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### Children's Services Co-operation Act (Northern Ireland) 2015

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This paper provides an overview of the Children's Services Co-operation Act (Northern Ireland) 2015. It commences with an introduction to co-operation and then turns to the enablers and barriers of effective co-operation. The paper presents some examples of co-operation in education in Northern Ireland, and considers whether the full potential of the Act is being realised.

This information is provided to Members of the Legislative Assembly (MLAs) in support of their duties, and is not intended to address the specific circumstances of any particular individual. It should not be relied upon as professional legal advice, or as a substitute for it.

## Contents

Key Points	3
1 Co-operation – definitions and purpose	6
2 Barriers and enablers to co-operation	7
3 The Children’s Services Co-operation Act (Northern Ireland) 2015	11
3.1 Duty to co-operate to improve children and young people’s well-being	12
3.2 Well-being of children and young people	12
3.3 Sharing of resources and pooling of funds	13
3.4 Children and Young People’s Strategy	14
3.5 Report on the operation of the Act	16
3.6 Programme for Government	17
3.7 Provision to bring forward guidance on the implementation of the Act	17
3.8 Management and implementation structures	19
3.9 Other relevant legislation	20
4 Examples of co-operation in practice	21
4.1 Emotional Health and Wellbeing in Education Framework	21
4.2 The Transition of Young People into Careers (14-19) Project	22
4.3 ‘A Life Deserved: “Caring” for Children and Young People in Northern Ireland’ Strategy	23
4.4 Early Intervention Transformation Programme (EITP)	24
5 Is the full potential of the CSCA being realised?	26
5.1 Gaps are particularly acute in the area of SEND provision	28
5.2 Recommendations from independent review and inspection	30
6 Legislation in the rest of the UK	34
6.1 England	34
6.2 Wales	37
6.3 Scotland	38

## Key Points

The Children's Services Co-operation Act (Northern Ireland) 2015 (CSCA) came into effect in December 2015. It requires co-operation between Children's Authorities and other children's service providers in order to contribute to the well-being of children and young people. Children's Authorities are empowered, although not required, to share funds and other resources in service of this co-operation.

The CSCA contains a number of duties; these are placed on either Children's Authorities or the Northern Ireland Executive and relate to co-operation, the development of a Children and Young People's Strategy (CYPS) and reporting on the operation of the Act. This includes a requirement on the Executive to take account of the most recent report on the operation of the Act when preparing a Programme for Government (PfG). The Act enables the Executive to issue guidance to Children's Authorities on the exercise of functions conferred by the Act. This power was transferred to the Department of Education (DE) when the Northern Ireland Government Departments were restructured in May 2016.

A wide variety of terms are used to define co-operation. Examples from the literature are highly context specific and have different objectives, processes, and structures. As such, long-term outcomes of co-operation are challenging to evidence. The benefits of co-operation are regularly cited in terms of increased efficiency and effectiveness of services, and improved communication and collaboration which, in turn, can contribute to improved outcomes. Cross-sectoral partnerships are deemed integral for improving outcomes for children with special educational needs and disabilities (SEND).

In recent years, the DE has collaborated with other departments to design and implement policies, frameworks and strategies. However, the Northern Ireland Commissioner for Children and Young People, Children's Law Centre and others have been critical of the Act's implementation, suggesting that, "co-operation in the delivery of services for children remains the exception rather than the rule", and that there is a "minimal" and "piecemeal" approach to the pooling of resources. The provision of SEND is consistently highlighted as an

area that requires enhanced collaborative efforts. Recent reports on SEND, which post-date the enactment of the Act, highlight poor coordination and communication between education and health in the identification, diagnosis, assessment and implementation of support for children with SEN, and in transition planning.

'Investing in a Better Future' - the Independent Review of Education, and 'A Fair Start' Report and Action Plan have also made recommendations for improved co-operation.

'A Fair Start' found evidence of the need for more joined-up working between departments, local government and voluntary and community sectors in their approach to issues associated with educational underachievement. The report noted a tendency for government departments' policies and programmes to be developed in silos, and a high likelihood that government departments "pay lip service" to the CSCA and CYPS.

'Investing in a Better Future' recommends greater partnership working in the areas of early childhood services, SEN, and emotional health and wellbeing. It further recommends the creation of an integrated service-delivery body across health and education and others, with responsibility for all essential services a learner may require throughout their education journey. The Review of Children's Social Care Services in Northern Ireland makes a similar recommendation for a region-wide statutory children's social care agency. This Review found that current children's social care service arrangements are seen to be fragmented and inconsistent across Northern Ireland.

Co-operation between departments and agencies is not without its challenges. Difficulties can arise where there is insufficient planning, and lack of partnership engagement, 'buy-in', clarity of vision, accountability, and resource. Further challenges can be encountered in the absence of joint protocols and guidelines, systems and processes. Repeated sources highlight the importance of shared data and information in facilitating effective co-operation.

Importantly, sources suggest that legislation is insufficient if not accompanied by a framework that guides practice. The literature suggests that successful

delivery is reliant on structural, cultural and leadership factors below the statutory duty to co-operate. Similar legislation to the Children's Services Co-operation Act (Northern Ireland) 2015 exists in the other parts of the UK and requires for co-operation and the enabling of 'shared resources' between children's services. In some instances, such as in Wales, secondary regulation has been brought in to regulate and enforce the existing partnership arrangements, and require partnership bodies to establish and maintain a regional pooled fund in the exercise of family support and some functions for older people.

The CSCA empowers the Department of Finance (DoF) to make provision through regulations for procedures to be followed by Children's Authorities when sharing resources or pooling funds. However, to date, no such regulations have been brought forward. In response to a query from RalSe, DoF stated that it is not minded, at this time, to issue regulations on pooled budgets.

# 1 Co-operation – definitions and purpose

A variety of terms are used to describe co-operation, often inconsistently or interchangeably. This includes collaboration, coordination, partnership, inter-agency working, cross-departmental working, joined up government, and integration, amongst others.

Regardless of definition, key features include joint working between agencies, with the purpose of increasing public value, creating synergy, and with an emphasis on negotiated process<sup>1</sup>. Practices can occur at different levels of service: for example, strategically in determining policy or service planning and commissioning; operationally for delivery of an integrated service, or at the level of individual clients<sup>2</sup>. Guidance on the Children’s Services Co-operation Act (Northern Ireland) 2015 states that, irrespective of the term used, the objective of the Act is to improve the well-being of children and young people through better co-operation<sup>3</sup>.

Long-term outcomes of co-operation are challenging to evidence. This is partly due to variations in the terminology used to define co-operation, and that practices are highly context specific and operate at various levels, with different objectives, mechanisms and structures. It can be difficult to distinguish whether outcomes have arisen as a result of collaborative practices or of projects initiated by collaboration<sup>4</sup>.

Much of the literature points to the benefits of interdepartmental and interagency co-operation in terms of increased efficiency and effectiveness of services. Factors such as better communication and co-ordination between practitioners through information sharing and collaboration can contribute to

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<sup>1</sup> L Boydell, [A review of effectiveness of interagency collaboration at the early intervention stage](#) (2015)

<sup>2</sup> As cited immediately above

<sup>3</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children’s Services Co-operation Act \(Northern Ireland\) 2015](#) (2022) p10

<sup>4</sup> As cited in footnote [1](#), p4 and p19

improved outcomes<sup>5</sup>. Some of the benefits cited for children, young people and families include improved access to services; referral to more appropriate services; a more seamless service; and better information and communication with professionals<sup>6</sup>. It is noted that a holistic view of childhood and a ‘whole of government’ approach is necessary to ensure the protection and welfare of children<sup>7</sup>. It is widely recognised that cross-sectoral partnerships are key in improving outcomes for children with special educational needs and disabilities (SEND) and that the most effective approaches for children with SEND entail professionals from different disciplines working together in the provision of services<sup>8</sup>.

