

'Maps and Charts in Planning Family Support': The Development of Children's Services Planning in Northern Ireland

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ABSTRACT *This article has been adapted from a paper that was presented to the Regional Conference 'Think Global — Act Local', held in the Adair Arms Hotel in Ballymena on 29 November 2002, in order to launch the Children's Services Plans for the four Health and Social Services Board areas in Northern Ireland, for the period 2002–2005. The paper considers how 'cross-cutting' Children's Services Planning has developed in Northern Ireland, and explores the emerging shift from historically based planning to planning based on needs assessment, driven by the emphasis on holistic understanding of children in Need. Core elements include the development of inter-agency databases to capture need and supply of services at a very local level (electoral ward); emerging work on outcome measurement; the consolidation of inter-agency and inter-sectoral planning forums; and the emergence of frameworks for involving service users, especially young people. The paper reflects on the application of the Hardiker (1991) Model in Northern Ireland, and goes on to describe how congruence across the Children and Young People's Committees has been achieved through commitment to four common, underpinning themes — Needs Led Planning and Resourcing, Equality and Human Rights, Promoting Social Inclusion, and an Integrated Approach to Family Support. The latter theme is particularly developed in this paper, suggesting that a number of conditions now exist that could drive family support led strategies in the domains of prevention/diversion (Hardiker Levels 1 and 2) and intensive support (Hardiker Levels 3 and 4). In conclusion, the paper argues for the consolidation of Children's Services Planning as a core local framework that can strengthen regional strategy, and identifies some of the key challenges for the future.*

Building from Local

This is the morning of 18th June 1928. James Mc Geady and Dan McCallion, two farm labourers, went to work together, as they always did. Today they were off to the Cornshell field on the Gallagher farm at Ballyarnett, on the outskirts of Derry. Unknown to them Amelia Earhart was coming to the end of her epic 20hr 40min crossing of the Atlantic. Tired, lost — she was looking for a safe place to land her Fokker Friendship aircraft. She could have been anywhere on the

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Western approach to Europe — Scotland, the West Coast of Ireland, Cornwall, Normandy, Brittany ... To their surprise Amelia chose the Cornshell field for a runway. They ran up to the plane once it landed. 'Where am I?' came the question. 'But you're on Gallagher's Farm' came the reply.

This story touches on the issues about the role of Children's Services Planning. Like Amelia Earhart, we need the big picture.

Targeting Social Need, Promoting Social Inclusion, Health and Well-Being Planning, and Investing for Health are all major issues that give us a sense of direction in our work. But this can never be enough. Like James Mc Geady and Dan Mc Callion, all of this must make sense locally.

When we began Children's Services Planning in Northern Ireland in 1999, we did not have to look very far to find out about Need. This was understood to be part of the territory by communities themselves, professionals, people working in the voluntary sector — even if it was not well mapped out. In short, there was no agreed way of measuring need. We did not have the language, concepts or technical ability to capture need in ways that would help us plan services that were as fair and effective as we wanted them to be.

Similarly, strategic planners went about the business of trying to translate regional and policy directives into their respective local contexts. What we inherited was a system of planning that was very centralised and whose culture was not shaped by local needs and by local people — who were more objects than architects of planning processes.

The core questions facing Children's Services Planning when we began this process in 1999 were:

- The routes already marked out by existing services — were they really the best routes? Can you really find the best routes when planning from distance?
- Could we make better use of local knowledge and expertise? Could the local resources be more effectively pooled and utilised?
- Could we create a process, conceptual frameworks and language, to enable local knowledge to be connected — to be plugged in — to the strategic, long-term planning that, over time, really makes the difference?

We set out to develop language that planners and public alike could understand, and processes that planners and public could access and shape for the common good. This would necessarily be a shared process because many services are provided by the community and voluntary sector. A common roadmap would help the community, voluntary and statutory sectors coordinate help to families in need.

This is what we have tried to do through the four Children's Services Plans.

How Have We Got There?

The starting point for Children's Services Planning has been recognition, through research and through practice, that child-centred, holistic approaches to engaging children and young people with complex needs are the only ones that have any chance of working.

What is meant by 'holistic, child-centred approaches'?

Needs Led Planning

- How are our **children** doing?

Not How are our **services** doing?

and

- How can we design the services around children?

Not How can we get the children to the services?

