



**Children and Young People's  
Emotional Health and Wellbeing Framework**

**Consultation Draft**

**May 2025**

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## Foreword

This Framework sets out a consistent system-wide approach to children's emotional health and wellbeing provision over the next 10 years.

The Framework will drive our work, and ultimately help support service improvement and partnership-working across health, education and other key services and agencies, including working collaboratively with the community and voluntary sector.

The Framework is designed to include all of the emotional health and wellbeing needs of children and young people. The Framework will support commissioners and policymakers to make the most appropriate decisions based on the best available evidence and intervention models.

Across Health and Social Care there are a range of cross sector stakeholders who provide Emotional Health and Wellbeing services to children and young people. The ['Working Together: A Pathway for Children and Young People through CAMHS \(2018\)](#) recognised this and aimed to integrate service models to more holistically support children and young people with emotional health and wellbeing needs to *'bring all existing emotional and mental health and wellbeing services together to provide a seamless service for children, young people and their families'*.

My vision is that this Framework will provide the opportunity to recognise that supporting children's emotional health and wellbeing is everyone's responsibility and will refresh the Working Together Pathway to acknowledge this.

**Mike Nesbitt**  
**MINISTER OF HEALTH**

## **Section 1: Background, Scope and Purpose**

### **1.1 The Purpose of the Framework**

1.1.1 The Children and Young People's Emotional Health and Wellbeing Framework highlights the importance of having a clear accessible pathway to early intervention and support that best meets needs. The Framework allows children, young people and families to be confident in accessing the support they need and to help manage expectations. Centred around the needs of children and young people, the Framework is primarily aimed at ensuring the best possible outcomes for children through continuous improvement and enhancement of existing services and supports for emotional health and wellbeing.

1.1.2 The Emotional Health and Wellbeing Framework aims to provide a consistent system-wide approach to children's emotional health and wellbeing provision addressing such key issues as:

- Long waiting times and a poor experience whilst waiting
- Delays in identification and assessment of needs, which compromises children and young people's progress
- Confusion about how to navigate the system and services across health education and community support
- Demand and expectations, family and professional, exceed capacity in our current system
- Children and young people's preferences for how to access services and support are not known or systematically addressed
- Gaps in access to advice and support whilst waiting and in our response to those not requiring specialist care but who have other needs
- Changing our environment and approach to supporting neurodiverse children and young people

1.1.3 The Framework will require service improvement and partnership-working across health, education and other key services and agencies, including working collaboratively with the community and voluntary sector, in line with the provisions of the [Children's Co-operation Act Northern Ireland \(2015\)](#).

1.1.4 The Framework's vision is of a needs-based, neurodiversity-affirmative, integrated network that will support the emotional health and wellbeing of all children and young people, including those who have neurodevelopmental or other related conditions or needs. It acknowledges considerable good practice across the statutory, voluntary and community sectors and the many family support programmes and services currently available. An integrated network

will provide the most effective, efficient and holistic emotional health and mental wellbeing support possible for children, young people and families.

1.1.5 A wide range of stakeholders across the statutory, voluntary and community sectors, including young people, parents, practitioners, and policy makers were engaged throughout the development of the Framework. Continuing this engagement and co-operation is a central tenet of this Framework.

## 1.2 Guiding Values

1.2.1 The Framework has been guided by the following values:

- **Involving children, young people and their families** - services and pathways should be co-designed and reviewed with advice and input from service users. This involvement should be a key indicator measurement.
- **Child-centred** - the child or young person and their family are at the centre of decision-making using a strengths-based approach and the support available to them meets their needs.
- **Identifying and addressing needs early, including preventative support** - to ensure needs are identified as early as possible and providing early support to assist in avoiding further issues or problems developing.
- **Understanding the wellbeing of a child in their current context** - it takes into consideration the wider influences on a child or young person and their developmental needs when thinking about their wellbeing, so that the right supports can be offered holistically from the right service/s at the right time.
- **Collaborative working** - children, young people, parents, and the services supporting them should be working together in a coordinated way to meet their specific needs and improve the child and young person's emotional wellbeing.
- **Evidence-based** - it recognises the vital importance of child centric, needs-based, effective early support and intervention through the provision of timely evidence-based support, which will be implemented using a continuous improvement model of ongoing planning and implementation.

1.2.2 The key contextual approaches that this Framework, and its long-term implementation, will adopt are detailed in Section 1.9 'Underpinning principles and approaches' and include:

- A trauma-informed approach which will inform assessment, treatment and support as appropriate.
- A neurodiversity-affirmative approach in which natural differences and the range of function and experiences across the population are considered and the overall approach centres individuals' experiences.
- A neurodevelopmental approach which takes consideration of the development through childhood of neurological pathways that influence functioning and experience.

### 1.3 The Importance of Language

1.3.1 The language regarding emotional health, emotional wellbeing and mental health is often used interchangeably across a spectrum of areas and can encompass different meanings. This Framework uses the broad definition outlined below to describe “emotional health and wellbeing” :

*Emotional health and wellbeing’ describes how we think, feel, and relate to ourselves and others, and how we interpret the world around us. Good emotional health and wellbeing relates to our awareness and understanding of our emotions, and affects our capacity to manage, communicate, and form relationships. It impacts how we can function on a day-to-day basis, and also gives us resilience to cope with change, challenges, uncertainty of different life events.*

This definition aligns with the World Health Organisation’s (WHO) and the Northern Ireland [Mental Health Strategy 2021-2031](#) definitions.

1.3.2 It is important to acknowledge that “mental health” is very distinct from mental illness or mental ill-health which encompasses a broad range of problems, generally characterised by clinically significant disturbance of thoughts, emotions, behaviours, and relationships with others.

1.3.3 It is also important to acknowledge that mental distress is not mental illness. As with physical health, which is on a range, we know what we need to do to care for our physical health (eat well, exercise, sleep) and that we can get ill from time to time. Mental health and emotional health and wellbeing operate in a similar way and need to be cared for to encourage good health.

1.3.4 Emotional health and wellbeing and mental health are also closely linked along a spectrum. These are something all children and young people need to know about, as they need to know how to care for their physical health.

#### **1.4 Who is the Framework for?**

1.4.1 The Framework is designed to include all of the emotional health and wellbeing needs of children and young people. The Framework will support commissioners and policymakers to make the most appropriate decisions based on the best available evidence and intervention models.