## 2 Barriers and enablers to co-operation

### 2.1 Barriers

Co-operation between departments and agencies is not without its challenges. The literature notes that difficulties can arise, for example, when departments and agencies have separate accountability and funding arrangements<sup>9</sup>, which can lead to difficulties co-ordinating or pooling budgets and sharing resources<sup>10</sup>. Information governance and data sharing issues can also contribute to difficulties in sharing information and intelligence<sup>11,12</sup>, particularly in the absence

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<sup>5</sup>CELCIS, [Children's Services Reform Research: Learning and Implications for Scotland - Concluding Report](#) (2023)

<sup>6</sup>As cited in footnote 1, p19

<sup>7</sup>C Devaney et al., [A review of international experiences in relation to the implementation of a statutory duty for interagency collaboration to ensure the protection and welfare of children](#) (2021)

<sup>8</sup>S Castro-Kemp and A Samuels, [Working together: A review of cross-sector collaborative practices in provision for children with special educational needs and disabilities](#), *Research in Developmental Disabilities* (2022) Vol 120

<sup>9</sup>H Crocker et al., [Measuring the benefits of the integration of health and social care: qualitative interviews with professional stakeholders and patient representatives](#), *BMC Health Services Research* (2020) Vol 20: 515

<sup>10</sup>V Baxter et al., [Lessons learnt while integrating services for children: qualitative interviews with professional stakeholders](#), *BMC Health Services Research* (2023) 23: 323

<sup>11</sup>B Byrne, L Maguire and L Lundy, [Reporting on Best Practice in Cross-departmental Working Practices for Children and Young People](#) (2015)

<sup>12</sup>Children's Commissioner England, [Local integration of services - Annex A](#) (2022)

of integrated or shared data systems, relevant protocols, and clarity on how information sharing can be facilitated<sup>13,14</sup>.

Challenges can further arise where there is insufficient planning<sup>15,16</sup>; ineffective protocols and guidelines<sup>17</sup>, or a lack of formal working arrangements (including policies and procedures)<sup>18</sup> to support different services to work together in a more coordinated and collaborative way. It is suggested that guidelines should clarify the outcomes to issue(s) to be addressed; the relevant agencies involved; and how it is anticipated that any issues will be addressed through collaboration. Importantly, sources suggest that legislation is insufficient if not accompanied by a framework that guides practice<sup>19</sup>.

Collaborative working can be met with resistance, particularly amidst time pressures and in the case of increased workload, admin, and/or bureaucracy arising from partnership arrangements<sup>20</sup>. The literature reflects that such challenges can be exacerbated if there are high external expectations about the pace of change<sup>21</sup>. Collaborative efforts can be further hindered in the absence of effective communication and leadership. Leaders and practitioners require time, resources and support to develop and maintain strong multi-agency relationships<sup>22</sup>.

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<sup>13</sup>The Children and Young People's Health Policy Influencing Group, [Integrated Care Systems and the health needs of babies, children and young people](#) (2024)

<sup>14</sup> As cited in footnote 11

<sup>15</sup> As cited in footnote 5

<sup>16</sup> As cited in footnote 13

<sup>17</sup>As cited in footnote 7

<sup>18</sup>Health Information and Quality Authority and the Mental Health Commission, [Key considerations to inform the National Policy Framework for Children and Young People 2023 - 2028](#) (2023)

<sup>19</sup>As cited in footnote 7

<sup>20</sup>As cited in footnotes 7 and 11

<sup>21</sup>As cited in footnote 10

<sup>22</sup>As cited in footnote 5

Other barriers include lack of resources such as necessary funding, staffing and time<sup>23</sup>, and workforce issues, such as recruitment and retention<sup>24,25</sup>. Challenges can also arise if staff are not equipped to effectively work in an interagency capacity<sup>26</sup>. The literature further states that collaborative practices can be hindered by cultural differences between partners, mistrust, resistance to change, poor morale, and a lack of strategic buy-in<sup>27,28</sup>. Professional identity concerns<sup>29,30</sup>, lack of clarity on accountability<sup>31</sup> and lack of clarity about individual roles can further hamper collaborative efforts<sup>32</sup>.

## 2.2 Enablers

Repeated sources<sup>33</sup> highlight the necessity for a shared strategic vision, which is 'owned' by and well-understood across partnerships at all operational levels. Partnership engagement and collaboration, and the importance of building trust and relationships between partners, are seen as key success factors to ensure efficiency, improvement in services and integration across sectors<sup>34</sup>.

Strong governance and leadership are also highlighted as key in enabling effective relationships<sup>35</sup>, supporting collaboration across service and system

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<sup>23</sup>As cited in footnote 7

<sup>24</sup>As cited in footnotes 10 and 11

<sup>25</sup> Department of Health and Social Care, [Policy paper - Health and social care integration: joining up care for people, places and populations](#) (2022)

<sup>26</sup>As cited in footnote 7

<sup>27</sup> Home Office, [Multi Agency Working and Information Sharing Project – Final report](#) (2014)

<sup>28</sup> As cited in footnotes 7 and 11

<sup>29</sup> H Richardson, 'Professional identity as a barrier to inter-agency working? A meta-ethnography of research conducted with professionals working in UK children's services' *Journal of Children's Services* (2023) Vol. 18, Issue 2, p104 – 120

<sup>30</sup> As cited in footnote 11

<sup>31</sup> As cited in footnote 27

<sup>32</sup>As cited in footnotes 7 and 11

<sup>33</sup> Multiple sources cited throughout this section

<sup>34</sup> Multiple sources cited throughout this section

<sup>35</sup> As cited in footnotes 7, 11, 18

boundaries<sup>36</sup>, and building partner engagement and commitment<sup>37</sup>. Some of the identified skills of collaborative leadership include:

- an ability to work collaboratively around a common agenda;
- sound judgment on removing and challenging organisational boundaries;
- a strong focus on and plan to deliver outcomes, based on shared data and a holistic understanding of needs; and
- an ability to listen to people who draw on services<sup>38</sup>.

Other sources emphasise the importance of a partnership approach which is based on, and adaptable to, local needs<sup>39</sup>; engages with children, families and communities<sup>40</sup> in service design and implementation; and is focused on child outcomes<sup>41</sup>.

The literature also points to the importance of joint protocols and guidelines which reflect lines of accountability, the statutory requirements, the scope of each agency, and available resources to support the collaboration<sup>42</sup>. The benefit of established systems and processes including, for example, related to admin, implementation, and data analysis, are further noted<sup>43</sup>. Repeated sources reflect on the role of shared data and information in facilitating effective co-operation<sup>44</sup>. Sources further highlight the need for: clarity on expectations for information sharing between children's services and how barriers will be overcome; clarity on the type of information/data to be collected; a common means of information sharing; shared access to data; and mechanisms to

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<sup>36</sup> As cited in footnote 5

<sup>37</sup> As cited in footnote 10

<sup>38</sup> As cited in footnote 25

<sup>39</sup> Ofsted, [The multi-agency response to children and families who need help](#) (2023)

<sup>40</sup> As cited in footnote 13

<sup>41</sup> As cited in footnotes 10, 12

<sup>42</sup> As cited in footnote 7

<sup>43</sup> As cited in footnote 10

<sup>44</sup> Multiple sources cited throughout this section

monitor implementation, outcomes and impact. Sources also highlight a need for shared training and guidance<sup>45</sup>.

