



**Integrated
Services**
for Children and Young People

Integrated Services for Children and Young People

A Guide to the Programme

“Improving the
life chances of
children and
young people.”



1. The Belfast Health Action Zone

The Health Action Zone (HAZ) was set up in 1999 in recognition of the persistent inequalities in health in North and West Belfast and the difficulties faced by local communities. HAZ works in partnership with the community, voluntary and statutory sectors and takes a broad social, economic, physical and cultural view of health and well-being, one which focuses on the determinants of health. The HAZ now has a remit which reaches across Belfast and from 1 April 2009 responsibility for the Health Action Zone transferred to the Public Health Agency.

2. Improving the Life Chances of Children and Young People

Developing the Integrated Services for Children and Young People Programme 'The Integrated Services Programme' has been a key work stream of the HAZ since its inception. Specifically, the HAZ is working through the Integrated Services Programme to improve the life chances of children and young people, demonstrated by increased achievement levels, a commitment to 'life long learning' and an increase in employability. This will lead to the taking up of new lifetime opportunities and the possibility that a long-standing cycle of disadvantage can be broken. The purpose of the Integrated Services Programme is to develop effective integration across the full range of children's and young people's services in North and West Belfast.

A central goal of this initiative is that the aspirations of children and young people, and those of their parents, must be significantly raised. Meeting this goal requires a comprehensive and integrated focus on all aspects of the lives of children and young people, and those, within and beyond their families, who have influence on them.

The Programme is managed by the Integrated Services Project Board which is a formal sub-committee of the HAZ. Membership comprises key stakeholders across Health and Social Care; Education; and local Community and Voluntary organisations (see Appendix 1).

3. Identifying the areas of need

The Integrated Services Project Board (Project Board) conducted a mapping of need to inform the identification of potential areas of intervention. The preliminary exercise utilised the Northern Ireland Neighbourhood Information System (NINIS) to map a set of variables. The variables were described at ward-level.

The chosen variables were:

- % of school children in receipt of free school meals;
- % of school leavers with 5 GCSEs (A-C);
- % of the 18-25 age group in higher education;
- % of the 16-74 age group without qualifications, and;
- % of the 16-74 age group with level 5 qualifications.

All five variables were focused on educational performance/attainment and were designed to indicate levels of educational disadvantage.

A further three indicators were employed to indicate more general disadvantage:

The employment rate;
The rate of economic inactivity; and
The proportion of households headed by a lone parent.

The first two indicators are indicative of labour market disadvantage, the last because lone parent households had been identified as having the highest poverty risk in recent research commissioned by the Office of the First Minister and Deputy First Minister (OFMDFM)¹.

From the sets of educationally disadvantaged wards, clusters were then constructed and these identified the potential areas targeted by the Programme.

4. Funding

To take forward the work of the Project Board, the HAZ succeeded in its bid to the Integrated Development Fund (IDF) in 2004 for substantial new investment - 5 million pounds over 3 years. This funding followed on from the work of the Shankill and West Belfast Task Forces.

The Integrated Services Programme Leader, employed by lead partner Belfast Education and Library Board, was appointed in November 2007 and took up position on 1st May 2008.

5. The Meaning of Integration

There are many different descriptions and understandings of what integrating services actually means. Most of the time the phrase 'working better together' serves to define a common purpose. Integration is both a key principle and the key process that will enable the goal of improving the life chances of children and young people. From the outset, it was important to establish a framework, initially for debate and then for overall agreement,

that would inform the work, not just of the Programme, but also of the broader children and young people's service environment.

The number of stakeholder agencies delivering services to children, young people and their families is very broad and diverse. With families that have complex circumstances who may experience multiple interventions from different agencies, there are some good examples of positive working. However, it is broadly accepted that too often duplication of interventions occur,

or co-ordination between these is not as good as we would wish.

Based on experience in NI² and elsewhere³ it is possible to identify what would be the key components of an integrated service delivered geographically by a combination of the agencies⁴. Integration cannot be achieved overnight nor should complete introduction be attempted. To help direct thinking it might be useful to consider these four stages towards integration.

Four Stages of Integration:

Stage 1

Working better together

This is when existing agencies agree that closer working is required – individual staff are encouraged to form close working relationships with their collaborative peers. Everything is managed and financed separately. Some work takes place in common geographical bases.

Stage 2

Integrated processes but no structural change. Collective teams are established

In this stage, closer working relationships between and across statutory and voluntary/ community agencies are established. Wherever possible common bases are set up.

Stage 3

Integrated processes are common with collective teams under single leadership operating at local level. Schools are part of the overall framework

Integration in this stage is the overriding common practice.