1.4.2 The Framework highlights and supports the need for key stakeholders to rationalise, coordinate and integrate high quality, evidence-based support, intervention and diagnostic care pathways that best meet the needs of children, young people and their families.

1.4.3 The Framework will support managers to implement service improvement and partnership-working across health, education and other key services and agencies in line with the provisions of the [Children's Co-operation Act Northern Ireland \(2015\)](#). This includes working collaboratively with the community and voluntary sectors.

#### **1.5 What presenting needs are included?**

1.5.1 As outlined in the Department for Education's Emotional Health and Wellbeing in Education Framework:

*"We know that children are not born with a fixed social and emotional skill set, but they can learn and develop social and emotional skills throughout childhood and beyond".*

1.5.2 All children and young people, similar to adults, will experience varying emotional health and wellbeing needs as they grow and develop, which manifest and are observed in many different ways. They can be categorised as follows:

- Emotion / mood-related
- Expressed through behaviour
- Impacting social skills
- Impacting cognition / thinking skills

- Impacting language and communication
- Physical
- Related to experiences/circumstances.

A non-exhaustive list of possible presentations of emotional health and wellbeing needs can be found in Appendix 1.

- 1.5.3 It must be noted that emotional health and wellbeing needs will present differently according to the child's age, and that they can of course be observed in all children and young people at different times and in different circumstances. Children, young people and families may require further support when these emotional health and wellbeing needs become pervasive, long-term, or impact on the children and families' day-to-day wellbeing and functioning. They may then require referral to, and input from, statutory services.
- 1.5.4 The primary focus of the Framework is on addressing and supporting the child or young person's presenting needs. In some cases, the presenting needs may be indicative of a possible underlying mental health difficulty or neurodevelopmental condition.
- 1.5.5 Some children and young people, due to a variety of factors, are considered to be at higher risk of having increased emotional health and wellbeing or mental health difficulties or needs. For example, children who are, neurodivergent, have learning disability, have long-term chronic medical conditions or hospitalisation, visual or hearing impairment, or children experiencing particular risk factors.
- 1.5.6 In alignment with the [Mental Health Strategy](#), the specific needs of particularly at-risk groups, and the barriers they face, should be recognised and supported. The Framework places particular emphasis on prevention and systems of support for children who are deemed as falling within the enhanced risk group.
- 1.5.7 Within this Framework children will be able to access anticipatory, proportionate and relevant support through universal, community and specialist services, that will include access to diagnostic assessments and formulation as appropriate.

## 1.6 Strategic Context

1.6.1 This Framework aligns with, and directly supports, the actions and recommendations in all associated regional policies and strategies. It has been shaped and developed by international, national and local strategies, policies and legislation. The key strategic and legislative documents outlined in Appendix 2, recognise and evidence the importance of enhanced partnership working between and across Health and Social Care services, wider Government departments, the community and voluntary sectors, and education. This includes greater collaborative-working and co-production along with a collective focus on improving outcomes in the delivery of services and wider support. A list of key strategic documents and Frameworks can be found at Appendix 2.

## 1.7 Partnership and collaborative working

The Framework will strengthen support for children, young people and their families by promoting greater partnerships across universal, early intervention targeted and specialist provision. It provides a clear pathway to ensure children and young people's emotional health and wellbeing needs are understood and met in a timely manner.

### 1.7.1 Health and Social Care

Across Health and Social Care there are a range of cross sector stakeholders who provide Emotional Health and Wellbeing services to children and young people. The ['Working Together: A Pathway for Children and Young People through CAMHS \(2018\)'](#)<sup>(22)</sup> recognised this and aimed to integrate service models to more holistically support children and young people with emotional health and wellbeing needs to *'bring all existing emotional and mental health and wellbeing services together to provide a seamless service for children, young people and their families'*.

This Framework will provide the opportunity to recognise that supporting children's emotional health and wellbeing is everyone's responsibility and will refresh the Working Together Pathway to acknowledge this. The Framework will enhance integration at a service and planning level including the Children and Young People's Strategic Partnership (CYPSP), the Family Support Hub Network and other relevant Health and Social Care (HSC) cross sector services.

### 1.7.2 **Health and Education**

An important element of this Framework is the alignment and enhanced collaboration of services supporting children and young people with emotional health needs alongside the Emotional Health and Wellbeing in Education Framework. A number of existing initiatives and projects, where Health and Education are effectively working together to target the holistic emotional health and wellbeing needs of children and young people, could be explored and further enhanced.

### 1.7.3 **Wider collaborative approach**

In order to fully meet the varying and wide range of needs experienced amongst children, young people and their families, the Framework aims to further enhance greater collaboration across all sectors and services supporting them. To support this, peer and family community networks should be identified and enhanced across each Locality Planning Group, to build community resilience and increase access and capacity for early support. Increased community capacity delivering appropriate parent/care-giver support, training and one-to-one or group interventions will ensure a collective approach for children and young people with emotional health and wellbeing needs.

The new HSC Integrated Care System (ICS) should ensure statutory providers collaborate with key stakeholders to enhance co-working partnerships to streamline access to support. Local co-working partnerships will support children, young people and their families to seamlessly transition to the services that best meet their needs, when they need it. They will ensure a tiered programme of support will meet the range of needs presented by children and young people across the region.

The Community and Voluntary sectors (CVS) will be significant stakeholders in the implementation of the Framework. They are well-placed to provide a range of early intervention support services related to emotional health and wellbeing. It is critical that collaborative and integrated pathways reflect and take cognisance of their significant role in delivering early intervention and preventive support throughout the child or young person's life. The CVS capacity will be crucial to the consistent development of resilient community networks supporting children, young people and families. The expertise, competence and flexibility of CVS providers will be sought, supported, and maximised.

## 1.8 Why change is needed

1.8.1 Key findings from The [‘Mental Health of Children and Parents in Northern Ireland – Results of the Young Wellbeing Prevalence Survey’](#) report highlighted:

- ‘One in eight children and young people in Northern Ireland experienced emotional difficulties, one in ten had conduct problems, and one in seven had problems with hyperactivity.’
- ‘When the 20% most deprived areas were compared to the 20% least deprived areas, there were higher overall rates of emotional and behavioural problems, emotional symptoms, conduct problems, hyperactivity and peer problems.’
- ‘One in eight children and young people met the diagnostic criteria for common mood or anxiety disorders.’
- ‘We know that more than 50% of adult mental disorders have their onset before the age of 18. The study has identified links between the wellbeing of children and young people and parental experiences of mental ill-health, and lifestyle and environmental factors, including adverse childhood experiences.’

