Strategy for Supporting Families 2015-2020
Foreword

Children have a better quality of life when they are cared for by their immediate family; supported by extended families and universal services and within strong communities.

This Strategy supports this understanding; it is an ambitious framework which is evidenced based and built upon best practice initiatives. It recognises the importance of multi-agency working and the services which focus on early intervention and prevention and the support we can provide to parents/carers and families in their role as primary care givers.

It challenges us to focus our attention on the resilience of families and the strength of communities in meeting children’s needs. Supporting communities to bridge the gap between prevention and intervention has to be our greatest priority. We need to operate in ways that benefit, strengthen and add value to communities over and above the traditional provision of health and social care services.

In parallel, for those children and families who require statutory services such as social work, we need to promote the provision of services earlier and to more families than we have done thus far. In times of great austerity this appears at odds, but this refocusing of service provision should mean that meeting an identified need earlier will avoid the later escalation of need and corresponding service provision.

Families with more complex needs and those children who cannot be cared for by their families and within their own communities deserve service provision of the highest calibre if we are to mitigate against the devastating impact of being cared for away from family, friends and personal networks.
The Transforming Your Care Review (TYC) identified twelve major principles for change, which should underpin the shape of any future models of health and social care including that provided to children and families:

1. Placing the individual at the centre by promoting a better outcome for the service user, carer and their family.

2. Using outcomes and quality evidence to shape services.

3. Providing the right care in the right place at the right time.


5. A focus on prevention and tackling inequalities.

6. Integrated care – working together.

7. Promoting independence and personalisation of care.

8. Safeguarding the most vulnerable.

9. Ensuring sustainability of service provision.

10. Realising value for money.

11. Maximising the use of technology.

12. Incentivising innovation at a local level.

I believe this strategy holds these principles at the very heart of it.

The challenge however, will be in its implementation. A number of high level key first steps are identified within this strategy. These need to be further developed and tangible actions need to be agreed and implemented.
We will do this by sharing the vision, agreeing where we need to go and what we individually and collectively need to do to get there.

This strategy will be relevant to all Trust staff who provide care for children and young people. This includes Public Health Services, Maternity and Paediatric Services, Family Support Services and Social Services. It will also be relevant to those directorates who provide support and care to parents of our young people e.g. Adult Mental Health Directorate. We plan to engage our external partner agencies e.g. education, youth justice, voluntary and community groups in the coming months and years to realise a multi-disciplinary and multi-agency response to meeting the needs of all our children.

I would like to acknowledge the multidisciplinary group who worked in partnership to produce this strategy. My particular thanks to those who have significantly contributed to the development of it, particularly Ciara McKillop, Principal Practitioner for Family Support; Nuala Power, Social Work Services Manager for Family Support and Safeguarding and Ethel McNeil, Learning and Development Officer, who informed and challenged the debate and scribed the thoughts and deliberations of the Supporting Families Group.

Marie Roulston
INTRODUCTION

Parents are best placed to give their children the physical and emotional care and support necessary for healthy development and wellbeing. For many parents, they will require additional support from their families, communities and professional services to meet these challenges.

The focus of this strategy is to outline how we can support parents and families in their role as primary care givers; first educators; and most significantly as role models to their sons and daughters as they grow and develop.

All families’ access universal health services in relation to children’s physical and emotional health needs; developmental needs and social care needs. Universal health services provide care that keeps children healthy and safe by early detection and implementing actions to address developmental delay, abnormalities, ill health, or concerns about safety. Universal services are provided by a range of professionals and agencies with a focus on early prevention and enhanced services for children, their parents and carers. Healthy Child, Healthy Future- A Framework for the Universal Child Health Promotion Programme in Northern Ireland (2010), offers a universal service from pregnancy to 19 years and sets out a clear framework for a core programme of child health contacts that every family can expect. It outlines the role of health visitors, school nurses, midwives, GPs and allied health professionals with an aim to build child attachments and positive parenting resulting in better social and emotional wellbeing.
Very often, children and parents will require additional support with specific elements of children’s physical health and emotional needs or for parenting or childcare support. These services generally provide targeted interventions.

UNOCINI Level 1: Base Population - Examples of universal health services:

- Local GP surgery
- Childhood immunisation programme/screening programmes
- Midwifery care – antenatal and postnatal
- Health Visiting/school nursing services

For a small number of families, additional factors such as prematurity, complex health, disabilities, parental mental health, financial constraints and social complexities create significant pressures for children and families. During such times families require additional intensive support from a range of family members, community and professional services.

