Jack, CEO
Probation Board for Northern Ireland	Brian McCaughey, Director of Probation
Police Service of Northern Ireland	Place available for Assistant Chief Constable, Criminal Justice
Local Government, through SOLACE representatives	Liam Hannaway, CEO, Banbridge District Council and **Vice Chair of CYPSP** Theresa Donaldson, CEO, Craigavon Borough Council Anne Donaghy, CEO, Ballymena Borough Council Geraldine McGahey, CEO, Larne Borough Council
Department of Justice	Declan McGeown, Head of Community Safety Unit
Department of Social Development	Michael Daly, Director of Urban Regeneration Strategy

VOLUNTARY SECTOR	
Agency	**Agreed representative**
Children in Northern Ireland	Pauline Leeson, Director
Action for Children NI	Dawn Shaw, Operational Director Children's Services
Barnardo's NI	Lynda Wilson, Director
Include Youth	Koulla Yiasouma, Director
Mencap	Maureen Piggot, Director
Parenting NI	Pip Jaffa, Director

COMMUNITY SECTOR	
Agency	**Agreed representative**
Clan Mor Sure Start	Tina Gregory, Coordinator
South Tyrone Empowerment Programme	Bernadette McAliskey, CEO (STEP Coordinator)
Carrickfergus YMCA	Robert Loade, General Secretary
Women's Aid Federation NI	Annie Campbell, Director
ARC Health Living Centre	Jenny Irvine, Chief Executive Officer
Blackie River Community Group	Jim Girvan, Chief Executive

BME SECTOR	
Agency	**Agreed representative**
Chinese Welfare Association	Eileen Chan-Hu, Director
Wah Hep Chinese Community Association	Paul Yam, Director
Bryson Charitable Organisation	Jo Marley, Director

APPENDIX 2

What is Already in Place To Deliver an Early Intervention Strategy – VOLUNTARY AND COMMUNITY SECTOR

In terms of its capacity to deliver an Early Intervention strategy, Northern Ireland has one significant advantage over other UK regions, and that is the potential to integrate the resources of its statutory agencies and highly developed and locally grounded Voluntary and Community sectors.

It has been estimated by NICVA that Northern Ireland has some 4,500 voluntary and community organizations (NICVA 2011) across the region. These sectors employ some 29,000 people, and a much larger number of people are involved in a voluntary capacity. In 2010 the Northern Ireland Audit Office Report entitled 'Creating Effective Partnerships between Government and the Voluntary and Community Sector' noted that the voluntary and community sectors make "a significant contribution to the achievement of the Executive's strategic goals and priorities". This key position is recognized in the 2011 election manifestos of all of the main political parties.

It has been argued (Morrison 2001) that the voluntary and community sectors in Northern Ireland have historically performed a different and wider role that their counter-parts in other regions of the UK, ranging through service provision to a more engaged policy development role. He notes the estimation from a previous Secretary of State that the sector in Northern Ireland may be 25% larger that in other parts of the UK. His paper argues that the system of Direct Rule, which continued for more that 25 years during the period of the Troubles, allowed the Voluntary and Community sector to develop to address what has been referred to as a democratic deficit, to act as "an alternative site of politics and as an alternative opposition". From the late 1980s onwards this role was further enhanced through the political fall-out from the Anglo-Irish agreement (which provided an opportunity for community and voluntary sector strategists to influence government); through its central role in the establishment of structures to address urban and rural disadvantage (e.g. Making Belfast Work 1987, The Londonderry Initiative 1989, the rural development programme of the 1990s etc) and through the Government strategy for the Support of the Voluntary Sector and for Community Development in 1993. Morrison also draws attention to the extent to which European institutions and structures afforded the voluntary sector opportunities to bypass domestic government institutions and to engage in politics on different terms – examples would be the roles of NGOs in pursuing Human Rights and Children's Rights agendas. The role of the Community sector in the District Partnerships established by the European Special Support Programme for Peace and Reconciliation, and subsequently in the formation of Local Strategy Partnerships to implement the second Peace and Reconciliation Programme, are further example of how successful it had become in enmeshing itself in governance at all levels.

Both the Community sector and the Children's Voluntary sector have been involved in the planning and provision of front line services. Much of this

activity is focused on the area of prevention and early intervention – on services at levels 1 and 2 of the Northern Ireland (Hardiker) Family Support Model (Appendix 3). Voluntary sector and Community sector agencies have been prominently involved in the development of strategic partnerships with statutory agencies which provide services for children and young people (Health and Social Care Trusts and Boards, The Education and Library Boards, the Youth Justice Agency, the PSNI etc) since the early 1990s in order to co-ordinate service planning and provision for services for children and young people – examples include multi-agency Children's Services Planning, Child Care Partnerships and Area Child Protection Committees – all of which have promoted a culture of joint ownership of planning. The development of services which are locally accessible has been a priority area, and this has led to the piloting of local Family Support Hubs (see C4, P   ).