Views of a 14 Year Old

I'm 14 years old. I don't go to school and haven't done for some time. Education Services have been trying to plan for the likes of me for years. When I'm not at school, I steal. Police Juvenile Liaison already have me marked. All my bother started at home. Social Services have been working on what to do with me for as long as I can remember. The trouble is that whilst these three agencies planned, in their respective ways, to do what they could — things were too complicated. Three sets of procedures and guidance. Three geographical areas that didn't always correspond. Three ways of understanding what's driving me. But only one of me!!

Children's Services Planning offered the hope that childcare organisations, voluntary, statutory and community could agree a shared language for identifying what I need ... and set aside their boundaries ... so that responses to children like me, whose difficult home life gave rise to so many problems, can now be addressed through new types of service, jointly commissioned, jointly staffed and jointly resourced. This requires perseverance and determination on the ground — inter-agency work is difficult. Agencies have reacted differently to this way of working — some have embraced it, some have had to be pulled along. Yet it has led to some outstanding results, due to the introduction of needs led planning.

There is no other way of planning services for children who are vulnerable or who are in need. Tracking individual need and aggregating it; tracking what people who use services have to say about them; tracking the views of those

who work in communities, including the professionals on the ground; tracking the research findings and the evidence — you cannot get more local than that.

This is not some elaborate planning concept — it is a statutory requirement. Its purpose is to deliver on the commitment to children in Need, and Family Support, contained in the Children (NI) Order 1995. This is what is required of Children and Young People's Committees, through the Children's Services Planning Order.

The four Children's Services Plans have set out strategic objectives covering a 3-year period for children in Need in their respective areas — priorities have been identified in respect of specific areas:

- Child Protection.
- Care Leavers.
- Child and Adolescent Mental Health.
- Disability.
- Children in Care.
- Youth Justice.
- Young Carers.
- Homelessness.

But they are also built on four common themes, agreed by the Children and Young People's Committees:

- Needs Led Planning and Resourcing.
- Developing an Integrated Model of Family Support.
- Equality and Human Rights.
- Promoting Social Inclusion.

These core themes are central to achieving the aim of consistent, high-quality Children's Services Planning. They have emerged, in part, from legislation and government policy, but also, critically, from our shared analysis of what is important at the local level based on our experiences of the past 3 years. They are the platform upon which Children's Services Planning can be taken to its next level. These listed themes are explored in turn.

Needs Led Planning

Children's Services Planning, in Northern Ireland, has led to a critical shift in the way in which information, and consultation, has been used in the planning of services. We are moving away from planning on the basis of activity analysis and historical patterns of service delivery (in other words, 'what did we do last year?' and we will tweak it a bit) to an emphasis on the assessment of need.

This is a major change as its focus is on the individual in need of service and not on the organisation providing it. From organisation centred to needs-led planning.

We have been working over the past 2 years to create a common language of need that creates a clearly understood map across community, professional, cultural and organisational boundaries.

In the Western Area Children's and Young People's Committee we have started such a map — and the other three Boards are working on theirs. It takes the form of a database that has four important qualities.



www.wacy-pc.org

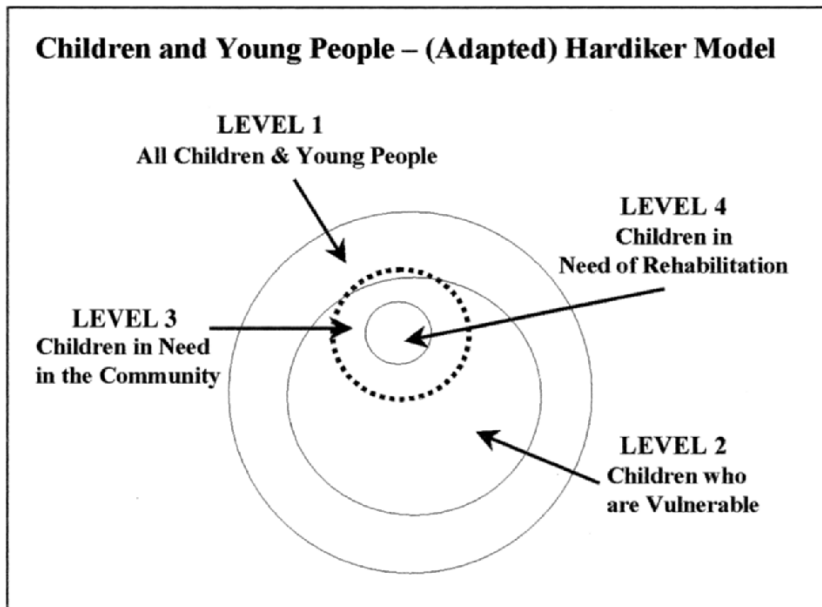
- It defines need in ways that are easily understood using, for the most part existing information — from Social Services, Health, Probation, Police, Housing, Social Security, Education.
- It has pulled together information about the agencies — statutory, voluntary, community-based — that supply services, and states what their services are and who they target.
- The information is ordered by ward area, which is especially useful for political representatives.
- It is in the public domain as it was launched through a series of events to which community, voluntary and statutory organisations were invited. In addition, it is available on the Web and therefore it is open to all.

