

Children and Young People's Emotional Health and Wellbeing Framework Consultation Response Document

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Are you responding on behalf of an organisation?	Yes
Organisation	Children in Northern Ireland (CiNI)

Guiding Values			
1. Do you agree with these Guiding Values?			
<i>Please select Yes or No to each Guiding Value below</i>		YES	NO
a.	Involving children, young people and their families	✓	
b.	Child-centred	✓	
c.	Identifying and addressing needs early, including preventative support	✓	
d.	Understanding the wellbeing of a child in their current context	✓	
e.	Collaborative working	✓	
f.	Evidence-based	✓	

2. Are there Guiding Values you would add?

CiNI welcomes the proposed values but believes they should be strengthened by explicit alignment with children's rights obligations under the United Nations Convention on the Rights of the Child (UNCRC) and the United Nations Convention on the Rights of Persons with a Disability (UNCRPD). In practice, this requires the inclusion of the following:

- **Non-discrimination and equality:** Services have a statutory obligation to identify and take targeted proactive measures remove barriers for children who face disadvantage due to poverty, disability, ethnicity, sexual orientation, or care experience. Equal access alone is not enough; outcomes must also be equitable, and the Framework should point to clear measures that will be taken to tackle disparities and disproportionality.
- **Meaningful participation with accountability:** Children and families must be actively involved in decisions about their support and in the design of services, not just consulted. Mechanisms for feedback, influence, and review should be built into commissioning and evaluation processes, with evidence that their views shape outcomes in line with the statutory equality obligations on all designated public authorities to take into account the views expressed in consultation.
- **Dignity and respect:** Mental health and wellbeing services must affirm the identity, autonomy, and lived experience of every child — particularly those who are neurodivergent or disabled — and avoid deficit-based or stigmatising approaches.
- **Preventive and community-based focus:** Consistent with international rights obligations, the framework should prioritise early intervention and locally accessible services, ensuring children receive support as close as possible to their families and communities.
- **Evidence and impact:** The value of being “evidence-based” must extend beyond academic research to include lived experience, cost-effectiveness, and demonstrable impact on children's lives. What matters is not only what works in theory, but what makes a measurable difference in practice.

Under the UNCRC (see Articles 2, 3, 6, 12, 24 and 39), mental health is indivisible from children's overall right to health, development, and participation. States are obliged to ensure accessible, inclusive, preventive, and participatory mental health services.

Under the UNCRPD (see Articles 5, 7, 12, 19, 25 and 26), mental health services must be accessible, rights-based, community-focused, and free from discriminatory practices.

As highlighted by our Members during the Children’s Policy Forum meeting to discuss the Framework, held in August 2025, it is important to recognise the powerful impact of poverty, housing insecurity and cost-of-living pressures on children’s emotional health and wellbeing. Unless service design is explicitly connected to wider anti-poverty and social policy measures, the most vulnerable children will continue to face the steepest barriers to support. Equality requires not only universal provision but targeted investment in children at greatest risk.

Who this Framework is for

3. Do you agree this Framework should be inclusive of all children and young people?

Please select Yes or No	YES	NO
	✓	

4. If you have answered no, which group or groups of children should be included or excluded?

CiNI strongly supports universal inclusion but stresses that a ‘one size fits all’ approach risks entrenching inequalities. To meet obligations under the UNCRC and UNCRPD, the Framework must move beyond a general statement of universality and provide explicit measures to reach those who face the greatest barriers to emotional health and wellbeing. We note that other jurisdictions have addressed this challenge by embedding targeted provisions within universal systems:

- **Scotland’s [‘Getting it Right for Every Child’](#) approach** ensures all children are supported, while also mandating additional tailored plans (Child’s Plans) for those with more complex needs.
- **Wales’ [‘Together for Children and Young People’](#) programme** specifically developed early intervention pathways for neurodiverse children, recognising that they are at heightened risk of exclusion and delayed support.
- **The Republic of Ireland’s [HSE Child and Youth Mental Health Office Action Plan \(2024-2027\)](#)** specifically prioritises the needs of the most ‘socially marginalised’ groups: members of the Traveller Community, LGBTQ+, ethnic minorities, those who are homeless, those in care, those who have experienced abuse, and those in contact with the criminal justice system.