The effectiveness of co-operation is perceived to be highly influenced by the ability of a workforce to support children and families effectively<sup>46</sup>. Workforce planning and development are therefore identified as important levers to effective co-operation<sup>47</sup>. Source suggest that this can be facilitated through effective support, guidance and supervision<sup>48</sup>, cross-sector training and learning; review of barriers (regulatory and statutory) to the flexible deployment of staff across sectors; and the development of local workforce forums to identify and build on good practice<sup>49</sup>.

### 3 The Children's Services Co-operation Act (Northern Ireland) 2015

The Children's Services Co-operation Act (Northern Ireland) 2015 ('the CSCA') came into effect in December 2015. Prior to the Act's introduction, inadequate co-operation at central government level was identified as a main barrier to effective government delivery for children and young people in Northern Ireland<sup>50</sup>. Multiple recommendations from the children's sector called for stronger legislation to require those responsible for children's services in Northern Ireland to co-operate to improve provision for children and young people<sup>51</sup>. Research also found that the infrastructure of Northern Ireland's

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<sup>45</sup> As cited in footnotes 10, 11, 13

<sup>46</sup> As cited in footnote 39

<sup>47</sup> As cited in footnotes 10 and 25

<sup>48</sup> As cited in footnote 7

<sup>49</sup>As cited in footnote 25

<sup>50</sup>B Byrne and L Lundy, [Barriers to Effective Government Delivery for Children in Northern Ireland](#) (2011) p42, p68

<sup>51</sup> [Children's Services Co-operation Act \(NI\)](#) 2015, Explanatory Notes

funding system prevented opportunities for pooled funding between departments on cross-cutting children's issues.<sup>52</sup>

This section contains an overview of the CSCA's key provisions.

### 3.1 Duty to co-operate to improve children and young people's well-being

The CSCA<sup>53</sup> requires 'Children's Authorities'<sup>54</sup> to co-operate with each other, and with other children's service providers<sup>55</sup>, in the exercise of their 'children's functions'<sup>56</sup>. The Northern Ireland Executive must arrange this co-operation, and each children's authority must co-operate with the Executive in creating these arrangements.<sup>57</sup> This co-operation is expressly in service of 'improving the well-being of children and young persons'<sup>58</sup>.

### 3.2 Well-being of children and young people

The 'well-being' of children and young people is defined for the purposes of the Act in terms of eight broad characteristics<sup>59</sup>:

- a) Physical and mental health.
- b) The enjoyment of play and leisure.
- c) Learning and achievement.

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<sup>52</sup> B Byrne and L Lundy, [Barriers to Effective Government Delivery for Children in Northern Ireland](#) (2011) p69

<sup>53</sup> [Children's Services Co-operation Act \(NI\)](#) 2015, Section 2

<sup>54</sup> These are all Northern Ireland Executive Departments, councils, Health and Social Care Trusts, the Public Health Agency, the Education Authority, the Housing Executive, the PSNI and the Probation Board.

<sup>55</sup> Children's service providers can comprise a wide group of stakeholders including the voluntary and community sectors, schools and youth groups etc. Section 9(1) defines children's service providers as "any person or body, of whatever nature, who provides a children's service or is engaged in activities which contribute to the well-being of children or young persons (but does not include a children's authority)".

<sup>56</sup> Children functions are any functions which may contribute to the well-being of children and young people

<sup>57</sup> As cited in footnote 53

<sup>58</sup> As cited in footnote 53, [section 1](#)

<sup>59</sup> As cited immediately above

- d) Living in safety and with stability.
- e) Economic and environmental well-being.
- f) The making by them of a positive contribution to society.
- g) Living in a society which respects their rights.
- h) Living in a society in which equality of opportunity and good relations are promoted between persons who share a relevant characteristic and persons who do not share that characteristic (i.e. Section 75 characteristics, in the Northern Ireland Act 1998).

In determining the meaning of children's wellbeing, the CSCA states that regard is to be had to the relevant provisions of the United Nations Convention on the Rights of the Child<sup>60</sup> (UNCRC).

### 3.3 Sharing of resources and pooling of funds

Children's Authorities are empowered, but not required, to share resources and pool funds in service of this co-operation. The CSCA contains an enabling power for Children's Authorities to provide staff, goods, services, accommodation or other resources to another Children's Authority, and to make contributions to a fund from which relevant payments may be made to contributing authorities in the delivery of their functions relevant to the co-operation involved<sup>61</sup>.

The CSCA further empowers the Department of Finance (DoF) to make provision through regulations for procedures to be followed by Children's Authorities when sharing resources or pooling funds<sup>62</sup>. However, to date, no such regulations have been brought forward. RaiSe asked DoF whether it had any plans to introduce regulations about procedures to be followed by Children's Authorities in the sharing of resources or pooling funds. DoF responded that it is not minded, at this time, to issue regulations on pooled budgets. It stated that there is a broad spectrum of options for partnership

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<sup>60</sup> As cited in footnote 53, [section 1\(4\)](#)

<sup>61</sup> As cited in footnote 53, [section 4](#)

<sup>62</sup> As cited in footnote 53, [section 8](#)

working to improve local co-operation and noted that it is better that each opportunity is considered on a case-by-case basis to avoid restricting innovative approaches<sup>63</sup>.

### 3.4 Children and Young People's Strategy

The CSCA further requires the Executive to adopt a Children and Young People's Strategy (CYPS)<sup>64</sup>. The Strategy must set out the outcomes that the Executive intends to achieve in order to improve the wellbeing of children and young people; what actions will be taken by departments (among others) to achieve the outcomes; and how it will be determined whether, and to what extent, the outcomes have been achieved<sup>65</sup>. Whilst the Department of Education (DE) has lead responsibility in coordinating the delivery of the Strategy, and for liaising with departments on behalf of the Executive, all departments have a role in its delivery.

The CYPS<sup>66</sup> was adopted by the Executive on 10 December 2020 and published in January 2021. The aim of the CYPS is to work together to improve the well-being of children and young people living in Northern Ireland and to achieve positive, long-lasting outcomes. The Strategy is designed to provide an overarching holistic structure to drive forward and monitor how departments are progressing the CYPS outcomes, which are consistent with the eight areas of well-being defined in the CSCA.

The CYPS has been developed using the Outcome Based Accountability (OBA) model. A range of population level indicators have been collated which DE notes could be used to measure whether and to what extent the eight CYPS wellbeing outcomes are being achieved. DE states that the indicators are being reviewed in consultation with the Northern Ireland Statistics and Research

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<sup>63</sup> Correspondence between RalSe and Department of Finance officials, 15-29 March 2024

<sup>64</sup> As cited in footnote 53, [section 3](#)

<sup>65</sup> As cited in footnote 53, [section 3\(2\)](#)

<sup>66</sup> Northern Ireland Executive, [Children & Young People's Strategy 2020-2030](#) (2020)

Agency (NISRA) and will be considered by the Monitoring and Reporting Board prior to publication<sup>67</sup>.

The Strategy considers the 'areas of greatest focus' relative to each outcome area. These are issues and/or groups of children and young people that were prioritised by stakeholders as needing particular attention. The Strategy also sets out the main Children's Authorities and other partners who can work together to achieve the outcome<sup>68</sup>. Specific actions to deliver on the CYPS outcomes are set out in an accompanying delivery plan.