The Western Area Children and Young People's Committee's website can, in its section on Family Support, access data at Trust Level, District Council Level and Ward Level, and can provide information on:

- Population 0–17 years.
- Low income.
- Health.
- Mental health.
- Social services.
- Juvenile justice.
- Education.
- Noble and Robson.
- Family Support Services available in this Ward.

Once we have an agreed baseline for measuring need, we can then move to measuring outcomes. Performance measurement has become a central objective for the information agenda, and colleagues in the Southern Area Children's and Young People's Committee have made particular strides forward here. This achievement means that whenever community and voluntary groups sit down now with statutory agencies, or when professionals recognise a shared area for development, or when voluntary groups want to talk to each other about future developments, they are all singing off the same hymn sheet.

Information is power. But using it effectively and openly is the key. Children's



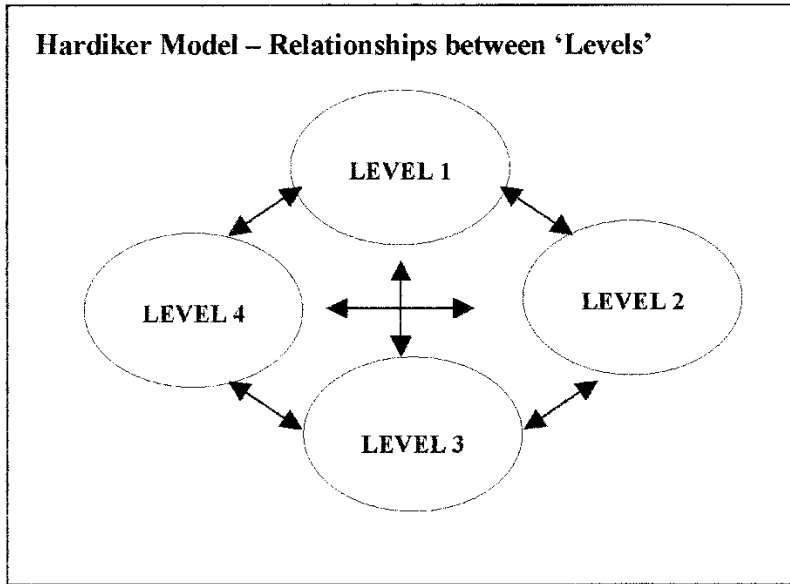
Services Planning involves the empowerment and engaging of all for the good of local families and children.

However, this is only possible when statutory organisations embrace the new culture of openness and change.

This is all very well. But having obtained masses of information and set it out by Ward area, it is important to use it appropriately in order to identify need and plan services. This is where the use of the Hardiker approach has been pivotal.

Pauline Hardiker, a Social Policy academic based in England, has developed a framework that has influenced Children's Services Planning throughout the United Kingdom. Figure 3 is adapted from her work (Hardiker *et al.*, 1991(a),(b); Hardiker & Baker, 1995). It is noted that similar models have evolved in Health Visiting and in Child and Adolescent Psychiatry.

- Level 1 refers to those services that are available to all children — health care, education and a range of other services provided in communities.
- Level 2 represents services to children who have some additional needs. Services at Level 2 are characterised by referral, and full parental consent and negotiation. Examples would be Behaviour Support, Parenting Support, additional Educational services, and so on.
- Level 3 represents support to families or individual children and young people where there are chronic or serious problems. State intervention can have a high profile at this level. Examples would be children on the Child Protection Register, or who have come before the Courts — but children who require sustained input from Child and Adolescent Psychiatry, or who have a serious disability, also require this intensity of service.
- Level 4 represents support to families or individual children and young people where the family has broken down temporarily or permanently or is



at imminent risk of breaking down — when the young person may, for example, be in care, in youth custody, or be a hospital in-patient due to disability or mental health problems.