Drawing on these examples, CiNI recommends that the Framework:

- Sets out **targeted commitments for groups at higher risk**, including care-experienced children, those living in poverty, refugee and asylum-seeking families, LGBTQIA+ youth, children with disabilities and neurodevelopmental conditions, and those impacted by trauma and Adverse Childhood Experiences (ACEs).
- Commits to **equality-focused monitoring and timely remedial action**, ensuring that progress is not judged solely by overall improvements but also by reduced gaps in the enjoyment of equality of opportunity between the most and least advantaged groups.
- Ensures **services are designed to be culturally competent, inclusive, and accessible**, recognising diversity of identity, language, and background.

In short, the Framework must be for every child, but must also go further for some children. By learning from practice in other jurisdictions, Northern Ireland can create a system that is both universal in scope and ensures that every child enjoys equality of opportunity in realising outcomes.

Presenting Need

5. Do you agree that the primary focus of the Framework should be on addressing and supporting the child or young person's presenting needs?

<i>Please select Yes or No</i>	YES	NO
	✓	

CiNI agrees that presenting needs should be the starting point for support. However, this cannot be seen in isolation from the diagnostic processes that still govern access to many statutory services and entitlements. The reality for children and families in Northern Ireland is that diagnosis remains a critical gateway; not only to clinical interventions, but to education supports, disability allowances, and legal recognition of needs.

This creates a fundamental tension between the aspirations of a needs-led system and the lived experience of families navigating diagnostics and waiting lists for treatment. For many, early intervention is delayed precisely because services are rationed on the basis of diagnosis. Families report that children are too often left in 'limbo' - their presenting needs are recognised but not met, as they do not yet hold the formal diagnosis required for service entry.

A rights-based approach requires resolving this contradiction. The UNCRC (Articles 3, 6 and 24) and the UNCRPD (Articles 7 and 25) place obligations on states to provide support that is timely, accessible, and in the child's best interests. This means that:

- **Early intervention must be guaranteed** regardless of diagnostic status. Children should not be left waiting for assessments before receiving basic support for wellbeing, learning, or inclusion.
- **Diagnostic pathways must be strengthened, not sidelined.** While services should not be contingent on diagnosis, assessments must still be timely, transparent, and adequately resourced, as they provide clarity, validation, and access to entitlements.
- **Families' voices must be central** in decisions about when and how assessment takes place. The current vague wording around support being offered 'as appropriate' risks disempowering parents and young people; criteria for 'appropriateness' should be clearly defined and rights-compliant.
- **Bridging provision should be embedded**, so that children with presenting needs receive support while waiting for formal assessment.

As highlighted by our Members during the Children's Policy Forum discussion, the Framework should explicitly recognise the critical importance of early years provision. Perinatal and infant mental health, parenting support and high-quality early years interventions are foundational to emotional wellbeing. Early years services must therefore be integrated into the core components, ensuring children receive support long before difficulties escalate. Members also raised the fact that transitions represent high-risk points when children and young people can easily fall through gaps in provision. This includes moving from early years into primary school, from primary to post-primary, and from CAMHS to adult services at age 18. The Framework should embed clear transition protocols, with bridging support to ensure continuity of care and avoid service drop-off.

The Need for Change

6. Do you agree that substantial change is required in this area?

	YES	NO
<i>Please select Yes or No</i>	✓	

CiNI agrees that reform is urgently needed, but our concern is that without new investment in early intervention and prevention services that could be delivered by the VCS, the Framework risks entrenching the systemic barriers to support.

Families in Northern Ireland have consistently reported the same problems: excessive waiting times, fragmented referral routes, siloed services, and a lack of accountability when needs are not met. These are not new challenges, but long-standing failures of effective implementation.