1.8.2 The importance of designing and investing in connected and integrated services to support children’s health and wellbeing cannot be overstated. Developmental experiences and support in the earliest stages of life shape outcomes and opportunities into the future, and the time it takes to access appropriate support is key. Increased demand for services has led to capacity pressures and longer waits for support. There is a clear need for a more joined-up, seamless model with a focus on prevention and early intervention in order to meet this demand.

1.8.3 It has been acknowledged by families, professionals, other statutory agencies and CVS partners that current systems for children with emotional health and wellbeing needs can be challenging to navigate. Existing pathways are fragmented and create delays that can limit access to support.

In 2017, the 10,000 Voices report on the [“Experience of Paediatric Autism and CAMHS”](#) Project provided an innovative and meaningful insight into the experience of those who access and deliver these two services in particular. While many positive experiences were shared, especially in relation to certain

specialist services, many also highlighted the challenges and opportunities for reflection. The key messages highlighted in the report were the need to have:

- Access to consistent, reliable and timely information
- Personalised and holistic support
- Access to wider support, including during out of hours periods
- Consistency in approaches to care
- Regional equity of services (in particular in relation to autism services).

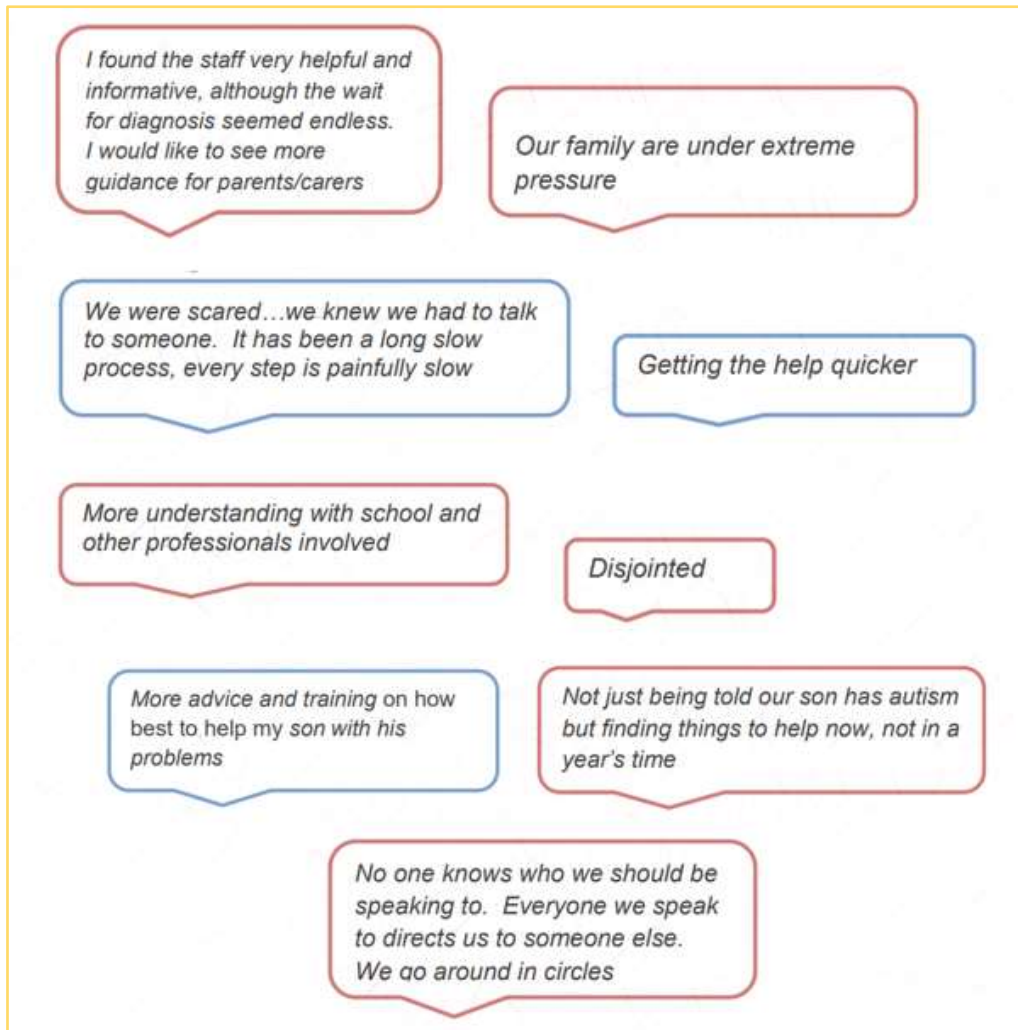
Among the key issues raised were:

- Waiting times
- Communication
- Access to the right support
- Information-sharing.

Overall, about a third of respondents felt frustrated following their experience, and a fifth rated their experience as poor or very poor:

*“It is vital that services empower parents to self-manage the situation as far as possible. Staff need to equip parents with techniques and resources to enable a self-help approach and reduce as far as possible dependence on services.*

*Parents reported frustration with a lack of an integrated and flexible system... There needs to be a move from “diagnostic-led” support and intervention services for children and young people to a “needs-led” model of support with increased personalisation”.*



In addition, the Northern Ireland Commissioner for Children and Young People's [‘Still Waiting’](#) Report (2018), a review of mental health services and support for children and young people in NI, highlighted a “mixed experience from young people on the availability, accessibility and quality of services provided”. It included reflections from young people on “poor coordination and communication between services”.

On reviewing complaints in this area during 2021/22 and 2022/23, around 50% of complaints received related to waiting times, with significant proportions also relating to lack of integrated pathways, communication, lack of services, or their experiences of service received.

- 1.8.4 This report’s findings indicate that the current systems and pathways have created barriers to early identification and intervention in both addressing presenting needs and providing appropriate early support for families. This often results in multiple referrals and multiple waits across a variety of service areas that can potentially lead to a delay in accessing support services. Current service delivery models have created duplication in administrative processes

and assessment procedures from both a resourcing and workforce perspective. A paradigm shift is required as funding services in their current state, to meet an ever-increasing demand, is undeliverable and unsustainable.