Stage 4

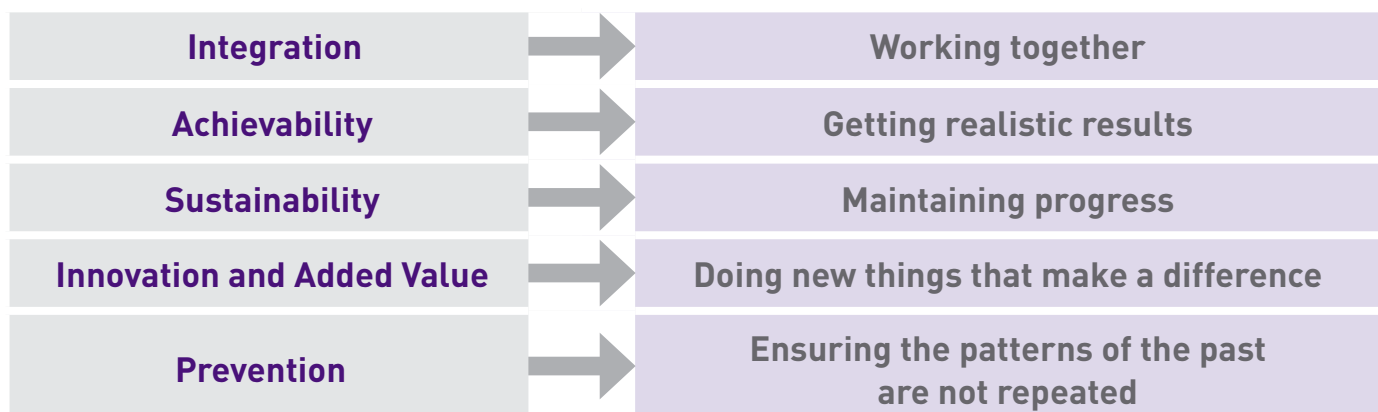
Single agency

All services for children and young people are managed collectively at both strategic and local levels – this would be equivalent to a Children's Trust in England. Schools would be associate members of such a Trust.

The pressure for integration in England to achieve Stage 4 arose not just out of a willingness to work together as effectively as possible, but because of the Climbié case and Every Child Matters. There is a strong imperative to achieve Stage 4 in England, however there is little evidence so far that structural change, for its own sake, can address the major problems of professional and organisational silos being maintained.

6. Guiding Principles

The five key principles at the heart of the Integrated Services Programme are.



7. The Four Pillars

The resources of the Integrated Services Programme highlight the four thematic pillars. These are:-

Pillar 1 **Learner Support**

A multi agency resource to support schools to develop early interventions which will address behaviour problems, suspensions and expulsions

Pillar 2 **Early Years**

Consolidation and strengthening of early years support to improve life chances, educational achievement and employment opportunities.

Pillar 3 **Health and Well-being**

A range of measures to target specific health concerns of children and young people including vulnerable children and young people at risk.

Pillar 4 **Parenting Support and Participation**

Expanding and developing methods of supporting parents' participation in their children's education.

8. Local Implementation Action Groups

A priority of the Integrated Services Programme has been the consistent engagement of local people, schools, staff, managers and politicians working on the ground.

The Integrated Services Project Board completed the process of identifying two Local Implementation Action Groups (LIAGs), one within the Greater Shankill Partnership and one within the West Belfast Partnership areas. Each LIAG prepared a proposal for funding that has been agreed with the Project Board. These proposals form the basis of the Service Level Agreements drawn up between the Greater Shankill and West Belfast Partnership Boards, and the Belfast Education and Library Board to deliver the Integrated Services Programme.

Each LIAG shaped the service based on area need and area planning. The programme of work, which will run across both geographical areas, will be focused around the 4 pillars:

Early years
Parent Support
Health and Wellbeing
Learner Support

Greater Shankill (GS) LIAG - Thematically

(See Appendices 3-6)

Family Support/Early Years
 Educational Aspiration
 Young People
 Integrated Services Team

West Belfast (WB) LIAG - Full Service Community Teams (3)

(See Appendices 7-9)

Becoming Educationally Ready
 Enhanced Family Support
 Community Based Mental Health
 Youth Support

The Service Level Agreements cover a range of initiatives, drawn from a menu of proposals around the four pillars related to children and young people which were included in the original funding submission to OFMDFM.

An Integrated Services Programme Relationship Chart, which incorporates the Work Programmes is set out in Appendix 2.

9. Targets

For each of the individual elements of each proposal LIAGs have established and agreed targets for achievement resulting from their planned interventions. These targets will go beyond the period of IDF funding availability.

Targets agreed focus on outcomes and impact, rather than inputs or processes. What this means is that proposals which set targets that were described as, for example, the number of staff employed, the number of clients engaged with, or the number of meetings held were regarded less favourably than proposals which focused on clear outcomes for individuals and targeted groups

Clear outcomes for individuals included, for example; improvements in educational performance, increases in real numbers of young people entering higher education or full time employment or, reductions in numbers of children suspended or expelled from school.

10. Evaluation

Quaesitum, Independent Evaluation and Research were commissioned in August 2007 to carry out an independent evaluation of the Integrated Services for Children and Young People Programme delivered by BELB on behalf of HAZ. Terms of Reference were agreed for the evaluation and the First Interim Evaluation Report which is reflective of activities up to 30 April 2008 has now been published⁵.

11. Programme Legacy

By 2011, the Integrated Services for Children and Young People Programme will have taken crucial steps to improve the life chances of children and young people, measured and demonstrated by raised aspiration, increased achievement levels, a commitment to 'life long learning' and an increase in employability. In years to come this will lead to the taking up of new lifetime opportunities and the possibility that a long-standing cycle of disadvantage can be broken. The Programme will have created a legacy of a comprehensive and integrated approach to all aspects of the lives of children and young people, and those within and beyond their families who have influence on them.

¹ OFMDFM (2005) Poverty and Social Exclusion Project, Bulletin No1. Lone Parent Households in Northern Ireland.