The first three-year Delivery Plan<sup>69</sup>, which spanned April 2021- March 2024, was published for consultation in January 2022. DE has indicated that comments received during the consultation will be taken into consideration for the next three-year Plan (April 2024 - March 2027)<sup>70</sup>.

The Plan contains a wide range of government policies, strategies, programmes and services relative to the CYPS outcomes. It focuses on actions to address the 'areas of greatest focus', i.e. the issues and groups of children and young people that were identified by stakeholders as requiring the greatest priority. Contribution to actions in the Delivery Plan are not limited to Children's Authorities; the Plan also identifies the partners who have a role in delivering on the actions.

DE has informed RaISe that work on an assessment of progress to date and the development of a new Delivery Plan for the period April 2024 - March 2027 is scheduled for later this year<sup>71</sup>.

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<sup>67</sup> Correspondence between RaISe and Department of Education officials, 14 March to 19 April 2024

<sup>68</sup> Northern Ireland Executive, [Children & Young People's Strategy 2020-2030](#) (2020) p29

<sup>69</sup> Northern Ireland Executive, [Children and Young People's Strategy Delivery Plan 2021 - 2024](#)

<sup>70</sup> Correspondence between RaISe and Department of Education officials, 14 March to 19 April 2024

<sup>71</sup> As cited immediately above

### 3.5 Report on the operation of the Act

The CSCA also places obligations on the Executive to prepare a report on the operation of the Act, 18 months after the Executive has adopted a CYPS and at three-year intervals thereafter, and to lay the report before the Assembly<sup>72</sup>. The first report was to be prepared by June 2022. In the absence of an Executive, the report was prepared but not published<sup>73</sup>.

The report must include statements on the actions taken by the Executive and all Government Departments to achieve the set outcomes; the progress made towards achieving these outcomes; how Children's Authorities and other children's service providers have co-operated with each other in the provision of children's services; how they have shared resources and pooled funds; and how the well-being of children and young people has improved<sup>74</sup>. The report must also identify any further opportunities for co-operation and any other ways in which well-being could be improved, including any ways the CYPS might be revised to contribute to those improvements<sup>75</sup>.

DE has lead responsibility for preparing the report on the operation of the Act on behalf of the Executive, however, all Children's Authorities are required to co-operate in its preparation. DE guidance provides an outline of the type of information to be collected from Children's Authorities to inform reporting<sup>76</sup>.

DE has informed RaISe that the first report is likely to be submitted for consideration by the Executive in the coming weeks. This report will relate to the period December 2020 – June 2022 and, as such, the position will have moved on. The next CSCA report is due June 2025<sup>77</sup>.

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<sup>72</sup> As cited in footnote 53, [section 5](#)

<sup>73</sup> Correspondence between RaISe and Department of Education officials, 14 March to 19 April 2024

<sup>74</sup> As cited in footnote 53, [section 5\(3\)](#)

<sup>75</sup> As cited in footnote 53, [section 5\(4\)](#)

<sup>76</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children's Services Co-operation Act \(Northern Ireland\) 2015](#) (2022) p21 and Appendix 1

<sup>77</sup> Correspondence between RaISe and Department of Education officials, 14 March to 19 April 2024

### 3.6 Programme for Government

The CSCA requires the Executive to take account of the most recent report on the operation of the Act when preparing a Programme for Government (PfG)<sup>78</sup>. Both the PfG and CYPS will use an OBA approach to monitoring, and it is anticipated that reporting structures will be aligned.

DE guidance makes clear that the CSCA, CYPS and forthcoming PfG should be considered as a holistic framework to improve the well-being of children and young people, rather than in isolation<sup>79</sup>. It is anticipated that improvements in the eight CYPS outcome areas can support the delivery of all the Outcomes in the draft PfG. Pending final decisions on the PfG content, it is expected that the CYPS Delivery Plan will be a key enabler in delivery of the PfG<sup>80</sup>.

On 8 April 2024, the First Minister outlined plans for a PfG to be in place for summer 2024<sup>81</sup>. Going forward, the Committee for Education may wish to review the extent to which the PfG considers any reporting on the CSCA.

### 3.7 Provision to bring forward guidance on the implementation of the Act

When originally enacted, the CSCA enabled the Office of the First and deputy First Minister to issue guidance on the Act's operation<sup>82</sup>. Following the restructuring of Northern Ireland Government Departments in May 2016, this guidance is now issued by the DE. Children's Authorities are required to have regard to the guidance<sup>83</sup>.

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<sup>78</sup> As cited in footnote 53, [section 6](#)

<sup>79</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children's Services Co-operation Act \(Northern Ireland\) 2015](#) (2022) p3

<sup>80</sup> Northern Ireland Executive, [Children and Young People's Strategy Delivery Plan 2021 - 2024](#) p3

<sup>81</sup> NIA OR 8 April 2024 [Vol. 157\(1\) p27](#)

<sup>82</sup> As cited in footnote 53, [section 7](#)

<sup>83</sup> As cited in footnote 53, [section 7\(2\)](#)

Guidance<sup>84</sup> was issued by the DE in 2018 and revised in March 2022. It aims to help Children's Authorities understand the provisions of the Act, the duties it places on them, and the actions they are expected to take to implement it. The guidance includes templates for Children's Authorities to complete in relation to the periodic reports on the operation of the Act, including actions, progress, co-operation and outcomes.<sup>85</sup>

The guidance isn't prescriptive on approaches to co-operation; it notes that approaches may be tailored dependent on the policy area, intended outcome(s), organisations involved, delivery mechanism, and target group. The guidance gives Children's Authorities the discretion to determine whether there are any services to co-operate on, or gaps to address, in the delivery of their children's functions<sup>86</sup>. However, the guidance instructs Children's Authorities to be 'proactive' in 'embedding' co-operation<sup>87</sup>. It sets out some of the guiding principles that Children's Authorities and other service providers should follow when developing, designing, commissioning or delivering services for children and young people<sup>88</sup>.

With regards to the pooling of budgets and resources, DE's guidance for Children's Authorities directs to further guidance from DoF including on Accountability and Financial Management, Procurement Policy and Guidance, and Public Expenditure Guidance. Children's Authorities are also advised to seek guidance from their relevant funding authority<sup>89</sup>. For NI Government departments and their arm's length bodies, any funding arrangements must

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<sup>84</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children's Services Co-operation Act \(Northern Ireland\) 2015](#) (2022)

<sup>85</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children's Services Co-operation Act \(Northern Ireland\) 2015](#) (2022) Appendix 1

<sup>86</sup> As cited in footnote 85, p10 - 11

<sup>87</sup> As cited in footnote 85, p11

<sup>88</sup> As cited in footnote 85, p13-14

<sup>89</sup> As cited in footnote 85, p23

comply with the public expenditure guidance issued by the DoF including, where relevant, guidance on public procurement<sup>90</sup>.

In addition, DoF In-Year Monitoring of Public Expenditure Guidelines contain the following advice with regards pooling of budgets:

Where provision has been established for the sharing of resources, such as the Children's Services Co-operation Act (Northern Ireland) 2015, departments should ensure that any arrangements established are consistent with public expenditure guidance issued by the Department of Finance. Departments should consult with Public Spending Directorate in the development of proposals for the sharing of resources<sup>91</sup>.

DoF states that it is also willing to advise on appropriate arrangements<sup>92</sup>.