## 1.9 Underpinning Principles and Approach

### 1.9.1 Infant and Early Childhood Prevention

It is essential to recognise and respond to young children’s emotional health and wellbeing needs within the context of their families, homes, and communities. The foundations for emotional health and wellbeing are built early in life, through early experiences and relationships which help shape the developing brain. This Framework aligns with and supports the [Infant Mental Health Framework for Northern Ireland](#). The capacity and skills of a wide range of health and social care professionals are central to providing preventative support, including identification, early support and signposting.

*“Most potential mental health problems will not become mental health problems if we respond to them early.”*

A range of preventative early supports for children and young people must be better coordinated in order to effectively support their health and wellbeing in the long term, including:

- Primary prevention: focused on stopping problems before they emerge, targets the whole population.
- Secondary prevention: focuses on people who are at risk of experiencing significant, impactful emotional health and wellbeing needs (e.g. due to social inequalities).
- Tertiary prevention: focuses on people with identified, significant emotional health and wellbeing needs, solutions or interventions are indicated and aim to address the severity and impact of presenting needs.

In alignment with the actions of the [Mental Health Strategy 2021-2031](#), this Framework is focused on Primary and Secondary Prevention within a Population Health approach which takes consideration of social, economic, cultural and environmental risk factors and protective factors for children and young people’s emotional health and wellbeing.

It is recognised that children do not all start on a level playing field, and a preventative approach must be embedded, as referenced in the [Mental Health Strategy](#), which enables “individuals and communities to look after their own emotional wellbeing and mental health” where possible.

SureStart projects were introduced to help deliver a wide variety of services which are designed to enhance children’s learning skills, health and wellbeing, and social and emotional development. There is a need to further promote positive social and emotional development throughout the period of infancy and childhood, including in pre-school and school settings, and provide new evidence-informed interventions and support for families and support to ensure that children and young people get the best start in life.

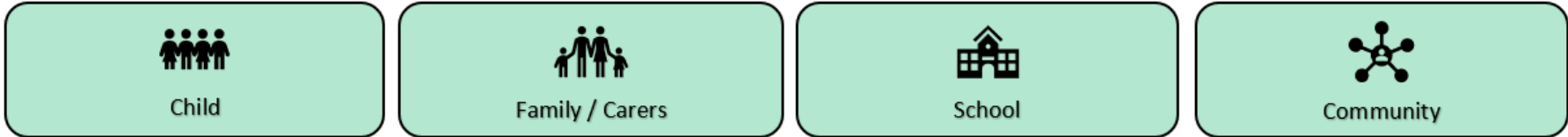
This also aligns with the key aim for children under 3 years of age in the [Infant Mental Health Framework](#) to “ensure that all children have the best start in life by prioritising and supporting the development of positive social and emotional wellbeing”.

The main purpose of the proposed model is to provide the best help from all relevant sectors in an integrated manner, including enabling the whole community to proactively support children and build on their strengths. This will help to prevent needs deteriorating and mitigate the need for a further level of support.

# Risk and Protective Factors for CYP Emotional Health and Wellbeing

## RISK FACTORS

- |   |   |   |  |
|---|---|---|--|
| <ul style="list-style-type: none"> <li>Ø Genetic influences</li> <li>Ø Disability</li> <li>Ø Developmental delay/impaired cognitive development</li> <li>Ø Neurodiversity</li> <li>Ø Language/Communication difficulties</li> <li>Ø Physical illness or long-term condition</li> <li>Ø Lower educational attainment</li> <li>Ø Low self-esteem</li> <li>Ø Child maltreatment, emotional, physical and sexual abuse or neglect</li> <li>Ø Substance abuse</li> <li>Ø School exclusion</li> <li>Ø Children Looked After</li> <li>Ø Children in criminal justice system</li> </ul> | <ul style="list-style-type: none"> <li>Ø Family disharmony/breakdown, parental separation or divorce</li> <li>Ø Parental conflict or hostile relationships</li> <li>Ø Failure to adapt to child's changing needs</li> <li>Ø Inconsistent discipline</li> <li>Ø Household physical or mental ill-health</li> <li>Ø Death and loss</li> <li>Ø Domestic violence</li> <li>Ø Household substance abuse</li> <li>Ø Physical, sexual, emotional abuse/ neglect</li> <li>Ø Household criminality or in criminal justice system</li> <li>Ø Household poverty and unemployment</li> <li>Ø Poor housing conditions</li> </ul> | <ul style="list-style-type: none"> <li>Ø Poor pupil-teacher /school relationships</li> <li>Ø Breakdown in or lack of positive friendships</li> <li>Ø Negative peer influences</li> <li>Ø Peer pressure</li> <li>Ø Bullying, including online</li> <li>Ø Discrimination</li> </ul> | <ul style="list-style-type: none"> <li>Ø Socio-economic disadvantage</li> <li>Ø Social isolation/exclusion</li> <li>Ø Lack of access to support services</li> <li>Ø Lack of access to sports/leisure/arts/outdoor spaces</li> <li>Ø Lack of life opportunities</li> <li>Ø Homelessness</li> <li>Ø Disaster, accident, war, pandemic or other significant events</li> <li>Ø Discrimination</li> <li>Ø Exploitation</li> <li>Ø Experiences of violence</li> <li>Ø Unsafe neighbourhoods</li> </ul> |
|---|---|---|--|



- |   |   |   |  |
|---|---|---|--|
| <ul style="list-style-type: none"> <li>✓ Secure attachments</li> <li>✓ Good communication skills</li> <li>✓ Good social and emotional regulation skills</li> <li>✓ Positive outlook / resilience</li> <li>✓ Humour</li> <li>✓ Capacity to reflect</li> <li>✓ Healthy behaviours</li> <li>✓ Experiences of success and achievement</li> <li>✓ Positive peer relationships</li> <li>✓ Opportunities to increase self-esteem</li> <li>✓ Access to sport/leisure/arts/outdoor activities</li> </ul> | <ul style="list-style-type: none"> <li>✓ Stable home environment</li> <li>✓ Supportive relationships and parenting</li> <li>✓ Secure attachment with significant adult/s including outside the home</li> <li>✓ Affection</li> <li>✓ Consistent discipline</li> <li>✓ Support for education</li> </ul> | <ul style="list-style-type: none"> <li>✓ Positive school climate that enhances belonging and connectedness</li> <li>✓ Whole-school approach to promoting good mental health and wellbeing</li> <li>✓ Clear behaviour, bullying and safeguarding policies</li> <li>✓ 'Open door' policy for children to raise issues</li> <li>✓ Support for education staff</li> </ul> | <ul style="list-style-type: none"> <li>✓ Strong community cohesion and wider network of support</li> <li>✓ Opportunities for valued social roles</li> <li>✓ Access to community life, social and cultural activities</li> <li>✓ Access to healthcare, education, youth provision</li> <li>✓ Access to range of sport/leisure/arts/outdoor activities</li> <li>✓ Access to green and blue spaces</li> <li>✓ Good housing and standard of living</li> <li>✓ Safe neighbourhoods</li> </ul> |
|---|---|---|--|