² for further information please visit www.allchildrenni.gov.uk

³ www.everychildmatters.gov.uk; and www.cwdcouncil.org.uk/projects/integrated-working.htm

⁴ HAZ (2009) Integrating Services - a Practical Framework

⁵ HAZ (2009) Integrated Services for Children and Young People - First Interim Evaluation

Appendix 1

Health Action Zone Integrated Services for Children and Young People – Project Board

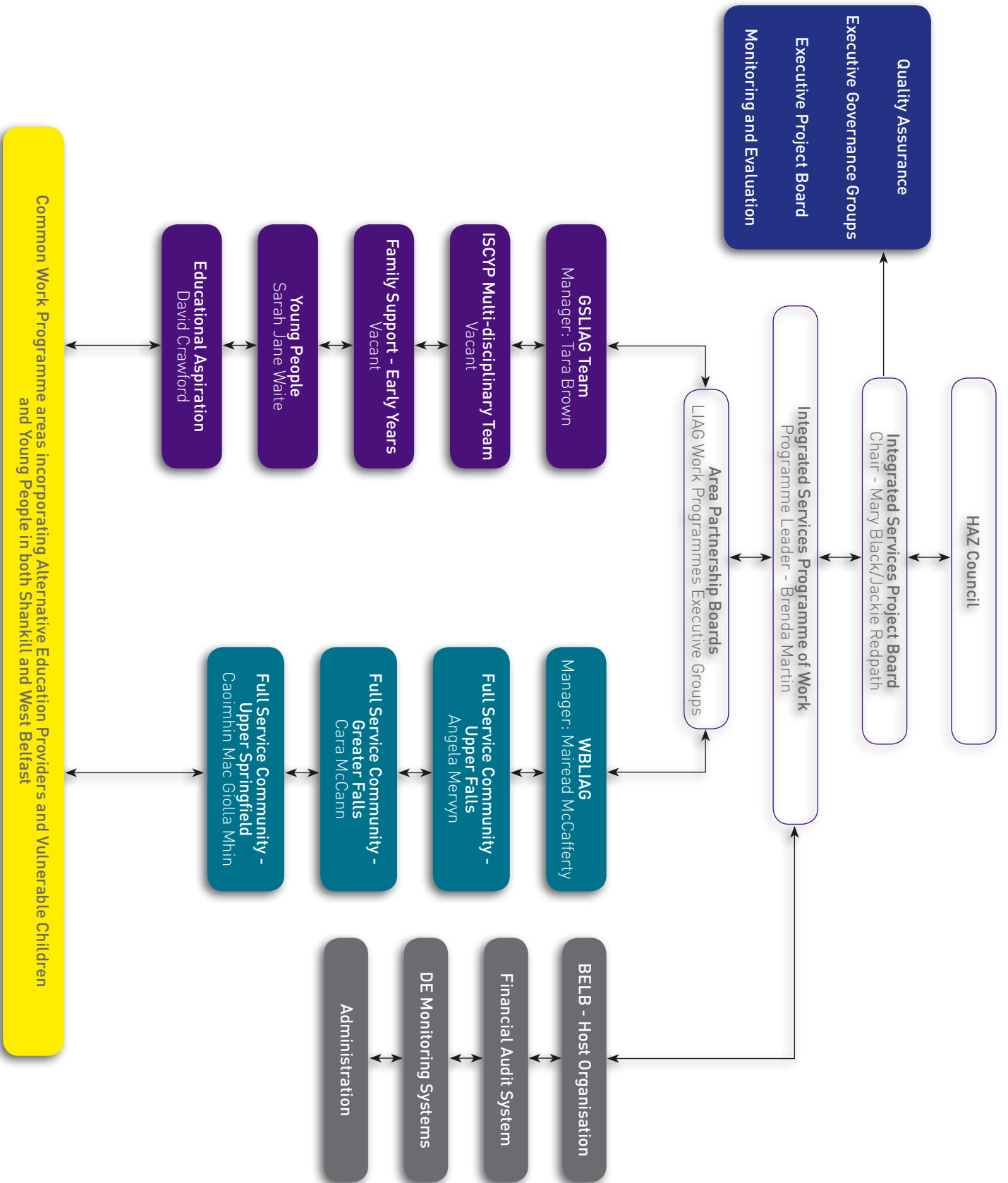
Current membership

Mary Black	Public Health Agency, Health Action Zone (Joint Chair)
Ritchard Brazil	Public Health Agency, Health Action Zone
Betty Carlisle	Greater Shankill Partnership
Alan Cowie	Health and Social Care Board
Harriet Ferguson	Department for Employment & Learning
Dr Eddie Jackson	Belfast City Council
Geraldine McAteer	West Belfast Partnership Board
Elaine McCarthy	Public Health Agency, Health Action Zone
Graeme McKimm	Business in the Community
Terry Murphy	Council for Catholic Maintained Schools
Danny Power	West Belfast Partnership Board
Jackie Redpath	Greater Shankill Partnership (Joint Chair)
Jill Trotter	Belfast Education & Library Board
Nicola Verner	Greater Shankill Partnership
Lesley Walker	Belfast Health and Social Care Trust