From a rights perspective, this is unacceptable. The UNCRC guarantees the right of every child to the highest attainable standard of health (Article 24) and to timely, appropriate support for development and wellbeing (Articles 3 and 6). The UNCRPD requires that disabled children have access to health services as close as possible to their own communities (Article 25). Current provision in Northern Ireland falls short of these obligations. Families often wait years for access to assessments or interventions, during which children's conditions escalate, their education is disrupted, and their wellbeing deteriorates.

The need for change, therefore, is about breaking a culture of delay, bureaucracy, and low accountability that has normalised children being denied timely support. Without a radical shift in commissioning, workforce planning, and data transparency, we risk embedding the same damaging inequalities. CiNI recommends that the case for change should:

- Explicitly acknowledge the scale of unmet need, drawing on waiting list data, CAMHS access figures, and lived experience evidence.
- Recognise the long-term costs of inaction; delays at childhood translate into higher demand for crisis services and adult mental health interventions.
- Commit to legally enforceable accountability mechanisms so that children's right to health and wellbeing is not dependent on postcode, diagnosis, or parental persistence.
- Frame reform not just as desirable but as a legal and moral obligation under international human rights standards.

Our Members have also raised the lack of robust, and publicly available, disaggregated data that has long obscured the scale of unmet need. The Framework should commit to regular public reporting of waiting times, service activity and outcomes, broken down by geography, age and key characteristics. A shared outcomes framework must also measure lived experience so that improvement is judged by children's wellbeing and satisfaction as well as service volume.

Contextual Approach

7. Do you agree with these Contextual Approaches?

<i>Please select Yes or No to each Contextual Approach below</i>		YES	NO
a.	A trauma-informed approach	✓	
b.	A neurodiversity-affirmative approach	✓	
c.	A neurodevelopmental approach	✓	

8. Are there Contextual Approaches you would add?

In CiNI's view, these contextual approaches will only add value if they are anchored in rights, grounded in evidence, and tested against outcomes for children and families. Without this, they risk becoming rhetorical commitments with little practical impact. All three approaches should be delivered in ways that actively reduce inequalities, with equality indicators built into outcome monitoring. Approaches must prioritise accessibility: embedding trauma-informed, neurodiversity-affirmative, and neurodevelopmental support in community and school settings, not only clinical environments. Each approach should be tied to measurable standards (e.g. workforce training coverage, timeliness of support, family-reported experience) and independently monitored.

Regionally Consistent Model

9. Is a regionally consistent model the best way forward?

<i>Please select Yes or No</i>	YES	NO
	✓	

10. If not, what would an alternative option be?

CiNI supports a regionally consistent model in principle because it provides clarity, equality, and coherence. Families should have confidence that a child in Bellaghy will be entitled to the same level of support as a child in Belfast. Rights to health and wellbeing (UNCRC Article 24, UNCRPD Article 25) must not be contingent on geography. However, consistency must not come at the expense of local responsiveness. Communities across Northern Ireland face different challenges, for example:

- Rural families often experience longer waits and greater travel barriers to access specialist services.
- Urban areas may have higher concentrations of poverty and greater cultural diversity, requiring tailored provision.
- Post-conflict communities continue to face intergenerational trauma that require locally adapted responses.

CiNI therefore recommends a dual commitment:

1. **Consistency of entitlement:** all children and young people should have a guaranteed minimum standard of access, timeliness, and quality of emotional health and wellbeing support. This should be codified in commissioning standards and monitored regionally.
2. **Flexibility of delivery:** local partnerships, including the VCS, must be empowered (and resourced) to design services that reflect local context, demographics, and needs.

In CiNI's view, a regionally consistent model is essential to ensure equality, but it must be underpinned by flexible, community-based delivery mechanisms.