## PROTECTIVE FACTORS

### 1.9.2 Early Intervention

This Framework uses the definition of early intervention from the practice guide “Grasping the Nettle: Early Intervention for Children, Families and Communities”:

*“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 of a child or young person’s life.”*

This definition is also used in the [NI Children and Young People’s Strategic Partnership \(CYPSP\) Plan 2021-24](#) and aligns with the approach taken in the implementation of the [Mental Health Strategy](#) where the focus is to “promote wellbeing and resilience by adopting and maintaining behaviours that support good mental health”, “taking early action with those who may be at greater risk”, and “identifying needs early in order to provide support as soon as problems arise.”

The [Youth Wellbeing Prevalence Survey \(2020\)](#) of the mental health and emotional wellbeing of children and young people in Northern Ireland also supports the need for prevention and early intervention. This reflects national and international evidence bases which clearly show, that identifying problems early and intervening effectively to support wellbeing and prevent escalation, enhances positive outcomes for children, young people and their families. Early intervention may reduce the need for long term support thereby mitigating future funding requirements. Adopting early intervention has been clearly recognised as a policy direction which has been incorporated into Government strategy.

### 1.9.3 Transitions

Transitions are key moments in a child or young person’s development when there are significant changes in care setting or service provider. Many of these are predictable, and include the transition to school, between schools, from education to workforce and adulthood, the transition from paediatric to adult health and social care services or other significant transition points throughout the child’s lives. These are crucial periods that can have a significant impact on emotional health and wellbeing. Services should work proactively to meet these wellbeing needs through careful planning, communication and support to ensure continuity of care and minimise disruption.

Robust transition policies and protocols will be required to support young people during these key transitions. Transitions planning and support should be managed in line with relevant NICE guidelines and the arrangements for

supporting transition should be clearly identified within a supportive multi-agency network as outlined in legislative requirements, with transition plans reflecting regionally agreed standards.

#### **1.9.4 Needs-led**

Implementation of the Framework aims to drive a greater focus across health and social care of a model based upon understanding and supporting a child or young person's presenting needs and promoting earlier supports around the child and their family, including enhanced partnership working.

While the understanding of needs can be enhanced by a diagnosis, the Framework aims at delivering a needs-led, and not diagnostic-led, approach which focuses on prevention, is co-produced and proactively delivers early support and intervention as outlined above. The Framework supports a process in which a diagnosis is considered when required, which can be at any stage of the child and young person's journey and is seen as part of the overall support and intervention provided as deemed appropriate. The ultimate aim of the framework is to provide early help and support which aims to prevent escalation of needs.

#### **1.9.5 Neurodiversity-affirmative approach**

All individuals have differences in their abilities and the ways in which they interact with the world around them. Neurodiversity is a term that refers to the natural differences between people, such as race, culture, class and gender and is useful to understand people with varying characteristics and behaviours.

Being neurodiversity-affirmative means that the focus is on a strengths and rights-based approach. The HSC system aims to provide support and make adaptations that affirm a child or young person's individual identity, rather than an approach focused on their differences as 'deficits' that need to be 'fixed' or 'treated' according to a 'norm'. This approach is underpinned by acceptance, presuming competence, and centres individual experiences and self-advocacy.

#### **1.9.6 Trauma-informed approach**

In a trauma-informed approach, the care provided considers and acknowledges the effect of trauma. Staff should have the appropriate knowledge and skills, and are aware of the impact of trauma, particularly in the context of Northern Ireland.

### 1.9.7 **Neurodevelopmental conditions or disorders**

A neurodevelopmental approach is one which takes consideration of the brain's development of neurological pathways that influence performance or functions. Neurodevelopmental conditions or disorders are conditions that affect how the brain functions. Symptoms of a neurodevelopmental condition and associated behaviours and traits are the result of the way a person's brain has developed before they were born or in early childhood, and the goal of support is to ensure that people can reach their full potential. This is different to mental ill-health which refers to patterns of behaviour or experiences that differ from ordinary functioning and where treatment is about a return to this ordinary functioning for each individual.

Neurodevelopmental conditions are lifelong and their impact on day-to-day life varies depending on the individual and their strengths and abilities. Neurodevelopmental conditions are not mental health conditions, and not every person with a neurodevelopmental disorder will have mental health difficulties. However, having a neurodevelopmental condition means that young people are more vulnerable to developing mental health difficulties, and as described above many of the presenting needs can be similar. Emotional health and wellbeing needs are known to be significantly more prevalent in this population.