DoF further advises that there are existing mechanisms in place to allow departments to pool budgets. These include through the technical transfer process or by submitting joint bids. DoF states that, given these existing mechanisms, it does not keep a record of instances of shared resources or pooled budgets by Children's Authorities<sup>93</sup>.

### 3.8 Management and implementation structures

A Children and Young People's Strategy Monitoring and Reporting Board has been established to promote greater collaboration and provide strategic direction on key policy issues affecting children and young people which require significant co-ordinated effort. The Board comprises senior officials from across all departments. The first meeting of the Board was held on 7 December 2023. The Board will consider what supporting structures are required to inform its work and ensure an inclusive approach to monitoring and reporting<sup>94</sup>.

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<sup>90</sup> As cited in footnote 89

<sup>91</sup> Department of Finance, [In-year monitoring of public expenditure - 2021-22 guidelines](#) (2021) p30; Correspondence between RaISe and Department of Finance officials, 15-29 March 2024

<sup>92</sup> Correspondence between RaISe and Department of Finance officials, 15-29 March 2024

<sup>93</sup> Correspondence between RaISe and Department of Finance officials, 15-29 March 2024

<sup>94</sup> Correspondence between RaISe and Department of Education officials, 14 March to 19 April 2024

Each Northern Ireland Government Department has a nominated Children's Champion whose role is to act as the senior point of contact for all issues relating to children and young people in their Department, including the CYPS and related PfG outcomes. They have a role in raising awareness of children and young people's issues and ensuring that children and young people's well-being is fostered throughout their Departments; overseeing the inclusion of actions relating to their department in the CYPS Delivery Plan, and the monitoring and reporting arrangements for progress against those actions<sup>95</sup>.

### 3.9 Other relevant legislation

The CSCA is not the only legislation which requires co-operation between public bodies and other partners.

The Children (Northern Ireland) Order 1995 provides for co-operation between Health and Social Care Trusts, the Education Authority (EA), councils, and the Northern Ireland Housing Executive in supporting the delivery of functions for children in need and their families<sup>96</sup>. The Children (1995 Order) (Amendment) (Children's Services Planning) Order 1998<sup>97</sup> requires every Health and Social Services Board to prepare and publish plans for the provision of children's services within its area and to keep those plans under review. The Children and Young People's Strategic Partnership (the CYPSP) was developed and supported by the Health and Social Care Board (HSCB)<sup>98</sup> to support the Children's Services Planning process. The CYPSP is a multi-agency strategic partnership, consisting of senior leaders of all key agencies across statutory,

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<sup>95</sup> Department of Education, [Improving the well-being of children and young people: Guidance on the Children's Services Co-operation Act \(Northern Ireland\) 2015](#) (2022) p9; Correspondence between RalSe and Department of Education officials, 14 March to 19 April 2024

<sup>96</sup> [The Children \(Northern Ireland\) Order 1995](#), section 46

<sup>97</sup> [The Children \(1995 Order\) \(Amendment\) \(Children's Services Planning\) Order \(Northern Ireland\) 1998](#)

<sup>98</sup> From 1 April 2022 the HSCB was replaced by the Department of Health's (DoH) Strategic Planning and Performance Group (SPPG)

voluntary and community sectors who have responsibility for improving outcomes for all children and young people in NI<sup>99</sup>.

The provisions of the Local Government Act (Northern Ireland) 2014<sup>100</sup> in respect of community planning<sup>101</sup>, also require local councils to work in partnership with other statutory bodies and agencies, including health, education, housing and justice, and the voluntary and community sector, to plan and provide for the social, economic, and environmental well-being of their area.

## 4 Examples of co-operation in practice

In recent years, the DE has collaborated with other departments to design and implement policies, frameworks and strategies. During the Covid-19 pandemic, this involved the cross-departmental Vulnerable Children and Young People's Plan<sup>102</sup> and Covid-19 Recovery Plan<sup>103</sup>. DE also worked jointly with the Department for Communities (DfC) to deliver the Direct Payment in lieu of Free School Meals and School Holiday Food Grant Payment Schemes<sup>104</sup> via ringfenced funding by the Executive.

This section highlights some other recent examples of cross-departmental co-operation involving education.

### 4.1 Emotional Health and Wellbeing in Education Framework

DE and the Department of Health (DoH) jointly published the Children and Young People's Emotional Health and Wellbeing in Education Framework in

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<sup>99</sup> CYPSP, [Children and Young People's Strategic Partnership](#)

<sup>100</sup> [Local Government Act \(Northern Ireland\) 2014](#), section 66

<sup>101</sup> Department for Communities, [Community Planning](#)

<sup>102</sup> Department of Health, [Consultation on cross-departmental Covid-19 Vulnerable Children and Young People's Plan](#) (2020)

<sup>103</sup> Northern Ireland Executive, [Building Forward: Consolidated Covid-19 Recovery Plan](#) (2021)

<sup>104</sup> Department for Communities, [Ministers take action in relation to Free School Meals payment](#) (2020)

February 2021<sup>105</sup>. The Framework aims to support a whole-school approach to emotional health and wellbeing; build capacity in educational settings through holistic and multi-disciplinary approaches; enhance children and young people's resilience; and provide early intervention support for children with emotional or mental health difficulties. The Framework is underpinned by an implementation plan<sup>106</sup> which sets out actions aligned to the Framework's priorities. Actions are the responsibility of partners across education and health, including DE, DoH, EA, ETI, PHA, and CCEA.

The Strategic Planning and Performance Group (SPPG), formerly known as the Health and Social Care Board (HSCB), is in the process of developing the 'Children and Young People's Emotional Health & Wellbeing Framework in Health'. It, and the Education Framework, are intended to join services together in a way that increases access and delivers an improved experience for children, young people and families. As such, the Frameworks will align with and complement each other<sup>107</sup>.

## 4.2 The Transition of Young People into Careers (14-19) Project

The Transition of Young People into Careers Project was established in January 2019 in order to develop a more strategic and joined up approach to 14-19 education and training provision. The Project is jointly funded and led by DE and the Department for the Economy (DfE) with supporting governance arrangements<sup>108</sup>.

In June 2022, DE and DfE published the 14-19 Framework entitled 'Developing a more strategic approach to 14-19 Education and Training - a framework to

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<sup>105</sup> Department of Education and Department of Health, [Children & Young People's Emotional Health and Wellbeing in Education Framework](#) (2021)

<sup>106</sup> Department of Education, [Emotional Health & Wellbeing in Education Framework - Implementation Plan](#)

<sup>107</sup> Department of Education, [Emotional Health and Wellbeing](#)

<sup>108</sup> Department of Education, [Transition of Young People into Careers](#)

Transform 14-19 Education and Training Provision'<sup>109</sup>. The Framework aims to improve awareness and understanding of the pathways through 14-19 education and training; to increase the efficiency and effectiveness of the 14-19 education and training system; and ensure opportunities for young people to learn about the full range of pathways and support them to make decisions that enable them to fulfil their potential<sup>110</sup>. It is anticipated that the Framework will encourage closer integration between education and training and economic policies, and provide a pathway to strengthen existing collaborative approaches to the 14-19 phase of education and training<sup>111</sup>.

The Framework sets out a series of strategic actions, grouped into five key themes. The strategic actions are underpinned by supporting actions which outline the short, medium, and long term activities to be delivered to ensure the overarching objectives and outcomes are achieved. The Framework document highlights the need for commitment and collaborative working between departments, arms-length bodies, schools, FE colleges, universities, and others, to ensure the Framework's successful implementation.