Systems Change

11. Do you agree that an evidence-based model of change should be used to support the transformation of services?

	YES	NO
<i>Please select Yes or No</i>	✓	

CiNI's position is that 'evidence-based change' must be comprehensive, rights-based, and adequately resourced. Anything less risks repeating a familiar pattern in Northern Ireland: high-level frameworks that fail to shift the lived experience of children and families. Northern Ireland has a track record of referencing frameworks such as 'stepped care' in policy documents without embedding the infrastructure, workforce, and commissioning changes required to make them effective. This leads to superficial adoption rather than genuine transformation. For systems change to be meaningful, the Framework must:

- **Specify the evidence base:** It is not sufficient to state that the model is 'evidence-based.' The Department should make clear which evidence, which evaluations, and which jurisdictions have informed the proposed model, and how this has been assessed for relevance to the NI context. For example, in England, partial adoption of *i-Thrive* without structural change often led to uneven implementation and limited impact.
- **Integrate across systems:** Change must connect health, education, social care, and the VCS. Without this cross-departmental integration, children will continue to fall between the gaps created by siloed planning. For example, this Framework seeks to align with the Emotional Health and Wellbeing in Education Framework, which begs the question – if this was truly child-centred – why we need both.
- **Embed monitoring and accountability:** System change must be tracked against measurable outcomes; not simply by activity levels, but by child and

family-reported improvements in health and wellbeing, inclusion, and access to services.

Implementation Principles

12. Do you agree with these Implementation Principles?

<i>Please select Yes or No to each Implementation Principle below</i>		YES	NO
a.	Regionally defined, consistent and equally accessible services for children, young people and families	✓	
b.	Children, young people and families/carers are fully involved in care	✓	
c.	Provision of high-quality care with measurable outcomes	✓	
d.	Evidence-based intervention	✓	

13. Are there other Implementation Principles that you believe should be considered?

Principles should be tied to statutory or regulatory duties, ensuring children and families can expect a consistent standard of support regardless of geography. Without enforceability, principles risk being interpreted inconsistently across Trusts and localities. Each principle should have a linked performance indicator (e.g. timeliness of access, satisfaction of children/families, child-reported wellbeing). Delivery against these indicators should be independently monitored, with annual reporting to both the Department and the NI Assembly. Principles should explicitly commit to workforce planning across statutory and VCS sectors. Staff cannot deliver high-quality, evidence-based care without adequate numbers, training, and support. VCS providers must be recognised as part of the workforce ecosystem, with investment in skills and sustainability. The Framework must make explicit that equality is central to delivery. Access, experience, and outcomes must be monitored by socio-economic status, disability, care experience, ethnicity, and other key characteristics and timely remedial action taken to ensure the enjoyment of equality of opportunity by all. Services must be required to demonstrate how they are closing gaps in access and outcomes for marginalised groups, not just expanding provision in general.

Core Components

14. Do you believe these core components will standardise the response to meet the emotional health and wellbeing needs of children, young people and their families?

Please select Yes or No	YES	NO
	✓	
15. Are there any other Core Components that should be considered?		
<p>CiNI supports the core components outlined, but the Framework lacks some detail on who delivers them, how they are resourced, and how equality is guaranteed. In particular, there is a lack of clarity on how VCS provision is embedded as part of the system at lower-threshold levels. International practice shows this is both possible and effective:</p> <ul style="list-style-type: none"> • England's 'Early Help Hubs' integrate VCS organisations with statutory services to provide low-level mental health and family support. • Scotland's Whole Family Wellbeing Funding has invested in local partnerships, including VCS providers, to deliver early, family-centred support, showing how flexible funding streams can embed community organisations in prevention and early intervention. • Republic of Ireland's range of services provided through VCS organisations, such as one-to-one support (counselling/psychotherapy), group work and workshops, community engagement, digital support (information, self-help, live chat), and youth-friendly drop-in spaces, all bridge the gap between informal help and specialist care. <p>Drawing on these examples, CiNI recommends that VCS delivery at Steps 1 and 2 should be explicitly included as a core component, with sustainable multi-year commissioning arrangements and joint planning alongside statutory providers. Components should include clear service standards (e.g. timeliness, accessibility, workforce requirements) to prevent postcode inequalities.</p> <p>Parenting support must be recognised as a core component of the Framework. Evidence shows that well-designed parenting programmes can significantly improve children's emotional wellbeing, strengthen family resilience, and reduce demand on higher-threshold services. Provision should be universally available, but with targeted programmes for families facing greater adversity (e.g. poverty, disability, trauma). Embedding parenting support in community and early years settings, and commissioning VCS organisations with proven expertise, will ensure accessibility and sustainability.</p>		