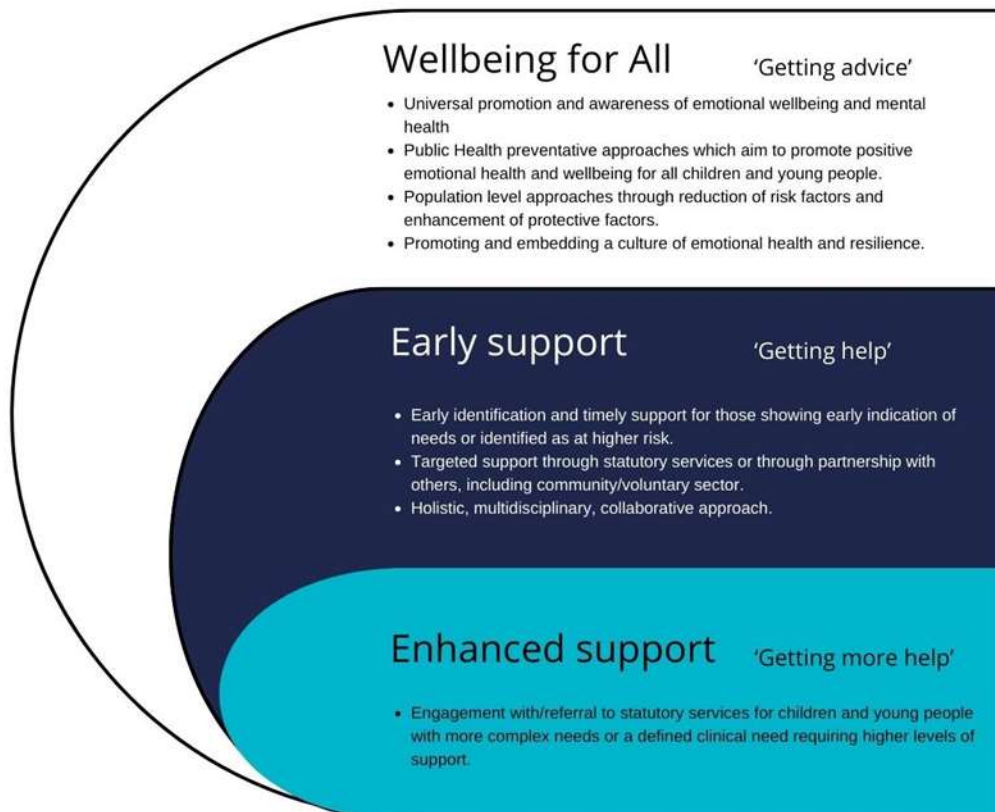
Furthermore, there is growing evidence and recognition of the need for a neurodevelopmental rather than single condition approach to assessment and meeting needs. Within a neurodevelopmental approach, there is a necessity for early identification of needs and support that is not diagnosis-dependent, through evidence-based interventions appropriate to the individual's circumstances and context (family situation, lived-in environment, and so on).

Adopting an integrated needs-based service model with access to the necessary competencies and skills to support children and young people, including those with neurodevelopmental conditions, will make better use of limited staffing resources, significantly reduce costs and improve the child and family's journey.

## Section 2: Model for Implementing Change

### 2.1 A single, integrated system

2.1.1 The Framework will apply to, and be inclusive of, all services that provide support, intervention and diagnostic pathways that meet the emotional health wellbeing needs of children and young people, in a tiered approach.



2.1.2 The Framework will support and inform the coordination of a regionally consistent model and approach that is integrated across the tiers of intervention as outlined above. Stakeholders, including Health and Social Care Trusts, commissioners and other providers, will collaborate regionally to deliver proactive support of children, young people and families in response to individual identified needs in an early intervention and needs-led model. This will include a regionally consistent, supported and integrated pathway into existing services, and will allow for referrals with multiple presenting needs indicating possible comorbidity to receive appropriate support and assessments from the services most appropriate to address each need in an integrated wraparound service model.

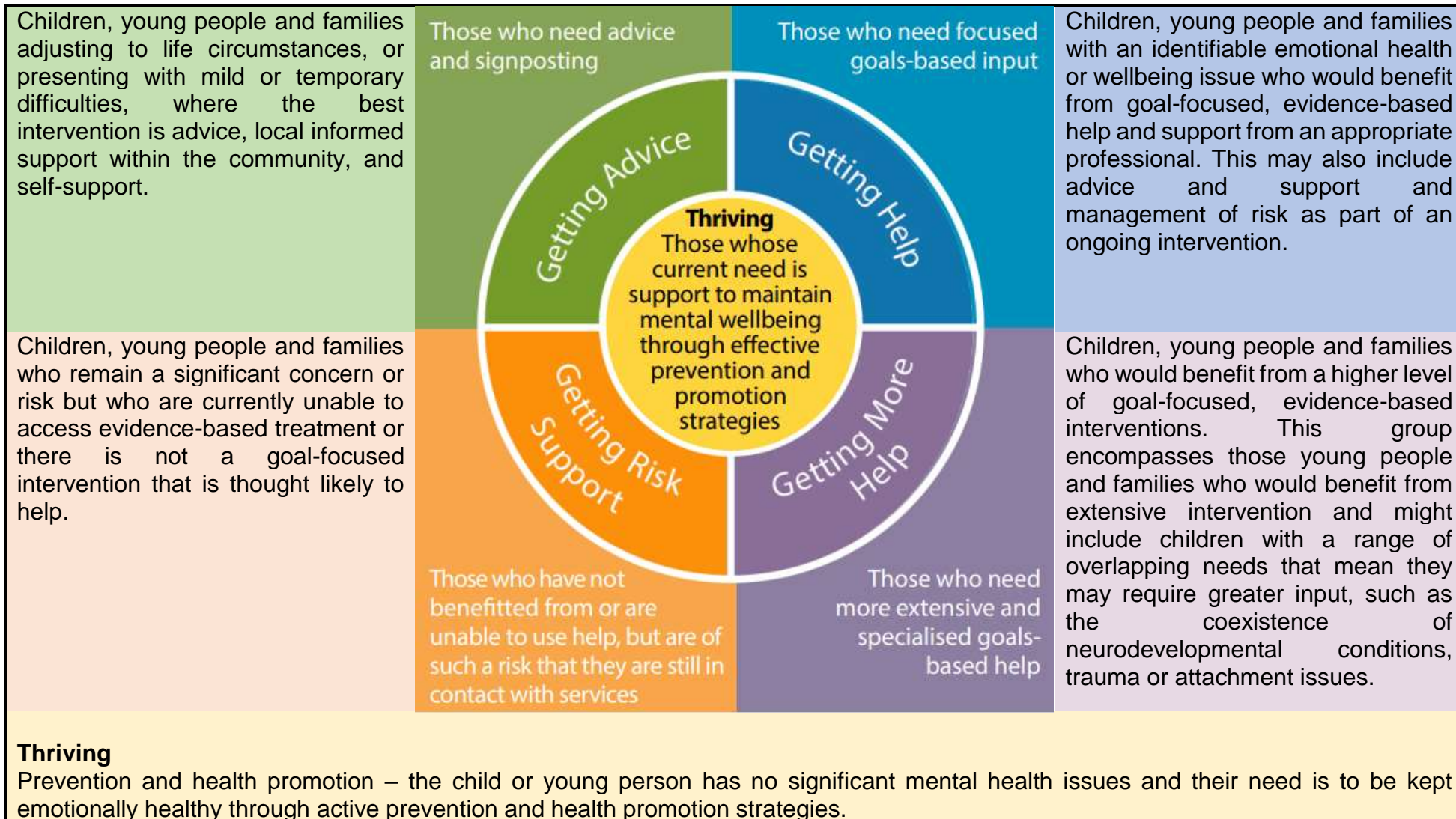
## **2.2 A suggested Model for Change**

2.2.1 The THRIVE Framework for System Change (see page 20) is an integrated, person centred and needs-led approach to designing and delivering mental and emotional health services for children, young people and families.