Previous membership

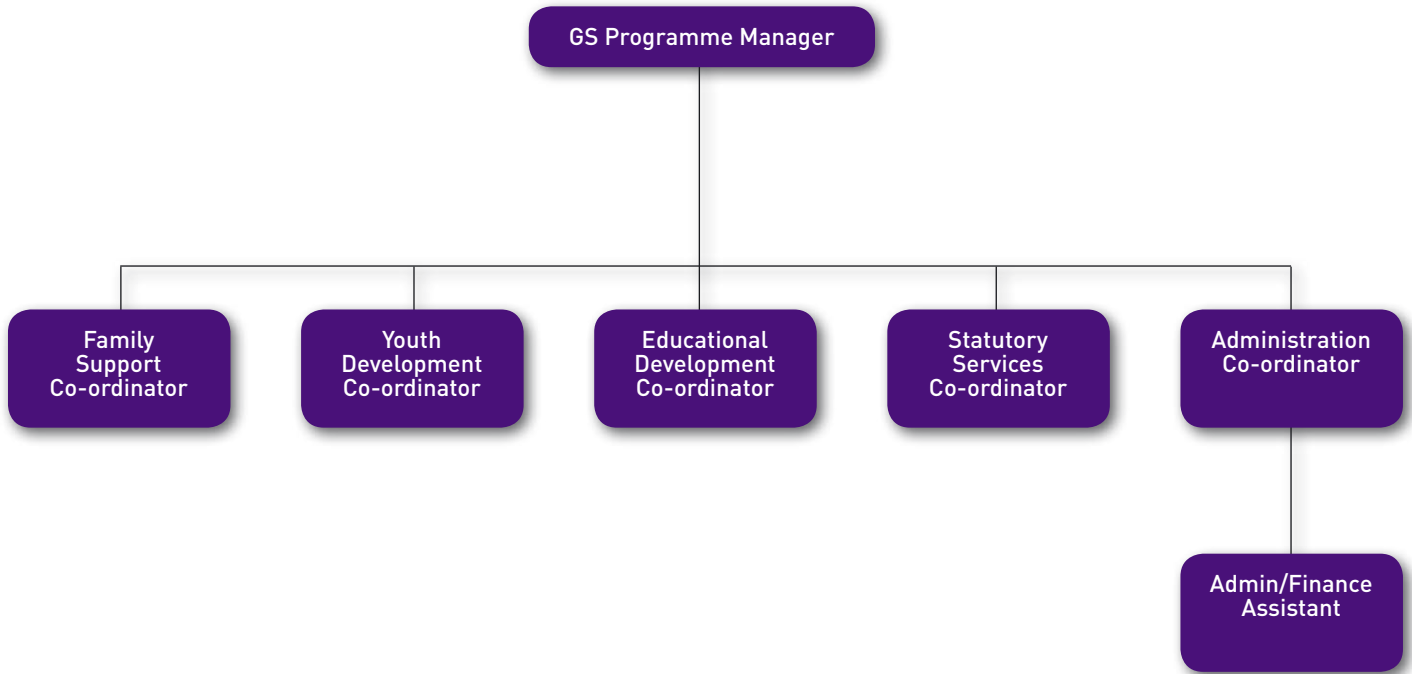
John Growcott	Belfast Health and Social Care Trust
Gerry Mulholland	Belfast Education and Library Board
Peter McBrien	Belfast Health and Social Care Trust
Chris Quinn	Belfast City Council
Noel Rooney	West Belfast Partnership Board
Blanche Thompson	Belfast City Council
Deirdre Timoney	Business in the Community
Sarah Jane Waite	Greater Shankill Partnership
Cecil Worthington	Belfast Health and Social Care Trust