This model allows us to analyse need and services at each level — it allows us to think strategically at each level, but also, crucially, demonstrates the inter-dependency between the different levels.

Really good generic Level 1 services would be the preferred approach, backed up with preventative services at Level 2, whereby all difficulties are dealt with in mainstream education, health and community. The more we can deal with at these levels, the better. But we also need specialisms.

Level 2 services are essentially preventative, many provided by community and voluntary agencies — the effectiveness of Level 2 services will often determine the threshold for entry into Level 3, and also the numbers involved. Similarly, effective, intensive, targeted services at Level 3 will effect thresholds for Level 4, and hence the numbers entering.

But children in care, or in youth custody, or in acute hospital, at Level 4 are also dependent on access to effective services at Levels 3, 2 and 1 on the journey back to community, back to locality. We need to think of the model as a circular system (Figure 4).

Using the Hardiker model has started us thinking in a different way:

- You can use this model to map your own area.
- You can use it to analyse strengths, weaknesses, opportunities — at each level, in each area, for each sector and agency or across sectors and agencies.
- You can apply it to services in relation to individual themes — disability, Youth Justice and so on.

The fact that we are using it within inter-agency and inter-sectoral planning

Needs Assessment Projects Completed	Needs Assessment Projects Completed
<ul style="list-style-type: none"> • Children & Young People in the Travelling Community (<i>South</i>) • Children & Young People Leaving Care (0-18) (<i>West</i>) • Families & Children who are Homeless (<i>West</i>) • The Needs of Children with a Life-Limiting or Terminal Illness and Their Families (<i>North</i>) • Matching Needs and Services <ul style="list-style-type: none"> – children and young people entering Care (<i>West</i>) • Assessment of the Needs of Young Carers (<i>South</i>) • Child and Adolescent Mental Health Services (<i>all CYPCs</i>) • Audit of the Educational Experience and Achievements of Children and Young People in Children's Homes and Foster Care (<i>North</i>) • Project Needs for Family Placement and Adoption Services (<i>South</i>) 	<ul style="list-style-type: none"> • Submissions to 'Supporting People' in respect of Young Care Leavers (<i>all CYPCs</i>) • Children with a Disability, placed out from home for 90 days (<i>East</i>) • Childcare Needs of the Chinese Community (<i>East</i>) • Children and Young People and Offending <ul style="list-style-type: none"> – Needs and Services (<i>South & North</i>) • Suspensions and Expulsions in School, 1996-1999 (<i>South</i>) • Leaving Care After Care (<i>East & South</i>) • Enabling Ability <ul style="list-style-type: none"> – Needs of children and young people with a disability (<i>West</i>) • Developing an Information System to provide data on Youth Homelessness (<i>North</i>)

frameworks mean that we are in a much better position to move jointly, towards agreed strategic solutions.

However, it would be a huge mistake to rely solely on technical data.

A number of Assessment Projects have been commissioned to generate specific detailed information on children and young people in need. Figure 5 presents a selection of projects undertaken.

Children's Services Planners have set out, from the beginning, to raise the profile of service users in planning. This has involved establishing focus groups, reference groups, 'one-off' consultation events, as well as direct representation, to hear people's views and to ensure that we connect with the experiences of people who are at the receiving end of services.

This work is far from complete and has entailed a great deal of learning about user involvement. Although there is still some distance to go, the fruits of the approach are clearly evidenced in the design of the services in the Plans. They are better because service users, in part, shaped them.

It is important to be aware that this is not a cheap option. But although it will cost in terms of money, effort, risk and time, there is no other way.

Agencies and their staff who deliver services in the field are key allies. Yet many do not feel a part of the Children's Services Planning process. Practitioners need to relate to the Children's Services Plan as a vehicle, which can translate their knowledge and experience, into concrete proposals for service development. Improving their involvement is an immediate challenge for all the Children and Young People's Committees.