UNOCINI Level 2: Children with additional needs - Examples of targeted services

- Speech and language therapy/occupational therapy/physiotherapy/dental/orthoptic services
- Family Support Hubs – parent support programmes and groups; youth diversion
- Sure Start Partnerships
- Primary Mental Health Team
For some children staying at home presents risks to their health and well-being and alternative arrangements need to be made to protect them. Safeguarding children is the process of preventing impairment of children’s health and development and of ensuring they grow up safely and securely and provided with effective care. For some this will involve a Child Protection Plan to ensure their safety whilst living at home and for others who cannot be safely cared for at home, they will require to be ‘Looked After’ by the Trust.

UNOCINI Level 3: Children in Need - Examples of support

- Neonatal units
- Specialist Nursing Services
- Multi-Systemic Therapy (MST); Family Functioning Therapy (FFT)
- Family Centres
- Social Work Intervention including Family Support and Intervention Teams.
- Respite care for children with disabilities

UNOCINI Level 4: Children with complex and/or acute needs: Examples of Intensive services:

- Multi-professional/agency Child Protection Planning
- Intensive Support Social Work Services for young people on the edge of care
- Fostering and Residential Care provision
- CAMHS Crisis Resolution and Home Treatment Services
Aim

The aim of Supporting Families Strategy is that the Northern Health and Social Care Trust (NHSCT) will strengthen partnership working with families, communities and professionals at all levels to support the health and wellbeing of children, ensuring they live in safe and protective environments and safely reduce the need for a small number of children to come into care. The NHSCT will do this by identifying problems at an earlier stage, and providing appropriate services at that point to support and empower families to meet the health and social care needs of their children.

This strategy will outline how the NHSCT wants to build on the positive foundation we have in our services which support families, which will allow us to move away from a crisis-led intervention model, and towards a model of support both in their early years, and at the point when difficulties and challenges begin to emerge i.e. early intervention.

The purpose of this strategy is to outline how the NHSCT will work in partnership with families and communities, to support and where necessary protect children, to allow them to achieve safety and wellbeing.

The outcomes which this strategy will achieve are aligned with the six high-level outcomes from the OFMDFM 10 Year strategy for Children and Young People in Northern Ireland. These six high level outcomes for children are:

- Healthy
- Enjoying, learning and achieving
- Experiencing economic and environmental wellbeing
- Contributing positively to community and society
- Living with safety and stability
- Living in a society which respects their rights.

The NHSCT recognises that to achieve this, a whole systems change will be necessary.
Guiding Principles

This strategy will ensure that service provision is:

Child centred

Children have a right to live in a safe, stable and permanent home.

We understand that children have a right, wherever possible, to grow up within their family and our role is to support families to achieve this.

We will support children’s positive development by recognising their individual needs, providing choices, encouraging connection, and engaging children and families to participate in decision making.

Child safety is the primary focus of this strategy, and it will be achieved through family engagement.

Engages with Families

Families have the right and responsibility to raise their own children.

We recognise that families are knowledgeable about, and are experts in understanding, their own strengths and needs.

We will ensure that families and extended families have a primary decision making role in the care of their own children.

We want to continue to safeguard children at home by valuing families’ experiences, insights and wisdoms and by mobilising their own resources.

We will continue to make every effort to understand the child’s experience from their perspective and to pay careful attention to the insight this gives, when planning how to support children.
Respects Diversity

We recognise our responsibility to understand and respond to children, young people and families with sensitivity to their unique beliefs, values, race, ethnicity, culture, religion, language, educational level, sexual orientation and economic status.

Based on Collaborative Partnerships

We will work in partnership across inter-disciplinary boundaries, and alongside Community, Voluntary and Statutory Agencies.

We will work with partner agencies and share responsibility and accountability for achieving successful outcomes.

Strengths and evidence based

We will have robust governance arrangements and decision making will be supported by evidence and research.

We will develop the ethos of a Learning Organisation.

We will ensure that we have skilful, professional leadership and a competent, well-trained, supported and resilient workforce.

We will ensure that services are delivered in a fully defined, explained and understood way.

We will focus on developing resilience in children, families and communities, and within the NHSCT as an organisation.