Appendix 2 - Relationship Chart

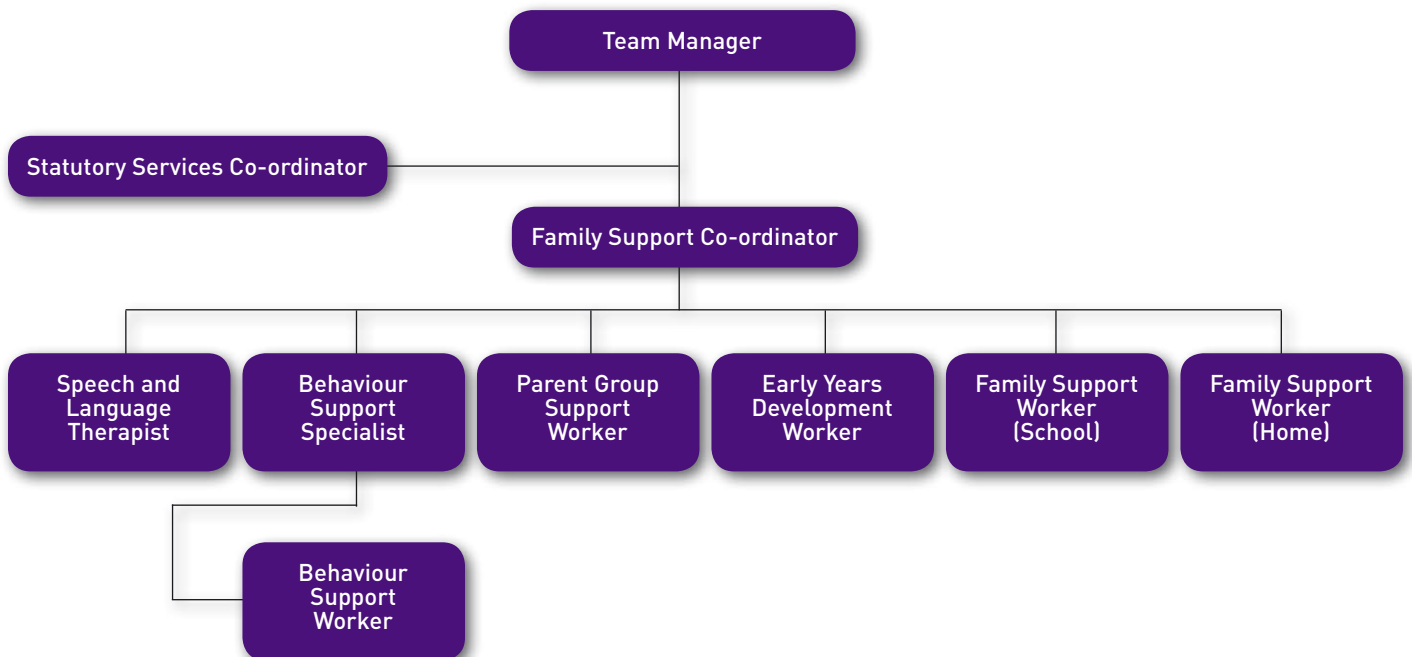


OPERATIONAL STRUCTURES

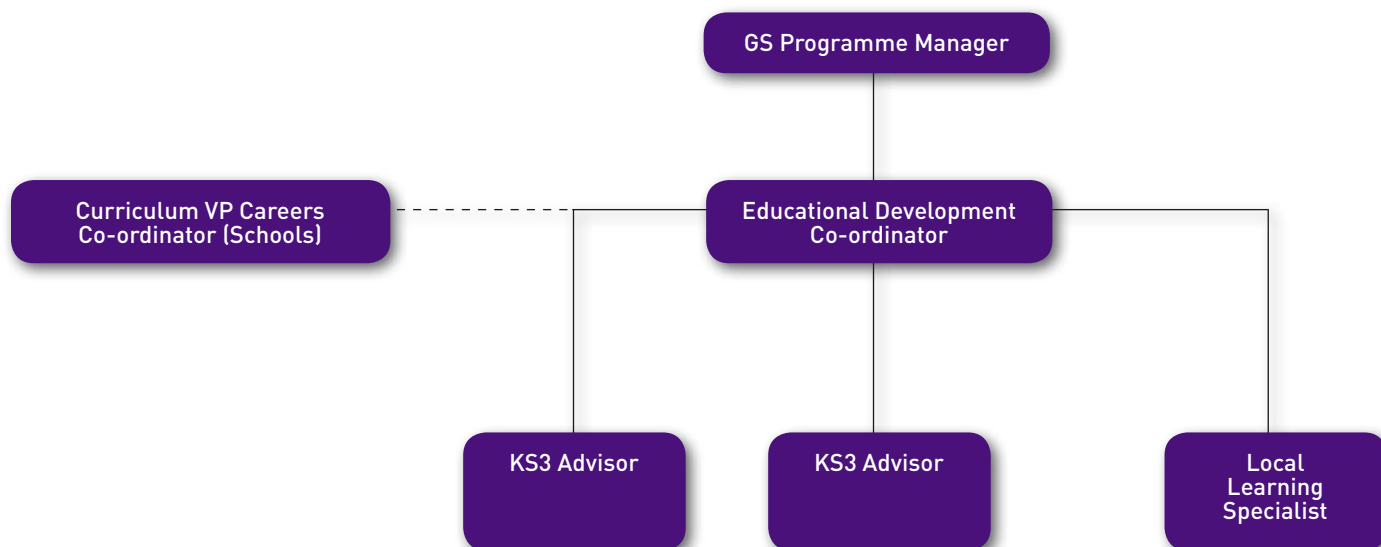
Appendix 3 - Multi-disciplinary Teams, Greater Shankill