An Integrated Approach to Family Support

Those involved in Children's Services Planning wish to challenge the view that need for support equates with parental inadequacy. Moreover, Family Support and Child Protection must be seen as an integrated approach where family strengths are enhanced, but not losing sight of any assessed risk and acting appropriately, and promptly to safeguard a child.

Children's Services Planning provides a conceptual and a practical framework to take forward Family Support as the preferred method of intervention in meeting the needs of children.

In the previous work *Family Support — Linking Project Evaluation to Policy Analysis*, Higgins *et al.* (2000) identify, from analysis of research on prevention, seven characteristics of Family Support:

- Partnership with users.
- Sitting in the home or neighbourhood.
- Understand/respect for race and culture.
- Inter-agency and inter-disciplinary cooperation.
- Creative/responsive services.
- Attention to outreach/engagement.
- Clarity about relationship to child protection.

It is our contention that a number of these elements, while not yet fully developed, are present within the strategic vision for Children's Services Planning, and that enough of them have practical shape to lead us forward:

- We are ready to listen to and learn from service users.
- We are able to focus very locally in identifying need and supply of services, through information technology.
- We can see progress in the area of respect for race and culture encouraged by Section 75 of the Northern Ireland Act, and the Human Rights Act.
- We have agreed, established frameworks for inter-agency cooperation, and work off a common database about need.
- We have demonstrated creativity and flexibility in service design, based on holistic assessment of need.
- We have established our commitment to 'Social inclusion', which has sharpened our awareness of the importance of engagement.

The profile given to Child Protection preoccupied our thinking in the past. But the use of the Hardiker framework enables us to think about the objectives of Family Support, including child protection, at the different levels.

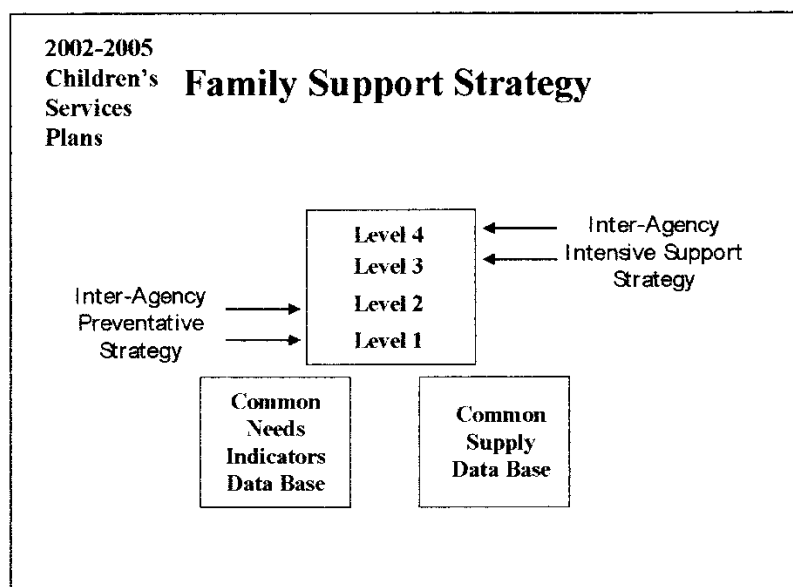
One model that is emerging suggests that we need to develop a two-tier Family Support Strategy — envisaging parallel, but coordinated, development along Levels 1 and 2, and Levels 3 and 4 — in an approach that builds on the common, locality databases, the inter-agency frameworks already built through Children's Services Planning (including the Child Care Partnerships and Area Child Protection Committees), and the emerging partnerships envisaged through Investing for Health.

This is a process of building blocks — the first stage, the creation of inter-agency databases, enabling us to have a common understanding of need and supply.

We can use this to map out needs and services. The Intensive Support Strategy operates at Levels 3 and 4, and the Preventative Strategy, operates at Levels 1 and 2.

One of the biggest issues of recent years in Child Care policy is how to ensure that, where the state has to intervene in family life, those interventions:

- are geared to the right families;
- become part of the solution rather than part of the problem; and
- take heed of the Human Rights Act — in particular, the concept of proportionality.



The notion of an Intensive Support Strategy will be based on a number of key principles:

- Focus on clear (indicators or) thresholds for children entering at Level 3.
- Focus on the evidence about outcomes for the management of risk in the community — outcome measurement is the key.
- The development of services at the point of contact at Level 3 that are flexible; creative, 'wrap-around' family support services, designed to stabilise (where possible), and that are geared to intensive support and assessment.