We will provide families with the least intrusive intervention possible, proportionate to our duty to safeguard and protect children.

We will seek feedback from those using the service so that we can build a culture of constantly learning and improving.
Scope of the Strategy

The NHSCT provides a range of Family Support Services, based on the Thresholds of Needs model.

This model proposes four levels of need, based upon the Understanding the Needs of Children in Northern Ireland (UNOCINI) Assessment Framework. Using this model enables practitioners and Agencies to communicate their concerns about children using a common format, language and understanding of the levels of need, concern or risk for all children across Northern Ireland.

The diagram below provides a useful way of conceptualising these levels of need:

**Figure 1. Thresholds of need model.**

Children will move between these levels according to their particular circumstances and this approach aims to ensure that the service response can be flexible and able to address these changing needs.
DHSSPS issued a Model for the delivery of Emotional Health and Well-Being Services in July 2012 commonly referred to as ‘The Stepped Care Model’. The steps directly correlate to the UNOCINI levels, with an additional Level, known as Step 5.

**Step 5**

Inpatient and Regional Specialist Services. Care at this step is provided for those children and young people who are experiencing highly complex, enduring mental health and emotional difficulties which severely restrict daily psychological/social functioning. At this level the young person will require the input of several specialist agencies and/or acute inpatient or secure care services.

Within the NHSCT, examples of services provided to support families can be thought of like this.

Figure 2. NHSCT Family Support Service Provision.
We want to build on the positive foundation we have in our Family Support services, which will allow us to move away from crisis-led interventions, and towards a model of supporting families both in their Early Years, and when difficulties and challenges begin to emerge i.e. Early Intervention.

The aim of the Supporting Families Approach is to ensure that children are prevented from moving towards the higher levels of need and wherever possible concerns reduced so that their levels of need reduce. This will require a ‘shift left’ in terms of resources and service provision for children and families. Within this new vision, the way that families are supported should look like this.

Figure 3. Future design of NHSCT Family Support Service Provision.
KEY THEMES

Supporting Families Approach

We are introducing a new approach to engaging and working with families called ‘The Supporting Families Approach’. This approach encapsulates how we view families, how we will engage and work with them as well as how professionals and communities will work together to support the child being cared for within their own families. The Supporting Families Approach to practice is a strength based; family and community focused way of responding to concerns about a child.

The aim of the Supporting Families Approach is to keep children safe and cared for into the future, to strengthen their families and maintain their place in children’s lives, and lessen any need for professional intervention in the future.

Concerns about a child are addressed through the positive engagement of family members. In the Supporting Families Approach, family, extended family members and practitioners collaborate to identify family strengths, needs and risks to the child. Family based plans are devised, and areas of further assessment are highlighted.

The Supporting Families Approach has two elements which combine with our guiding principles to achieve the outcomes we want for the children and families we support.

The two elements are:

- Partnered Response – how we will engage and work with families
- Referral Pathways – which describe the journey for the family through our services

These two elements and our guiding principles are also supported and achieved by the Learning Organisation outcome of this strategy.
Partnered Response

Families are partners in securing resolution – in the NHSCT we do not make decisions and plans relating to children and young persons without them. We do not work alone or only in professional networks as in the past, relying solely on professional knowledge and processes in formulating assessments and plans. We hold family and community perspectives as importantly as professional knowledge and expertise and regard the best decisions and plans as a thoughtful integration of family, community and professional perspectives.

For families accessing universal services the essence of Supporting Families practice is that we will work with all community, voluntary and statutory agencies to support resilient and sustainable families and communities. This could mean ensuring our practitioners are aware of how to link children and families with community based resources, for example Youth Clubs and Parent and Toddlers Groups. Universal services continue to be available to all children, including those who are accessing services at level 2, 3 and 4.

In a partnered response, the aim of the primary intervention from the Children’s Social Work Service will be to involve family and community in supporting a child. The emphasis of this intervention is on using family and extended family’s strengths and resources to ensure the child or young person’s needs are being met and they are being protected and cared for. Children’s Social Work Services will ensure that support plans and interventions with children and families are sustainable, and progress is regularly reviewed. The plans will have clear actions and measurable outcomes, and will be written in a language the family understand.
Family meetings will be utilised wherever possible to facilitate and support networks of family support. These family meetings will facilitate constructive and collaborative engagement in an integrated way. When a more formal independently facilitated family meeting is required, the NHSCT has a Family Group Conferencing Service, which can be accessed when appropriate. The active participation of families in these forums will ensure children are assessed within the context of their immediate and extended family, and their community network including their friends, school, youth club etc. A systemic approach ensures that sustainable family and community-based plans are devised.