#### 4.3 'A Life Deserved: "Caring" for Children and Young People in Northern Ireland' Strategy

The 'A Life Deserved: "Caring" for Children and Young People in Northern Ireland' Strategy'<sup>112</sup> was jointly published by the DoH and DE in February 2021. The Strategy aims to improve the wellbeing of children and young people who are already in care, at risk of entering care and those who have recently left care. It sets out key issues and commitments to action under eight wellbeing

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<sup>109</sup> Department of Education and Department for the Economy, [Developing a more strategic approach to 14 – 19 education and training: a Framework to transform 14-19 education and training provision](#) (2022)

<sup>110</sup> Department for the Economy, [Developing a more strategic approach to 14-19 Education and Training - a framework to transform 14-19 Education and Training provision](#) (2022)

<sup>111</sup> Department of Education and Department for the Economy, [Developing a more strategic approach to 14 – 19 education and training: a Framework to transform 14-19 education and training provision](#) (2022) p3

<sup>112</sup> Department of Health and Department of Education, [A Life Deserved: "Caring" for Children and Young People in Northern Ireland' Strategy](#) (2021)

outcome areas consistent with the CYPS and CSCA. The Strategy was developed in collaboration with care-experienced children and young people and informed by carers, those who work directly with them or on their behalf across the statutory, voluntary and community sectors. Actions to deliver on the wellbeing outcomes require delivery across departments, agencies and sectors.

#### 4.4 Early Intervention Transformation Programme (EITP)

The Early Intervention Transformation Programme (EITP) represents a significant, longer-term collaborative initiative. EITP was one of three signature programmes developed through a collaboration between the NI Executive, five government departments (Health, Education, Justice, Communities, and Economy), and a private philanthropic foundation, Atlantic Philanthropies. It aimed to transform mainstream services for children, young people, and families, and improve outcomes, through embedding early intervention knowledge and applying evidence-based approaches to the commissioning and delivery of services<sup>113</sup>.

EITP ran between 2015-20 and was funded from a pooled budget of £25 million which included investment by the Departments, from central government funds through Delivering Social Change, and Atlantic Philanthropies. Investment was distributed across four workstreams involving 18 projects<sup>114</sup> which spanned universal health and education services, family based support, public law proceedings, the care system and prisons. Delivery was enabled through partnerships with departments, arms-length bodies and the Voluntary and Community Sector. Management and delivery structures included:

- a Programme Board, chaired by the DoH, to provide operational oversight and strategic direction;

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<sup>113</sup> Social Change Initiative, [Early Intervention Transformation Programme \(EITP\): Activities and Outcomes](#) (April 2020)

<sup>114</sup> Note that a 19th project - the Belfast Intensive Family Support Service - was brought under the EITP governance structures but was not funded via the pooled budget created for EITP

- a central team based within the DoH to co-ordinate programme management, finance, strategic learning & evaluation;
- an implementation team, comprised of skilled staff across government departments and ALBs to enable effective project implementation;
- development and support including technical expertise to develop and deliver projects<sup>115</sup>.

EITP was found to have positively impacted on the wellbeing of children, young people, and families, and to have enabled systemic change with regard public sector thinking on the value of early intervention, the use of evidence to support decision making, and greater collaborative working across services<sup>116</sup>.

Some of the key enablers of the programme's collaborative working approach were identified as a shared purpose; strong leadership; pooled multi-year funding; a cross-departmental programme board with shared decision making; and an element of independent or external scrutiny. An implementation team, drawn from participating departments and agencies to establish and maintain relationships at an operational and strategic level, was also identified as integral to the Programme's delivery<sup>117</sup>. The identified enablers are broadly consistent with those set out in section 2.2 of this paper.

Other lessons learned through EITP on 'what works' in the implementation of cross-departmental, cross-agency early intervention approaches includes:

- Effective impact measurement;
- Investment in co-design and planning;
- Capacity and commitment to data collection;
- Planning for and investing in sustainability;

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<sup>115</sup> Department of Health, [Early Intervention Transformation Programme \(EITP\) March 2014 - March 2020](#)

<sup>116</sup> As cited immediately above

<sup>117</sup> Social Change Initiative, [Early Intervention Transformation Programme \(EITP\): Activities and Outcomes](#) (April 2020); Department of Health, [Early Intervention Transformation Programme \(EITP\) March 2014 - March 2020](#)

- The role of external partners – in the case of EITP, these were Atlantic Philanthropies and technical support providers<sup>118</sup>.

## 5 Is the full potential of the CSCA being realised?

The Northern Ireland Commissioner for Children and Young People (NICCY) has noted the potential of the CSCA and CYPS as vehicles through which children’s rights can be realised in NI<sup>119</sup>. However, the Commissioner has been critical of the Act’s implementation. Within a broader 2022 submission to the United Nations Committee on the Rights of the Child, the Commissioner calls for the CSCA to be “effectively implemented with regular reporting on co-operation between bodies and outcomes for children”<sup>120</sup> – the inference being that the Act is not currently being effectively implemented. NICCY highlights that “while the Children’s Services Co-operation Act 2015 provided a mechanism for Children’s Authorities to ‘pool’ budgets to support co-operation, this has not yet been utilised”<sup>121</sup>. Furthermore, whilst NICCY has welcomed the wide range of actions being taken forward through the CYPS delivery plan, it states that it is not possible to identify how the government departments and agencies are co-operating to deliver on children’s rights<sup>122</sup>.

In 2023 evidence to the House of Commons’ Northern Ireland Affairs Committee, NICCY further argues that despite the CSCA’s passage, “co-operation in the delivery of services for children remains the exception rather than the rule.”<sup>123</sup> NICCY recommends that pooling resources in support of

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<sup>118</sup> As cited immediately above

<sup>119</sup> Northern Ireland Commissioner for Children and Young People, [Statement on Children's Rights in Northern Ireland 3](#) (2022)

<sup>120</sup> Children’s Commissioners for Northern Ireland, Scotland and Wales, [Report of the Children's Commissioners of Northern Ireland, Scotland and Wales to the United Nations Committee on the Rights of the Child](#) (2022) p9

<sup>121</sup> As cited immediately above, [p12](#)

<sup>122</sup> As cited in footnote 119, [p17](#)

<sup>123</sup> Northern Ireland Commissioner for Children and Young People, [Northern Ireland Affairs Committee Inquiry into the funding and delivery of public services in Northern Ireland: written evidence](#) (2023) p16

children's services should be incentivised through the budgeting process.<sup>124</sup> It highlights a risk that the potentially softer co-operation duty created by the CSCA is overtaken by public bodies' other statutory duties, when budgets are constrained:

NICCY is aware that Departments, facing these extreme cuts, are trying to maintain the services they are statutorily required to deliver, but that all 'non-statutory' services are facing severe cuts or closure. Despite the vital necessity for early intervention and prevention services for children and young people...these are among the first services to face cuts.<sup>125</sup>

NICCY has called for Executive-led children's budgets, and recommended that Departments and agencies use the CSCA provisions to pool budgets to ensure holistic delivery for children<sup>126</sup>. NICCY has further stated that strategic implementation of the CYPS should be delivered at the highest level of government, and as such, has recommended that primary responsibility for the CYPS be returned to the Executive Office<sup>127</sup>.

NICCY, the Children's Law Centre (CLC) and other stakeholders have flagged the importance of accountability and transparency in the CSCA monitoring process, and for robust and timely reporting on the operation of the CSCA, the delivery of the CYPS actions, and the impact on children's and young people's outcomes<sup>128</sup>.