Children in Need are everyone's business — children in need of protection have to be seen within the continuum of children in Need.

Social Services provide a specialist, not a universal service. One such model, based on this approach, has been developed in Cambridgeshire — where investment in a Family Support Policy at Level 3 has significantly reduced admission to Care at Level 4.

But in order to ensure that services at Levels 3 and 4 can concentrate on families with the highest level of need, it is necessary to build a parallel range of services at Levels 1 and 2, which can adequately meet the needs of those families who do not pass the Level 3 threshold.

The preventative strategy can draw upon the extensive work of Child Care Partnerships, and will feature the strong involvement of voluntary sector agencies. Community Health practitioners have developed some excellent models of practice in this area. Perhaps this is where 'Investing for Health' should target its resources?

In the area of administering grant aid, we now have the opportunity to move from the current, largely 'ad hoc' experience of allocating monies (which usually follows what we did last year), to a more coherent, systematic approach, based

on agreed needs-led priorities. The question is whether the other major funders will follow suit.

The potential for Child Care policy to be developed from the 'bottom up', via local Health and Social Care Groups, and Local Strategy Partnerships, can also be refined in this way.

This approach is totally based in both strategies, on coordinated, inter-agency working. Health and Education outcomes will be key performance indicators at all levels.

The model is generally applicable to children in Need — whether applied to Child Care, Disability, Youth Justice, or Child and Adolescent Mental Health.

The SSI in London have recently advocated such a direction in England and Wales, which is linked to the debate about Children's Trusts, integrated Children's Centres and the National Services Framework for Children. I would suggest that we already have the basis for developing this agenda in Northern Ireland.

Promoting Social Inclusion and Equality and Human Rights

Social Inclusion means making the most of each child's potential while recognising that some children require additional services in order to achieve those targets. This will promote Equality and Human Rights for each and every young person.

The planning of universal services, and the planning of local targeted services have to be inextricably linked. But they have to be driven by the global, integrating theme of Promoting Social Inclusion. Otherwise services for marginalised children will remain, themselves, marginalised.

Promoting Social Inclusion must be a core principle around which the regional approach to a Children and Young People's Strategy should be built.

We are currently in the process of subjecting the Children's Services Plans to Equality assessments. It is worth recalling that, in 1999, when we launched Children's Services Plans for the first time, the requirements of the United Nations Convention on the Rights of the Child were built in as baseline standards. The 'Getting it Right' Report, published by the Children's Law Centre (1999), established a number of common agendas with Children's Services Planning. The Children and Young People's Committees have strongly supported the proposals for establishment of the post of Children's Commissioner, and we are heartened to hear at the time of publishing this paper that an appointment has been made. The importance of this development, in 'mainstreaming' the Children's Agenda, cannot be overestimated.

How Far Have We Come?

The progress we have made in Northern Ireland is unique, and should be assessed in its own right, and not judged as a replication of the GB experience.

The Northern Ireland process has:

- gained valuable lessons from the GB experience, about what worked, and what did not work, because it started later;
- adopted, from the very beginning, a multi-agency, cross-sectoral, ethos (rein-

forcing the political message about being 'cross-cutting', from the NI Assembly);

- engaged with a highly active, politically aware voluntary sector whose contribution has been considerable; and
- filled the gap, in relation to Children's Services, caused by the absence of local governance in this area.

Children's Services Planning: Agendas

Where do we want to be at the conclusion of this 3-year cycle? The following is a checklist.

Conceptual

Understanding of Childhood/Vision for Children. The issue of a vision for children and young people is central. How, as a society in Northern Ireland, do we want to understand childhood, and what priority do we want to give to it? We have looked, with some envy, at the clarity of the National Strategy for Children in the Republic. A similar exercise will be undertaken in Northern Ireland by the Office of the First and Deputy First Prime Minister, to create a Regional Strategy.

Family Support. The question is posed as to whether Family Support is accepted as the fundamental theme for services at all levels? Will this drive the Child Care Agenda in Health and Well-Being Improvement Planning? If so, it needs to be developed, to fit local needs and conditions, and funded accordingly.