The community sector as a whole has tended to be more closely associated with the agenda of development and regeneration of local communities, and with the growth and stimulation of the Social Economy, linking with the statutory agencies concerned with training, employment, housing, environment, rurality etc, and building stronger links with District Councils, more recently through Local Strategy Partnerships. It has, however, contributed to the child focused partnerships listed above through a range of activities concerning children and young people.

Critically, local community organizations have provided, over decades in some instances, community supports to children and families through voluntary effort and through the usage of diverse funding streams. One very public example of funding which has been taken up in this way is BBC Children in Need funding, which is only provided to agencies which can demonstrate that their work benefits children in relation to needs which are additional to socio-economic need. Small community groups in Northern Ireland have benefited from this type of funding to a significantly greater degree than in any other region of the UK. Due to these differences between the sector in Northern Ireland and in other UK regions, this sector in Northern Ireland has been able to develop an infrastructure and to have a much higher profile in relation to early intervention.

The agenda which is common to both the Voluntary and Community sectors, and which has the potential to bring together the considerable experience and resources of both strands at a strategic level, is that of building the social capital of local communities through activities to promote enhanced outcomes for children and young people through early intervention. Stronger families result in stronger communities. The explicit concept of Early Intervention Areas is currently being piloted in Derry City Council area and in the Colin Area Partnership in Belfast.

Early intervention approaches for local areas have been developed over a number of years through Children's Services Planning locality planning processes, now mandated by the CYPSP. Early Intervention approaches have also been developed through other integrated planning processes such as Investing for Health Partnerships, Neighbourhood Renewal Partnerships

and Community Safety Partnerships. The Community and Voluntary sectors have been engaged throughout all such arrangements, often providing the local 'glue' which binds arrangements at ground level together.

The co-ordination of Early Intervention in Northern Ireland will be greatly facilitated by the recent publication of a comprehensive data base and website which maps Family Support services at local and regional levels across Northern Ireland, and which provides full profile details of each service.

A number of partnerships have been formed across Northern Ireland to address children and young people's needs. However, none of these have addressed all levels and types of need. The CYPSP now brings together all the statutory agencies which are required to provide supports and services for children and young people, and representatives of the strong and vibrant Community and Voluntary sectors . This has created, for the first time, a coalition with a specific focus on all children and young people across Northern Ireland –combining the mandate and position power of statutory agencies with the collective understanding of the Community and Voluntary sectors of grass roots life.

APPENDIX 3

What is Already in Place To Deliver an Early Intervention Strategy – STATUTORY SECTOR

TO BE INCLUDED FOLLOWING STRATEGIC SCAN.

APPENDIX 4
UNICEF REPORT CARD (2007)

Dimensions Of Child Well-being	Average Ranking Position (all six Dimensions)	Dimension 1 Material Well-being	Dimension 2 Health and Safety	Dimension 3 Educational Well-being	Dimension 4 Family and Peer Relationships	Dimension 5 Behaviours And Risks	Dimension 6 Subjective Well-being
Netherlands	4.2	10	2	6	3	3	1
Sweden	5.0	1	1	5	15	1	7
Denmark	7.2	4	4	8	9	6	12
Finland	7.5	3	3	4	17	7	11
Spain	8.0	12	6	15	8	5	2
Switzerland	8.3	5	9	14	4	12	6
Norway	8.7	2	8	11	10	13	8
Italy	10.0	14	5	20	1	10	10
Ireland	10.2	19	19	7	7	4	5
Belgium	10.7	7	16	1	5	19	16
Germany	11.2	13	11	10	13	11	9
Canada	11.8	6	13	2	18	17	15
Greece	11.8	15	18	16	11	8	3
Poland	12.3	21	15	3	14	2	19
Czech Rep	12.5	11	10	9	19	9	17
France	13.0	9	7	18	12	14	18
Portugal	13.7	16	14	21	2	15	14
Austria	13.8	8	20	19	16	16	4
Hungary	14.5	20	17	13	6	18	13
United States	18.0	17	21	12	20	20	-
U.K.	18.2	18	12	17	21	21	20

APPENDIX 5; N.I FAMILY SUPPORT MODEL

In Northern Ireland services have been analysed using a planning model is based on the work of Pauline Hardiker and colleagues (Hardiker, Exton, & Barker, 1991). The Hardiker model is recognised throughout the United Kingdom and internationally as a robust and flexible tool for planning services to meet children's needs. It is used to capture the services/supports provided by any sector (e.g. by families, community, voluntary and statutory sector agencies, both locally and regionally).This model, which has become known as the Northern Ireland Family Support Model, has been applied to the population of children and young people in Northern Ireland.