Focusing on systems which affect the child also ensures practitioners take cognisance of the impact of external factors such as housing, education, income and community resources. This will allow for support plans to address gaps in these areas. It also focuses the NHSCT on its strategic responsibilities to supporting communities to develop resilience. Therefore, the success of the model relies in part on the establishment, creation and maintenance of strong links with voluntary and community agencies.

The Supporting Families Approach fits with the other practice models in the NHSCT, such as the CARE model, which describes the practice framework for the children who are ‘Looked After’ by the NHSCT.
Figure 4. Supporting Families Approach.
Referral Pathways

This element describes the Supporting Families Approach Pathway. This Pathway describes the journey for children and families who access services from the NHSCT. It provides practitioners with increased flexibility in how they respond to all children and increases the range of early intervention options available. Practitioners will be aware of the universal services available within the NHSCT, and across our other statutory and voluntary partners, and will be able to directly link families with those services.

Where there is a more general concern about a child’s well-being, a supportive response will be initiated, through connecting children and families with services, either directly or through accessing the Family Support Hubs in the NHSCT area.

When there is a clear concern about a child or families safety, and they are assessed as having Safeguarding needs, support will be provided through the NHSCT Gateway Services, or other specialist services such as CAMHS.

The Health and Social Care Pathway move the NHSCT Children’s Social Work Services away from an incident based, investigative response and towards a more future-orientated family support approach, and ensures that clear and direct pathways are available to practitioners and families for all children in the NHSCT area.
Universal Health Programme - Healthy Child, Healthy Future
Commences at pregnancy up to 19 years

Progressive Programme
Targeted Interventions may include:-
Enhanced parenting support programme as required from public health nursing – early prevention / intervention.
Support for children and families with specific health needs including disability
Family Support Hubs - Early Intervention Service
Family Centre Services including Behaviour Clinics, Parenting Support and Education Programmes

Partnered response
between families, extended families, statutory agencies, voluntary and community groups.

Child with complex needs
Children's Social Work Service (Gateway)
Children with Disability Teams

Looked After Children
Child Protection Pathway

Voluntary and community agencies.
Other statutory agencies
Family support hubs
Early Intervention Service

Figure 5. NHSCT Health and Social Care Pathway.
Assessment

The UNOCINI Assessment Framework is used to ascertain the type of service required. The assessment framework explores a number of dimensions to provide a systematic approach to analysing information about children and families. The dimensions relate to the child’s developmental needs, the caregivers ability to respond to those needs and the impact of external factors on the parents abilities and the child’s wellbeing.

Where there are safeguarding concerns, Social Workers have the primary role in undertaking assessments, in partnership with families, other professionals and agencies.

Assessments will acknowledge that families are experts in understanding their own strengths and needs; families will be enabled to fully participate in assessments and work in partnership with the professionals providing services for them.
THE WAY FORWARD

The final section of this framework describes the key first actions of the whole systems change required to achieve the outcomes of the Supporting Families Approach. It is anticipated that these actions will be reviewed annually, progress evaluated and next steps devised.

The Outcomes against which the Supporting Families Approach will be measured, are aligned with The OFMDFM 10 year Strategy for Children: ‘Our Children and Young People: Our Pledge’. The vision of this 10 year strategy is that “all children and young people living in Northern Ireland will thrive and look forward with confidence to the future”, and outlines six high level outcomes which say that children and young people in NI should be:

- Enjoying Learning and Achieving
- Healthy Living in Safety and with Stability
- Living in a Society which Respects Their Rights
- Contributing Positively to Community and Society
- Experiencing Economic and Environmental Wellbeing
- Living in a Society which Respects Their Rights

In recognition of the need for a whole system change, a further outcome and key first steps set out the further development of the NHSCT as a Learning Organisation.

Figure 6. Outcomes for Children in Northern Ireland, OFMDFM.
Outcome 1: Healthy

This is emphasised in the United Nations Convention on the Rights of the Child (UNCRC) article 6, ‘All children have the right to life. Governments should ensure that children survive and develop healthily’.