CLC provides a stark critique of the CSCA's implementation. It notes that children's services planning and delivery in Northern Ireland remains disjointed,

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<sup>124</sup> As cited immediately above, [p18](#)

<sup>125</sup> Northern Ireland Commissioner for Children and Young People, [Northern Ireland Affairs Committee Inquiry into the funding and delivery of public services in Northern Ireland: written evidence](#) (2023) p16

<sup>126</sup> Northern Ireland Commissioner for Children and Young People, [Statement on Children's Rights in Northern Ireland 3](#) (2022) p23

<sup>127</sup> As cited immediately above, p18

<sup>128</sup> Northern Ireland Commissioner for Children and Young People, [Statement on Children's Rights in Northern Ireland 3](#) (2022); Children's Law Centre, [Briefing Paper – The Children's Services Co-operation Act \(NI\) 2015](#) (2024); Department of Education, [Northern Ireland Executive Children and Young People's Strategy 2020 – 2030, Delivery Plan 2021 – 2024, Consultation Report](#) (2022)

with gaps and fragmentation of services especially evident for children and young people with SEND. It notes the negative repercussions arising from “failures of co-operation” and a “minimal” and “piecemeal” approach to the pooling of resources, with particular concern expressed about the implications for children with complex needs and their families<sup>129</sup>.

CLC further queries the potential for any meaningful progress on the use of pooled resources without appropriate financial structures and guidance for authorities<sup>130</sup>. It has called for rapid and widescale progression on the sharing of resources, through regulation by the DoF in co-operation with all other government departments, and the establishment of appropriate guidance, financial structures, mechanisms, and controls<sup>131</sup>.

In summation of progress on the CSCA, CLC states: “The intentions of the Northern Ireland Assembly have not been realised which should, for all elected representatives, be a cause for concern. Children’s services are in meltdown.”<sup>132</sup>

## 5.1 Gaps are particularly acute in the area of SEND provision

The provision of SEND is consistently highlighted as an area that requires enhanced collaborative efforts. Recent reports on SEND, which post-date the enactment of the CSCA, highlight poor coordination and communication between education and health in the identification, diagnosis, assessment and implementation of support for children with SEN<sup>133</sup> and in transition planning.<sup>134</sup>

A 2023 Review of SEN, by Ipsos on behalf of DE, makes a series of recommendations for improved cross-Departmental Working. It reiterates the role of the CSCA in enabling meaningful co-operation across all relevant

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<sup>129</sup> Children’s Law Centre, [Briefing Paper – The Children’s Services Co-operation Act \(NI\) 2015](#) (2024)

<sup>130</sup> As cited immediately above

<sup>131</sup> As cited in footnote 129

<sup>132</sup> As cited in footnote 129, p5

<sup>133</sup> Northern Ireland Commissioner for Children and Young People, [Too Little, Too Late - A Rights Based Review of Special Educational Needs Provision in Mainstream Schools](#) (2020)

<sup>134</sup> Northern Ireland Commissioner for Children and Young People [Advice on Enhancing Transitions Services for School Leavers with Special Educational Needs and Disabilities](#) (2024)

agencies, and notes that such co-operation between Health and Education is critical for the provision of SEN services and the timely completion of assessments. The Review recommends:

- DE and DoH should continue to build upon the effective working relationships that were developed through the COVID-19 response programmes to co-design and jointly commission multi-disciplinary services for children with SEN, disability and complex needs.
- DoH should work with Trusts to identify and address the challenges associated with providing Allied Health Professional support and services to pupils with SEN in school and in doing so develop effective communication channels between schools and Trusts.
- There should be better co-ordination and sharing of data across all education and health agencies to facilitate better planning and development of services for children and young people with SEN and complex needs, including a review to remove barriers to data sharing<sup>135</sup>.

Section 4 of the Special Educational Needs and Disability (Northern Ireland) Act 2016<sup>136</sup> places a duty on education and health to co-operate in the identification, assessment and provision of services for children with SEN, to co-operate in transition planning, and to prepare a joint plan to show how they intend to fulfil this duty. There have been calls for this provision to be commenced as a matter of priority<sup>137</sup>.

In NICCY's March 2024 monitoring report<sup>138</sup> on the implementation of recommendations from its 'Too Little, Too Late – a Review of SEN Provision in Mainstream Schools', a number of collaborative initiatives between education and health are noted. These include:

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<sup>135</sup>Ipsos, [Independent Review of Special Educational Needs Services and Processes, Final Report](#) (2023) p160-161

<sup>136</sup> [Special Educational Needs and Disability \(Northern Ireland\) Act](#) 2016, section 4

<sup>137</sup> Children's Law Centre, [Briefing Paper – The Children's Services Co-operation Act \(NI\) 2015](#) (2024) p11

<sup>138</sup> Northern Ireland Commissioner for Children and Young People, [Too Little, Too Late - Monitoring Table 2024](#) (2024) p53-55

- A review of multi-disciplinary working, initiated by a DE/DoH SEN Steering Group, in partnership with a newly established sub-group of the CYPSP;
- the development of multi-disciplinary operating models related to sensory screening and co-ordinated service delivery, medical needs and early years service planning;
- the establishment of networks between DoH/DE/EA/PHA to better facilitate the planning and delivery of services.

Local integrated teams are proposed to be rolled out through the SEND Transformation Programme from September 2024. These were originally proposed to be multi-disciplinary teams involving health and education. However, following budgetary cuts, the integrated teams will no longer comprise health. CLC has expressed concern at the paring back of health input and the level of transformation that can be realised by 'EA-only' integrated teams<sup>139</sup>.

## 5.2 Recommendations from independent review and inspection

In the last couple of years, the effectiveness of cross-departmental and cross-agency working on children's education and wellbeing has been subject to review in two key reports; 'Investing in a Better Future' - the Independent Review of Education<sup>140</sup>, and 'A Fair Start' Report and Action Plan<sup>141</sup>.

### 5.2.1 Investing in a Better Future

'Investing in a Better Future' identifies areas that require greater partnership working between departments and agencies, including early childhood services, SEN, and emotional health and wellbeing. The Review Panel states:

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<sup>139</sup> Children's Law Centre, [Briefing Paper – The Children's Services Co-operation Act \(NI\) 2015](#) (2024), p11

<sup>140</sup> Independent Review of Education, [Investing in a Better Future - Volume 2](#) (2023)

<sup>141</sup> Expert Panel on Educational Underachievement in Northern Ireland, [A Fair Start - Final Report and Action Plan](#) (2021)

The synergy between diagnosis of need in the early years and continuing support throughout education must be better managed. Learner-focused services such as those concerned with special educational needs, pupil support and emotional health and wellbeing should operate in a joined-up manner throughout the education journey of the learner<sup>142</sup>.

However, the Review goes farther than recommending better co-operation in these areas. Rather, it recommends the creation of an integrated service-delivery body across health and education and others, with responsibility for all essential services a learner may require throughout their education journey. The proposed remit of this 'Early Intervention and Learner Support Agency' includes parental support and engagement; Sure Start management and Pre-School Education Programme; learner support services (i.e., SEN support); child protection and safeguarding; youth services; and emotional health and wellbeing<sup>143</sup>.

In the short-term, the Review recommends that partnership working across health and education be prioritised to improve the delivery of early childhood services. It recommends the establishment of a ministerial-led Partnership Board with responsibility for managing a ring-fenced early years budget<sup>144</sup>. The Review further reflects the need for new funding and joint working between education and health in order to address complex needs. It states that schools should be enabled to employ specialist staff, such as social workers, or to access such expertise from beyond the school's staff, including direct access to counselling services and specialist services<sup>145</sup>.