Final Comments
<p>CiNI welcomes the ambition of the Children and Young People's Emotional Health and Wellbeing Framework and recognises its potential to reshape services for the better. However, families in Northern Ireland have seen successive strategies promise change while waiting lists lengthen, inequalities widen, and trust in the</p>

system declines. From CiNI's perspective, three priorities are essential if this Framework is to deliver more than aspiration:

Integration across Health, Education, and Social Care: Children's emotional health and wellbeing cannot be separated from their learning, family life, or community context. The Framework must establish formal cross-departmental mechanisms with shared budgets, outcomes, and accountability as set out in the Children's Services Co-operation Act (Northern Ireland) 2015.

Clarity and consistency in diagnostic and needs-led pathways: Early intervention must be guaranteed regardless of diagnostic status, but diagnostic pathways cannot be neglected. Diagnosis remains vital for access to entitlements, educational supports, and the realisation of children's rights. The Framework must ensure sufficient bridging provision is in place so that children are supported while awaiting assessments.

Sustainable investment and partnership the Voluntary and Community Sector (VCS): The VCS provides trusted, accessible, community-based support that often represents the 'front door' of support for families. Yet too often the funding to sustain these services is precarious and subject to government budgetary pressures. The Framework must embed VCS provision as a consistently commissioned core component, backed by multi-year funding and planned and sustainable workforce development. Examples from other jurisdictions show how community-based organisations can be resourced as equal partners in prevention and early intervention under the proposed model.

Parenting programmes are a proven, cost-effective intervention that should be integral to the Framework's implementation. By supporting parents and carers early, the system can prevent escalation, reduce inequalities, and foster environments where children's rights to health and wellbeing are realised in everyday family life. Investment in accessible, high-quality parenting support, delivered in partnership with the VCS, will be a key test of whether this Framework delivers on its preventive ambitions.

Despite the establishment of the *Still Waiting Action Plan* and some progress, many of the Northern Ireland Commissioner for Children and Young People's (NICCY) original 50 recommendations remain incomplete or only partially addressed. The [final NICCY monitoring report \(2023\)](#) highlights continuing concerns around long waiting lists, inadequate data transparency, underfunding, and workforce gaps. While a performance framework has been agreed around Data, Funding, Workforce and Engagement, delivery has been slow, with limited progress on services for children with additional needs in particular. Key commitments, such as publishing a full CAMHS dataset, delivering the promised uplift in CAMHS funding to 10% of adult mental health spend, and extending workforce planning to include the VCS are still outstanding. NICCY also stresses that incomplete actions are being folded into longer-term strategies (e.g. the Mental Health Strategy, Emotional Wellbeing in Education Framework, Children's Disabilities Framework), but warns that without sufficient funding, cross-sector workforce planning, and robust monitoring, these risk being diluted. The lesson from *Still Waiting* is clear: without enforceable duties, transparent data, and

sustainable investment, action plans risk repeating the cycle of aspiration without delivery.

CiNI stresses that legally enforceable accountability mechanisms are needed to ensure that commitments are translated into real-world change. This includes statutory duties on access and timeliness, independent monitoring, equality-focused outcome indicators, and clear remedies for families when services fail.

In summary, CiNI supports the Framework but cautions that, without clear duties, sustainable investment, and cross-departmental accountability, it risks becoming a high level aspiration rather than a driver of change. We urge the Department to ensure that implementation involves embedding children's rights, equality of opportunity, and participation into every level of design, delivery, and evaluation. CiNI and its members are committed to working alongside government and statutory partners to ensure the Framework translates into real, measurable improvements for children and young people across Northern Ireland.

Thank you for taking the time to respond to the public consultation.

Please submit your completed response by **5.00 pm on 26 September 2025** using the contact details below:

E-mail: Regional.EHWP@hscni.net

Hard copy by post to:

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