The four-tier approach demonstrates what needs to be done at each level and shows the interdependency between the levels:-

Level 1 represents services provided to the whole population to provide mainstream health care, education etc. It also includes services based on universal rights for the whole population, and services designed to improve the situation of disadvantaged people through community development.

Level 2 represents support for children who are vulnerable, through an assessment of need. Services are targeted to individual children, with parental support, and are provided in statutory and voluntary settings. It incorporates services that must address rights such as Article 23, UNCRC, on the right of disabled children to special care, education and training.

Level 3 represents support to families, or individual children and young people, where there are chronic or serious problems. It is provided through a complex mix of services, which need to work together well in order to provide the best support. These services must address UNCRC special measures of protection such as Article 39, on the duty to provide for recovery for victims of neglect, exploitation or abuse.

Level 4 represents support to families, or individual children and young people, where the family has broken down temporarily or permanently, and the child or young person may be looked after by social services, in youth custody or prison or as an in-patient, for instance due to disability or mental health problems. These services must address rights such as article 40, UNCRC, which sets out the rights of children accused of offences.

It is important to stress the degree to which the Hardiker model emphasises the interdependence between the four levels. Strong and effective services for all children at Level 1 will alleviate the need for Level 2 services for many children. A good and comprehensive range of preventative services at Level 2 will address difficulties early enough to affect the numbers of children and young people who require services at Level 3. Focused and intensive services at Level 3, which can draw on the strengths of family and neighbourhoods, will impact on the numbers of children who are at risk of having to leave home.

The range of Early Intervention services in Northern Ireland can be framed within Levels 1 and 2 of this mode

APPENDIX 6; FAMILY SUPPORT HUBS

In parallel with its work on developing an understanding of Early Intervention, the CYPSP has endorsed work, which is taking place currently, to pilot improved co-ordination at local level through the development of a network of Family Support Hubs. The term 'hub' has been used, in a loose sense, to convey a commonly held view that there needs to be better local co-ordination of Family Support services. The objective of a hub is to enhance awareness, accessibility, co-ordination and provision of family support resources in local areas, with an emphasis on prevention and early intervention. Some of the key characteristics have been identified as ;
- coalitions of agencies which provide early intervention services locally
- points of contact locally for information about family support
- points of local and non-stigmatized access to family support services
- points of co-ordination for locality assessment of need and for local action planning

A 'hub' can be thought of as an easily recognizable non stigmatized 'brand' or flagship for family support at local level. The starting point is recognition that each locality has unique characteristics in respect of geography, demographics, socio-economic structure, community organization, local political configuration, informal networks and service history. All of these characteristics will influence the development of a locality hub. There is no single hub model which can be superimposed on any area. However, literature from international best practice has enabled the development of a framework for measuring the impact of, and for quality assuring, local delivery structures for Early Intervention. This approach is based on the work of Pinkerton, Dolan and Canavan (2006), who argue that agencies which practice Family Support need to evolve in the direction of ten core characteristics;

- Working in partnership (with children, families, professionals and communities)
- Needs led interventions (strive for minimum intervention required)
- Clear focus on the wishes, feelings, safety and well-being of children
- Reflect a strengths based perspective which is mindful of resilience
- Promotes the view that effective interventions are those that strengthen informal support networks
- Accessible and flexible in respect of location, timing, setting and changing needs, and can incorporate both child protection and out of home care
- Families are encouraged to self-refer and multi-access referral paths will be facilitated
- Involvement of service uses and providers in the planning, delivery and evaluation of family support services is promoted on an ongoing basis

- Services aim to promote social inclusion, addressing issues around ethnicity, disability, and rural/urban communities
- Measures of success are routinely built into provision so as to facilitate intervention based on attention to the outcomes for service users to facilitate quality assurance and best practice

These ten defining principles provide an audit framework for assessing agencies
(or coalitions of agencies) which set up to provide family Support services. In effect they define the ethos, operational principles and the key characteristics, of Family Support provision.

The CYPSP has mandated each of its Outcomes Groups to oversee the development of Family Support Hubs in its area.