We will take into consideration the many factors which impact on a child’s health including the environment they live in, the food they eat and the activities they take part in. Children and families should not only be aware of the importance of good health but should know about the services which exist to help those in need and how these services can be accessed. Midwives, Health Visitors and School Nurses work directly with all parents and children in the NHSCT to ensure that universal health needs are addressed, and to ensure that children with additional or complex health needs can access the appropriate specialist services.

We also recognise that health is much more than just physical wellbeing and we need to give due care and consideration to the mental health of our children and young people.
Outcome 2: Living in Safety with Stability

An enjoyable childhood should be a reality for all, not just for some. Every child should grow up feeling safe and we will ensure that they are protected from harm, giving particular focus to those who are vulnerable or at risk. We have in place the necessary safeguarding arrangements to identify those who may pose a threat to our children and also identify children in need or at risk of harm as early as possible.

Every child has a right to grow up in a loving home with the support and care of their parents and we will help those families who need support to provide a stable environment for their children. The views of children and young people will be taken into account in determining decisions about their best interests.

We recognise that in some circumstances it is not always in the best interest of the child to remain in their home environment. The negative effects of substance misuse, exposure to domestic violence, and parental mental health on children’s development is widely recognised. The responsibility to intervene when children are exposed to adversity is taken seriously and will be discharged with the highest level of skill, integrity and dedication. In these instances we will ensure that the appropriate services and interventions are in place to identify and consider the needs, strengths, risks, resilience

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3 Key First Actions:

- Develop integrated links between primary health care providers, acute health care and social care providers
- Development of an Infant Mental Health Strategy, to include Development of Family Nurse Partnerships and the evaluation of the ‘Star Babies Programme’.
- Development of Children and Adolescent Mental Health Services - Primary Mental Health Team and Crisis Response Home Treatment Team
and protective factors and that we take appropriate and timely action to remove the child from any harmful situation. This often results in children entering into the care system and it is imperative that during this time they receive additional support and the necessary help to enable them to remain in a stable environment and ultimately reach their full potential.

The safety of our children and young people should be a priority regardless of where they are and what they are doing. i.e. they should not just be safe at home but also in school, whilst taking part in leisure activities and when using technology such as the internet.

3 Key First Actions:

• Improve and develop internal links between NHSCT Community Development & Health Improvement, NHSCT Planning and NHSCT Children’s Services departments.

• Improve and develop links between the NHSCT and our statutory, voluntary and community partners in the Northern Trust area who support Community infrastructure, such as the Northern Outcomes Group, Housing, Transport, PSNI, PBNi, Education, Councils.

• Improve and develop links between NHSCT Children’s Services and regional services including the HSCB and PHA, to ensure a range of evidence informed parenting support and education programmes are available throughout the NHSCT area.
Outcome 3: Learning and Achieving

As a Health and Social Care provider, we recognise that enabling our children and young people to be keen to study and achieve and to enjoy learning is fundamental to creating lifelong learners, able to fulfil their individual potential as human beings and as active citizens equipped to participate in the economy and society.

Particularly for Children’s Service, there is recognition that parents need to be supported in their role as primary educator of their children. This support needs to begin before children are born. Giving children the best start in life begins in the early years. Identifying barriers to that good start needs early identification of special needs and appropriate support at the right times. Early interventions remain essential throughout the lives of young people as learning needs can continue to arise.

Key First Steps:

• Ensure that Agencies providing education in the Early Years are supported and that opportunities to develop new services which support early years development are explored, through for example the Early Intervention Transformation Programme.

• Improve and develop links between the NHSCT and educational providers, such as NEELB, Education Welfare Services and specialist educational provision for young people who are at risk of exclusion from school.

• Improve and develop links with Statutory and Voluntary Agencies to support young people in care and leaving care to access educational and employment opportunities.
Outcome 4: Contributing Positively to Society, and experiencing Economic and Environmental Well Being

We recognise that children and young people are citizens not just of the future but also of today and that learning to be a good citizen, one who is able to contribute meaningfully in society, both socially and economically, needs support.

Enabling our children and young people to grow up in a positive, stable environment is instrumental in shaping their development. The environment they grow up in not only impacts on health, safety and wellbeing but can also help inform choices and decisions and provide children and young people with the necessary opportunities to fulfil their potential.