Emphasis is placed on the promotion of mental health and wellbeing, and for children, young people and their families to be empowered to be actively involved in decisions about their care through shared decision making.

The THRIVE Framework for System Change has been widely implemented across England and has served as the foundation for transforming many child and adolescent services through providing an evidence-based approach to integration. In 2023 the Department of Health commissioned the National i-Thrive programme to deliver five introductory cross sector webinars to support understanding of the Thrive Framework. In addition, five in person workshops were facilitated to enable participants to map out service developments according to the needs grouping as outlined on page 20.

Sessions highlighted areas of positive cross sector working but recognised a need to join up the offer and communicate this more broadly to professionals as well as families, including sharing information across organisations (e.g. shared IT systems).



Adapted from [THRIVE-Framework-for-system-change-2019.pdf \(implementingthrive.org\)](https://www.thrive.org.uk/wp-content/uploads/2019/04/THRIVE-Framework-for-system-change-2019.pdf)

## **Section 3: Implementation**

### **3.1 Implementation Principles**

As outlined in Sections 1.2 and 1.9 implementation of the Framework will be informed by guiding values and implementation principles, and will include the following concepts:

#### **3.1.1 Regionally defined, consistent and equally accessible services for children, young people and families**

Service delivery will be reviewed in cooperation with service users, their families and key service providers, to co-produce a single integrated care pathway which reflects the needs and views of children, young people and their families. Services will be evaluated as to how they support the implementation of this Framework, and may need to be structurally organised, further developed, and supported or funded to meet the Framework outcomes.

#### **3.1.2 Children, young people and families/carers are fully involved in care**

Children, young people and their families/carers will be supported to develop their knowledge and skills to enable them to make informed choices and to be proactively involved in all care decisions. This will:

- Ensure the safety and wellbeing of the entire family
- Strengthen the capacity and resilience of families to manage their own needs
- Develop partnerships between families and others supporting the child/young person
- Provide flexible, responsive and relevant services that are person-centred
- Help to further develop supportive community-based networks and peer groups.

Evidence of constructive engagement and co-design will be monitored at each stage of the implementation of the Framework and in future service delivery.

#### **3.1.3 Provision of high-quality care with measurable outcomes**

Care pathways will be identified and coordinated with identified minimum standards of care against clearly measurable and reported targets. Outcomes measurement and targets will be designed to reach beyond waiting times to the quality of service and positive outcomes for each child or young person. The pathway will indicate where and when to access advice, assessment, support for transitions, and interventions to support emotional health and wellbeing.

### **3.1.4 Evidence-based intervention**

Commissioners and HSC Trusts will support services delivered in line with the evidence base, remaining cognisant of National Institute for Health and Care Excellence (NICE) guidelines on social and emotional wellbeing. All services will have measurable inputs and outcomes that will build evidence to further improve service delivery and outcomes for families on an ongoing basis.

## **3.2 Core components of a single, integrated system**

The single, integrated system outlined will standardise the response to meet the emotional health and wellbeing needs of children, young people and their families.

### **3.2.1 Information and signposting**

Provision, further development and continuous updating of regionally consistent, relevant, quality-assured, easily navigated, accessible information and resources will be a key building block of further progressing resilient self-supporting communities and a crucial element of prevention and early support. Key providers will work together with children, young people and families to identify, collate, disseminate and update information about local and regional services. This will be made available in a range of accessible formats, making best use of technology. Information developed will be quality assured and be made available on regional portals that will be searchable by locality and presenting need.

For example, the [Children and Young People's Strategic Partnership \(CYPSP\) Youth Wellness Web](#) is an established portal that brings together information from a range of agencies, including voluntary and community sector organisations, that aim to improve the lives of children and young people in Northern Ireland. It was designed with children and young people for children and young people. It is easily navigated and is maintained as a central system.

[Family Support NI](#) is an online directory of local family support services for practitioners, families, and young people. It directs people seeking help and support to knowledgeable, community-based services and organisations that understand and can help meet local need.

### **3.2.2 Integrated wraparound supports for families**

The Framework will drive collaboration and shared decision-making across statutory and non-statutory agencies to ensure there is partnership working and the subsequent sharing of personal and professional knowledge and expertise to facilitate joint understanding. There will be a focus on building relationships that will help determine what support the child, young person and/or their families need. This may include advice, signposting to early intervention support services, further specialist assessment, or specialist intensive intervention.

Support for Emotional Health and Wellbeing needs will usually be sought through a trusted individual, primarily GPs, Health Visitors, other health professionals, schools or Education Psychology. These professionals will usually provide or signpost to advice, information and early support in the first instance.

When they feel that more help is needed, they will refer to Trusts or Family Support Hubs via a consistent, integrated, needs-led pathway and based on presenting need. Developing the capacity in community and voluntary providers to support Family Support Hubs will be an important component of the implementation of this Framework.

### **3.2.3 Consistent referral pathway and single point of referral**

A single, consistent referral pathway for children with emotional health and wellbeing needs is a crucial component for coordinating an integrated and standardised system of care, focused on prevention and early intervention. It will help manage expectations and reduce stigma of accessing a mental health or diagnostically labelled service for help. This will include:

- A single, regionally agreed referral form that indicates presenting needs, rather than focussing on any suspected diagnosis
- Access to HSC Trust services at the right time via a standardised, co-produced “Children and Young People’s Referral Service” (CYPRS) model in which referrals are triaged by a Multi-Disciplinary Team made up of a range of relevant professions/services and aligned to the appropriate service/s
- Provision of regionally agreed information, consultation, advice and access to early support based on the individual identified needs and circumstances, including through Family Support Hubs and community networks. This may be via the role of a Key Contact person.

### **3.2.4 Services delivered by well-trained, competent, well supported staff**

Implementation of the Framework will seek to develop provision of sufficient competent staff across all services and supports to meet presenting needs through:

- A regionally agreed competency framework developed to ensure all staff involved are trained and knowledgeable when working with children, young people and families’ emotional health and wellbeing
- Training and skills development as integrated elements of work plans
- Supporting staff wellbeing.