Funder or Influencer of Funding. Is the CSP to be a funder or an influencer of funding? Greater clarity is required about how the process can deliver. Does it need to have access to a fund (such as the Children Fund)? Or will departments and agencies 'ring fence' resources for multi-agency development? We need a commitment, either way.

Emergence from Conflict. There is a need for Children's Services Planning to address the range of trauma effecting children and young people arising out of the conflict there has been in Northern Ireland. Those that stand out are related to sectarianism and youth-led violence and anti-social behaviour. But the question is whether this is too narrow?

Technical

Unmet Need/Success/Evaluation. Opportunities should be taken to utilise the power of information technology to improve services.

Reconstituted Children and Young People's Committees. The Children and Young People's Committees recently agreed on a significant expansion of membership, and are now rebalanced and more inclusive, with better input from the voluntary and community sectors, and from ethnic minority representation. In the Eastern Area Children's and Young People's Committee, for example, local Health and Social Care Groups have also been incorporated.

Involving Young People. We have taken the opportunity to lead in the area of young people's participation in planning and we now understand the importance of the principle of peer-led consultation and involvement. The Young People's Steering Group (MAD2DAY — Making a Difference Today), mandated by the Western Area Children's and Young People's Committee, planned and organised a Conference for Young People in January 2003, to incorporate their views and invite their participation in Children's Services Planning. The re-sourcing of the necessary support is required in order to grasp this agenda and develop it fully

Processes for Linkage

There are a number of significant areas for horizontal linkage (i.e. coordination and partnership opportunities).

Voluntary Sector. One of our most satisfying achievements has been the building of a relationship of good trust with voluntary sector colleagues, through this process. While we always need to keep working at this to strengthen it, it gives us an important opportunity to develop a common template for the planning of services at all levels. Taking forward the Family Support Preventative Strategy is an example of one such area.

Local Health and Social Care Groups. There is considerable common ground between what Children's Services Planning now is, and what Health and Social Care Groups aspire to become, in relation to assessment of need and local involvement for children and young people.

Local Strategy Partnerships. There is a proposal in England and Wales that argues for the creation of Children and Young People's Strategic Partnerships — linked directly to Local Strategy Partnerships, as part of the wider framework of the Health and Well-Being Improvement Plan. Because of the way our Children and Young People's Committees have evolved in Northern Ireland, we could make such a link very quickly.

Community Sector. There is a need to reach out to a community sector. Some of which could be encouraged to be more child-centred. This will be crucial in the debate about post-conflict agenda for children.

Investing for Health. 'Investing for Health' targets should be built into this process — at all levels.

Vertical linkage is linkage to the centre of Government, and to the ground, which can be addressed via the following.

Political Processes in Government. Building relationships with whatever political processes are available in Government.

Regional Strategy and DHSSPS Strategy for Children in Need. Of particular importance will be the OFMDFM Regional Strategy, the DHSSPS Strategy for Children in Need, and the Review of Public Administration. What we have in Children's Services Planning is a local delivery mechanism, which can

strengthen, and be strengthened by, a coordinated regional strategy. It needs to be supported centrally; with in a clear and coherent understanding of where everything fits together.

User Involvement and Operational Professionals. As already described.

Political Representative. And finally, the process needs to carry political weight. We began to build this momentum during the lifetime of the NI Assembly. We need to influence and lobby political parties, and we should not lose any opportunity to remind local politicians about their responsibilities in respect of the needs and aspirations of our children and young people.

Conclusion

What we need now to emerge is enhanced and confirmed ownership of both strategy and services across Departments of Government, and a clear mainstream position agreed in respect of Children's Services Planning. We have made considerable progress in shaping the local agendas and we need to go beyond the point where the architects of the big strategies, and those who set service priorities, are merely capable of landing, picking up the Children's Services Plan, and saying 'Where am I?'

Gallagher's Farm has long since been vested by the Northern Ireland Housing Executive.

The landing spot is now Amelia Earhart Park — a Housing Executive estate with 185 families. The Cornshell Field estate, also a Housing Executive estate, is nearing completion. Both estates generate significant levels of need.

Amelia Earhart's flight had huge repercussions for the development of commercial flying. We should remember that it began with her pioneering spirit, determination to find new paths, and willingness to take risks.

I do not think that it is asking too much of us, to take such a leap of faith and be corporately adventurous, in order to get it right for our children and young people.

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