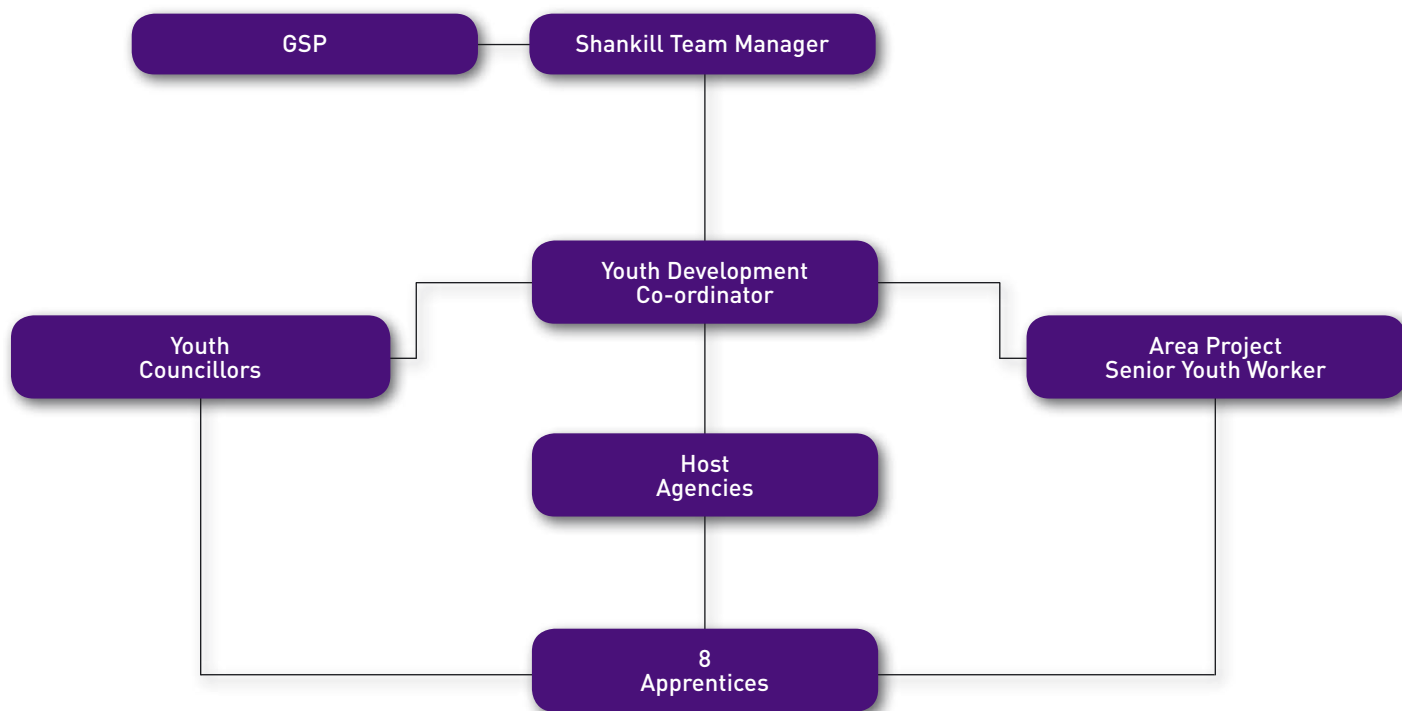
Appendix 4 - Early Years



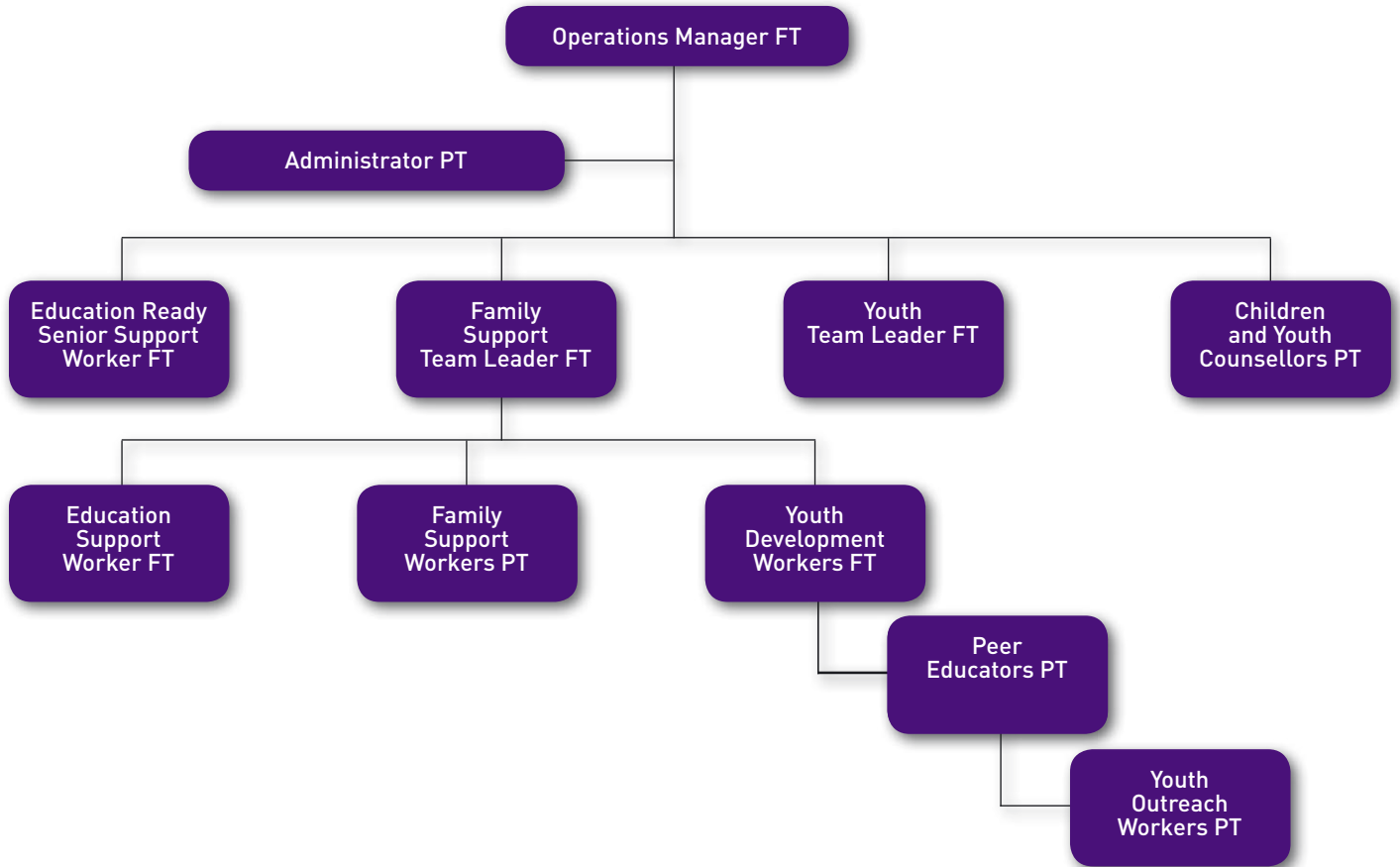
Appendix 5 - Educational Aspirations



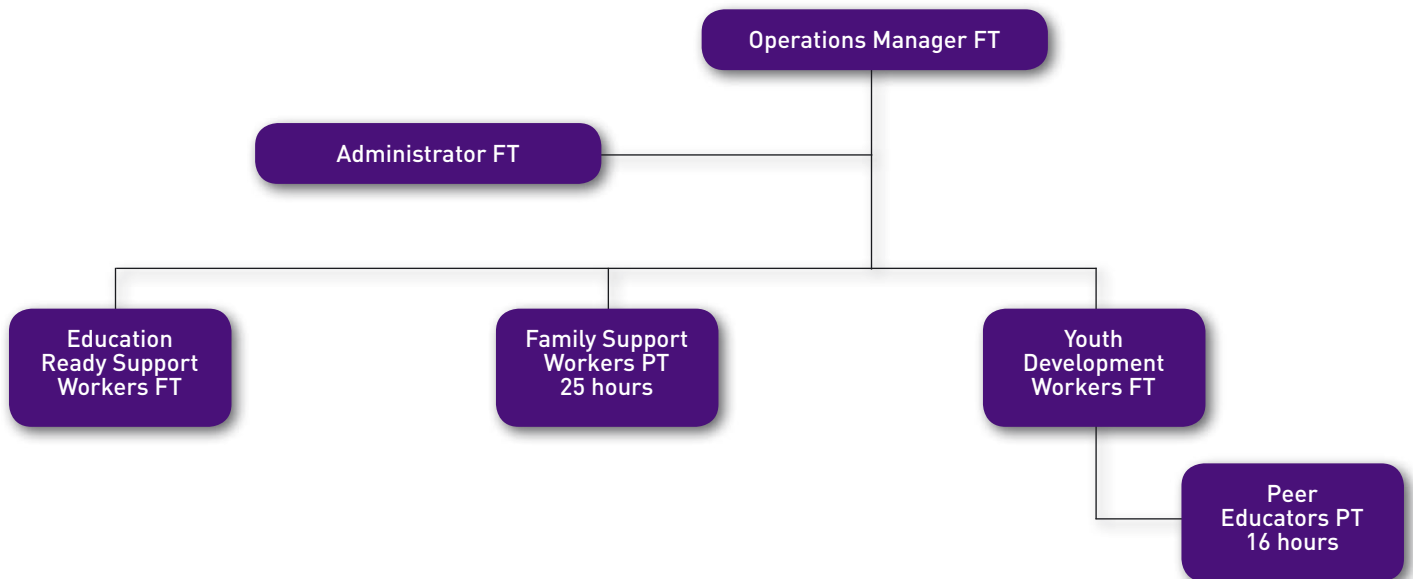