### **3.2.5 Policy, commissioning, service management and delivery**

Crucially, to provide regionally consistent commissioning and delivery of services aligned with the Framework will require a review of how relevant policy is developed and influenced, how services are commissioned, and how resilient communities can

be supported. Implementation of the Framework will require services to be evaluated as to how they can support the pathways identified through the Framework operation. This may require services to be reviewed, further developed, funded, structurally organised and supported to ensure the provision of holistic support that is wrapped around the child or young person and their family. Changes to reporting measures to reflect the entire journey from referral to treatment with appropriate targets as well as overall outcomes for children and young people will be implemented.

### **3.2.6 Workforce planning and training**

In order to make best use of highly trained and skilled staff it is important to ensure that intervention and prevention is provided at the earliest opportunity as widely and consistently as possible. Consistent regional pathways will be key to understanding workforce staffing and training requirements. Management of workflow statistics will assist Trusts and other key stakeholders with understanding their workforce requirements. Scrutiny of outcome measures should enable continuous quality improvement and better service delivery and improved outcomes. As key pillars of the delivery of the Framework, staff wellbeing will be a key consideration in implementation.

### **3.2.7 Understanding population need**

The single system of support and integrated pathway coordinated in line with the Framework will require careful monitoring involving robust informatics and communication plans to support referrers and ongoing service improvement.

This will include identifying how the integrated pathway will be managed and activity recorded and reported. Information should be used to continuously improve care pathways to meet the needs of children and young people, and assist in determining the commissioning and delivery of services.

Engagement with relevant Health and Social Care IT teams, Encompass and other sources will be required to ensure systems can capture relevant information, including:

- The presenting needs of children and their families, including at known transitions points
- Early support and interventions provided
- Outcomes for children and young people
- Experiences of the children, young people and their families.

Over time information will be aggregated to identify population needs and help identify at risk groups, determine prevalence rates, and provide information on the impact of emotional health and wellbeing needs on children and young people's lives, as well as population-level outcomes. This will assist in identification of service needs and subsequently inform service planning and improvement on both a local and regional basis.

## **Appendix 1 – Reference list of possible presenting needs**

### **Emotional / mood**

- Lacking motivation, reduced or loss of interest in activities or other people
- Difficulty regulating emotions, eg. quickly angry or tearful
- Shows insecurity or low self-esteem; lack of confidence; poor self-image excessively self-critical; seeks increased adult support or reassurance
- Extreme over-confidence
- Low mood, withdrawal, sadness, tearfulness, signs of depression
- Changeable mood
- Lack of emotional response, flat affect
- Showing excessive or disproportionate anger, rage, irritability, frustration or shame
- Lack of resilience, over-sensitivity
- Anxiety or excessive worrying
- Agitated during transitions or unexpected change.

### **Behaviour**

- Poor attendance, punctuality, or school refusal
- Disruptive behaviour in classroom or other similar environment, including screaming, shouting, or destructive behaviour
- Taking part in bullying towards others
- Argumentative, rude, or verbally or physically aggressive, including using excessive bad language
- Overly fearful of or overly friendly towards strangers or known adults
- Provocative dress or appearance inappropriate for age and/or setting
- Overly sexualised behaviours inappropriate for age and/or setting
- Restless or impulsive, engaging in risk-taking behaviours
- Obsessive or dependency behaviours, including social media
- Engaging in self-harm
- Attention-seeking behaviour, via both positive or negative means
- Excessive achievement-driven behaviour
- Hypervigilant
- Self-stimulatory or repetitive behaviours - for some children and young people, stimming is not a sign of distress but simply a means of obtaining sensory input. Consider the context and whether the stimming is a change from the individual's usual behaviour
- Suicidal ideation.

## **Social**

- Lacking social skills, not able to interact at an age-appropriate level with peers
- Difficulty with sharing, turn-taking, cooperating, social communication
- Unable to participate in play activities as per age/ability
- Socially isolated, few positive relationships, difficulty making friends.

## **Cognition / thinking**

- Not achieving expected learning outcomes or potential for individual ability or age
- Difficulty sustaining attention or concentrating, easily distracted
- Poor executive function, memory problems
- Difficulty following instructions or completing tasks
- Disengaged from learning and other school or extra-curricular activities.

## **Language and Communication**

- Reluctant to communicate, or difficulty communicating, poor verbal skills
- Selective mutism.

## **Physical**

- Lack of hygiene or self-care
- Delay in age-appropriate self-care skills, e.g. feeding, dressing, independent living skills; regression of previous skills
- Loss of or poor appetite; disordered eating; weight loss; frequently hungry
- Incontinence
- Physical symptoms – headaches, stomach aches, nausea
- Sleep disturbance, excessive tiredness, nightmares.

## **Experiences / Circumstances**

- Experiencing bullying, discrimination or harassment (e.g. racial, sexual, disability-related)
- Experiencing poverty or other health inequalities.

## **Appendix 2 -- Key Strategic and Legislative Documents**

- [Children's Co-operation Act, NI \(2015\)](#)
- [Special Educational Needs and Disability Act \(2016\)](#)
- [Health and Well-being 2026 - Delivering Together \(2016\)](#)
- [Systems not structures Changing Health & Social Care \('Bengoa Report'\)](#)
- [New Decade, New Approach \(2020\)](#)
- [Children and Young People's Strategy \(2019\)](#)
- [Mental Health Strategy \(2021 – 2031\)](#)
- [The Autism Act \(NI\) 2011](#)
- [The Autism \(Amendment\) Act \(NI\) 2022](#)
- [Autism Strategy \(NI\)](#)
- [Children & Young People's Emotional Health and Wellbeing in Education Framework](#)
- [Infant Mental Health Framework for Northern Ireland \(2016\)](#)
- [Strategy for Paediatric Healthcare Services provided in hospitals and in the community \(2016-2026\)](#)
- [CYPSP Children and Young People's Plan \(2021-2024\)](#)
- [Integrated Care Services – Strategic Outcomes Framework \(in draft April 2022\)](#)
- [Regional Perinatal Mental Health Care Pathway \(2017\)](#)
- [NI Children and Young People's Plan \(CYPSP, 2021-2024\)](#)
- ['Working Together': A Pathway for Children and Young People through CAMHS \(2018\)](#)