The NHSCT also recognises that we are a society emerging from conflict and a period in history which impacted profoundly on the lives of children and young people. Our young people are our future and can make a real difference by challenging attitudes and playing an active part in society if they are given the right support and the necessary opportunities.

To enable this, we must encourage our young population to get involved in their communities through activities such as volunteering, taking part in youth services and actively putting forward their own views and opinions on matters which affect their lives. Contributing positively is much more than refraining from engagement in anti-social behaviour. However we must recognise that some young people, for any number of reasons, can become involved in criminal or anti-social activities. We must provide the relevant support and interventions for those who have to move forward and make a positive contribution within their communities and society as a whole.
Poverty can have a negative impact on children’s upbringing and can reduce the chances of children enjoying a happy childhood, achieving skills and qualifications and therefore affecting outcomes in later life. We must recognise that in order to tackle child poverty we need to provide appropriate support and opportunities for parents, including advice and information on mechanisms which enable parents to work and support their children’s development.

3 Key First Actions:
• As a statutory body, the NHSCT will influence regional strategies such as Delivering Social Change, and the Child Poverty Strategy, ensuring that the needs of our population are represented at regional level.
• We will assist in the development of Family Support Hubs, to build resilient and sustainable families and communities.
• We will develop “Assets Mapping” activities, ensuring the mutual understanding of the respective roles of community, voluntary and statutory partners, so that resources can be accurately matched to the needs of families.

Outcome 5: Living in a Society which Respects Children’s Rights

Article 12 of the United Nations Convention on the Rights of the Child (UNCRC), states; ‘Children have the right to say what they think should happen, when adults are making decisions that affect them, and to have their opinions taken into account’.

Understanding is fundamental to enabling participation and it is imperative that our young population are aware of their rights and both encouraged and supported to exercise these. We will therefore ensure that they are provided with information in a way which is easily accessible and understood by young people.
Most importantly, we recognise that children and young people are valued members of our communities. They have a fresh view of life and can challenge existing perceptions which is particularly beneficial in a society emerging from conflict.

**Key First Steps:**

- Develop opportunities for Service User Involvement, which nurture children’s voices being represented in the development of NHSCT services, for example the development of the Children in Care Council.
- Ensure that children are at the centre of planning and service provision.
- Ensure a Partnered Response to interventions, i.e. decisions and plans about children and young people are made with families being partners in securing resolution; accepting that the best decisions and plans are a thoughtful integration of family, community and professional perspectives.

**Outcome 6: Learning Organisation**

We recognise that the successful introduction of The Supporting Families Approach will require a whole system change, including practices, culture and behaviour of all practitioners. To achieve this it is recognised that we need to implement a framework which underpins a supportive approach and encourages everyone to take responsibility and ownership for the service.

We will continue to explore, deliver and review practice interventions with a robust evidence base. We recognise that the successful implementation of this strategy is dependent upon the quality of our relationships, the skill and commitment of our practitioners and the best fit for each child, family and situation.
The model to develop the NHSCT as a Learning Organisation is represented visually below.

Figure 7: McKinsey 7s model

McKinsey 7S model is a tool that analyses organisational design by looking at 7 key internal elements: strategy, structure, systems, shared values, style, staff and skills, in order to identify if they are effectively aligned and allow an organisation to achieve its objectives.
3 Key First Steps:

• Those involved in direct work with children will have bespoke training, in line with their role and responsibilities, which will ensure they are supported to embed this new way of working.

• We will continue to embed a culture of reflective learning at all levels, including supervision and management activities, and continue to develop skilful and competent leaders.

• We will improve and develop links with regional and national universities, and training and consultancy organisations such as SCIE and CEC. This will embed a culture of gathering and analysing knowledge about best practice, and promote innovation and creativity in the development and enhancement of our services.
SUMMARY

This strategy has set out the vision for the future support of children and their families.

It sets out a number of service delivery areas which will require future development and enhancement. A level of investment particularly as we transition to adopt the Supporting Families Approach will be necessary.

A number of high level key first steps are identified within the Strategy. These need to be further developed and tangible actions need to be agreed and implemented. In order to ensure the effectiveness of these and future initiatives, robust monitoring and evaluation procedures will be needed.

These will be developed in conjunction with other departments, the Children’s Services Planning process and our statutory, voluntary and community partners.