Appendix 6 - Greater Shankill Integrated Services Youth



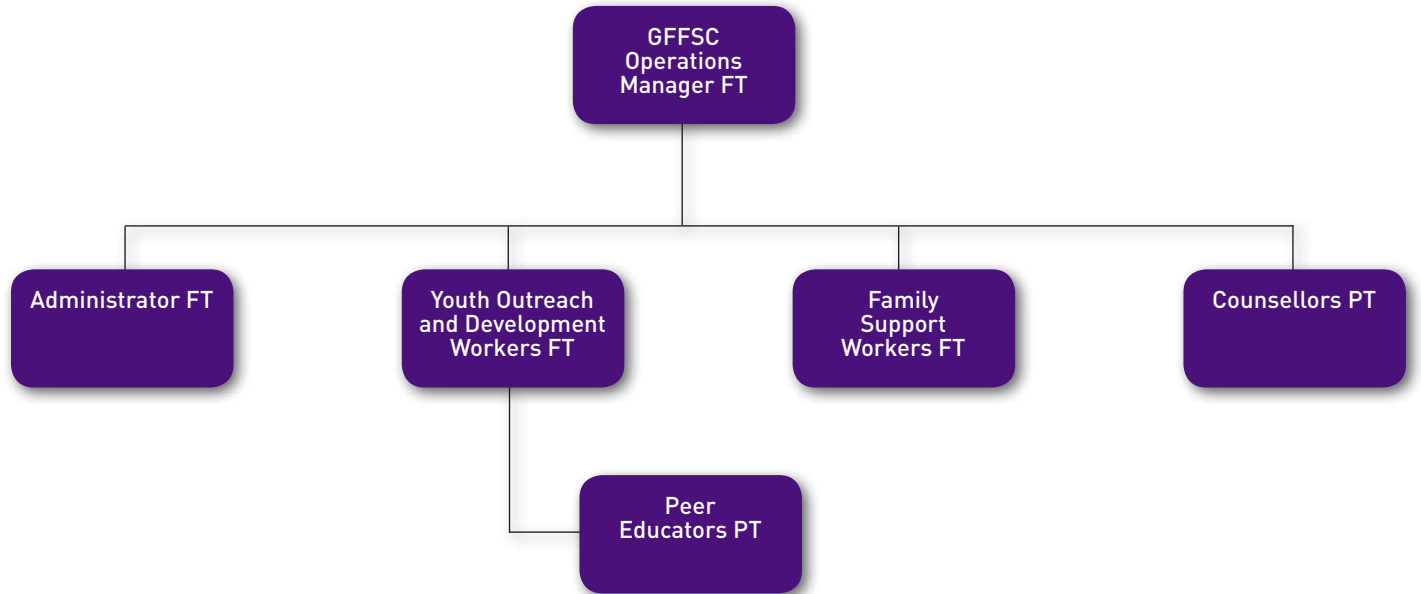
Appendix 7 - Full Service Community - Upper Falls



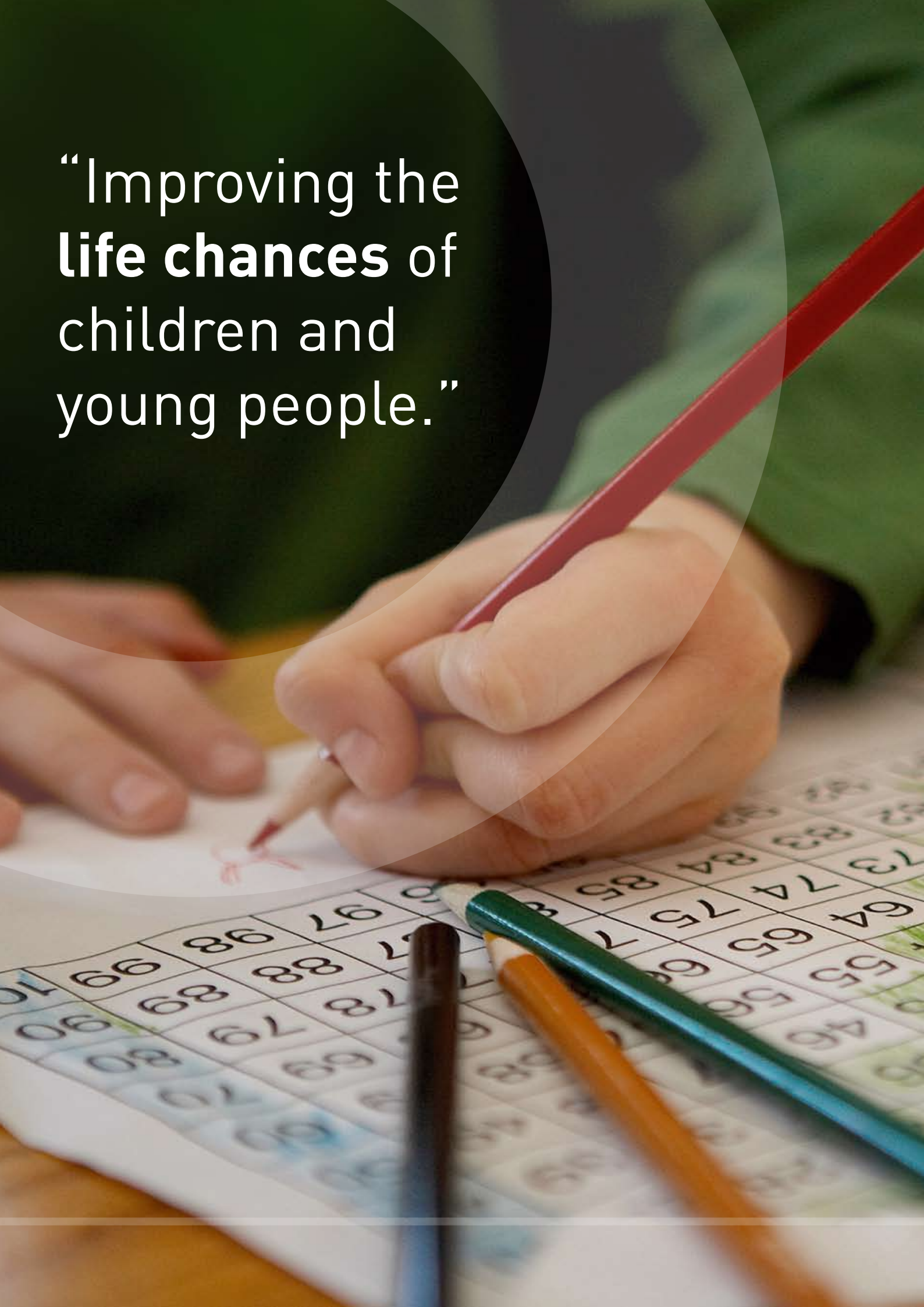
Appendix 8 - Full Service Community - Upper Springfield



Appendix 9 - Full Service Community - Greater Falls



“Improving the **life chances** of children and young people.”



Belfast Education and Library Board

Integrated Services Programme

40 Academy Street

Belfast

BT1 2NQ

Tel: 028 9056 4259

Fax: 028 9056 4078

www.belb.org.uk

Belfast Health Action Zone

Public Health Agency

Haz Offices

16 College Street

Belfast

BT1 6BX

Tel: 028 9023 7026

Fax: 028 9023 7452

www.haz-belfast.org