### **5.2.2 Independent Review of Children's Social Care Services in Northern Ireland**

There is synergy between the recommendation made by 'Investing in a Better Future' for an integrated service delivery body and that made by the Review of

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<sup>142</sup> Independent Review of Education, [Investing in a Better Future - Volume 2](#) (2023) p240

<sup>143</sup> As cited immediately above, p113

<sup>144</sup> As cited in footnote 142, p27

<sup>145</sup> As cited in footnote 142, p110

Children’s Social Care Services in Northern Ireland<sup>146</sup>, which recommended a region-wide statutory children’s social care agency. This Review found that current children’s social care service arrangements are seen to be fragmented and inconsistent across Northern Ireland. Whilst the Review found positive examples of multi-professional services – including for children with a disability and their families, within child and adolescent mental health services, working with children in schools, and others – such examples were not consistent or prevalent across Northern Ireland<sup>147</sup>.

### 5.2.3 ‘A Fair Start’ Report and Action Plan

‘A Fair Start’, the Final Report and Action Plan of the Expert Panel on educational underachievement found evidence of the need for more joined-up working between departments, local government and voluntary and community sectors in their approach to issues associated with educational underachievement. The report noted a tendency for government departments’ policies and programmes to be developed in silos, and a high likelihood that government departments “pay lip service” to the CSCA and CYPS<sup>148</sup>.

Subsequently, one of the Report’s eight key areas for action is ‘ensuring interdepartmental collaboration and delivery’. The action plan recommends that all cross-cutting projects should be collaborative in nature and draw budgets from a range of sectors where there are common interests at stake<sup>149</sup>.

Delivery on the 47 actions contained within the ‘Fair Start’ Action Plan requires input and collaboration from a number of government departments, arm’s length bodies and others. Actions are costed over the short term (1-2 years), medium term (3 – 4 years), and long term (5+ years), with the level of projected annual funding building year-on-year as the various programme strands are developed

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<sup>146</sup> Children’s Social Care Services Northern Ireland, [Report of the Independent Review of Children’s Social Care Services in Northern Ireland](#) (2023)

<sup>147</sup> As cited immediately above, p [143 - 144](#)

<sup>148</sup> Expert Panel on Educational Underachievement in Northern Ireland, [A Fair Start - Final Report and Action Plan](#) (2021) p74-77

<sup>149</sup> As cited immediately above, [p75](#)

and/or co-designed, reaching a total estimated annual expenditure of £73.1 million by year five. A cross-departmental, cross-sectoral Programme Board has been established to manage the implementation of the actions in the 'Fair Start' Plan. DE leads on the reporting of progress<sup>150</sup>.

#### **5.2.4 Joint thematic inspection on multi-agency responses in child protection**

In 2022, the Criminal Justice Inspection Northern Ireland, Education & Training Inspectorate and Regulation & Quality Improvement Authority announced a pilot joint thematic inspection across justice, health, social care and education, focused on multi-agency responses in child protection.<sup>151</sup> The Southern Health and Social Care Trust was assessed, with a focus on the child's journey through all safeguarding and child protection responses, rather than 'the performance of any sector or agency.'<sup>152</sup> Aims of the inspection included evaluating the leadership and management of multi-agency work, and understanding how multi-agency arrangements support frontline staff to undertake this work.<sup>153</sup>

The inspection findings were published in 2023, with several areas for development identified:

- More opportunities are needed for police officers, health and social care staff and teaching and other education staff working in child protection roles to undertake multi-disciplinary training to enable them to learn and develop skills together. It was suggested that this would enhance understanding and clarity about each other's roles, and the systems and processes in place, to enable justice, health and social care and education to effectively work together to progress referrals, safeguarding and protection issues.

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<sup>150</sup> Department of Education, [Progress reports on A Fair Start Report and action plans](#)

<sup>151</sup> Criminal Justice Inspection Northern Ireland, [Terms of Reference published for joint pilot inspection of child protection arrangements](#) (2022)

<sup>152</sup> As cited immediately above

<sup>153</sup> As cited in footnote 151

- Inspected organisations and professionals should consider how they could work better together to improve the response to children and better evidence the voice of the child in assessment and planning.

The PSNI, EA and the Southern Trust were asked to develop a multi-agency action plan for implementation to enhance their partnership approach to protecting children.<sup>154</sup>

### 5.2.5 Reports from the Northern Ireland Audit Office

Reports from the Northern Ireland Audit Office (NIAO) commonly find a lack of joined-up working, which was evidenced most recently in its report on the Child Poverty Strategy<sup>155</sup>. The report reflected that departments and other public sector organisations don't appear to be working together, or sharing resources and pooling funds, when developing and delivering children's services. The NIAO heard from various departmental officials that, whilst there is guidance on the contents and principles of the CSCA, it remains difficult to implement joint services, particularly in the absence of new funding to do so<sup>156</sup>.

## 6 Legislation in the rest of the UK

This section considers legislation in England, Wales and Scotland broadly similar in scope to the Children's Services Co-operation Act (Northern Ireland) 2015. It is intended to provide a brief overview of legislation, and should therefore not be considered a comprehensive or exhaustive account of statutory co-operation duties related to children and young people in any given country.

### 6.1 England

The Children Act 2004 was passed by Parliament, and aimed to 'maximise opportunities and minimise risks for all children and young people, focusing

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<sup>154</sup> Criminal Justice Inspection Northern Ireland, [First joint inspection of Child Protection Arrangements \(2023\)](#)

<sup>155</sup> Northern Ireland Audit Office, [Child Poverty in Northern Ireland \(2024\)](#)

<sup>156</sup> As cited immediately above

services more effectively around the needs of children, young people and families.<sup>157</sup> Part 2 of the Act contains legislation supporting ‘better integrated planning, commissioning, and delivery of children’s services and [. . .] clear accountability.’<sup>158</sup> Along with the Children Act 1989, the 2004 Act is the basis of current child protection law in England.

Section 10 requires each local authority in England to promote co-operation between itself, each ‘relevant partner’<sup>159</sup>, and other bodies engaged in children’s services in the area, as the local authority considers appropriate.<sup>160</sup> Relevant partners must co-operate with the local authority<sup>161</sup> and they can share staff, resources and funds towards the objectives of the co-operation.

The co-operation is intended to improve children’s wellbeing, particularly physical, mental and emotional wellbeing; protection from harm and neglect; education, training and recreation; their contribution to society; and their social and economic wellbeing.<sup>162</sup> The Secretary of State is empowered to issue guidance to the public bodies involved on how to exercise their functions;<sup>163</sup> the most recent guidance was published in December 2023.<sup>164</sup>

The available literature indicates that the statutory duty to co-operate in the Children Act 2004 has formed the basis of much actual co-operation between public bodies in delivering child protection. However, various government-

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<sup>157</sup> Department for Education and Skills, [Children Act 2004: Explanatory Notes](#) (2004) p1

<sup>158</sup> As cited immediately above

<sup>159</sup> These are district councils; the local police; local probation boards; the Secretary of State, on matters relating to offender management; probation service providers; local youth offending teams; NHS England; local integrated care boards; training and employment services provided or commissioned by the local authority; governors of schools, technical colleges, arts colleges, academies and further education; the Secretary of State on matters related to education and training.

<sup>160</sup> [Children Act](#) 2004, section 10

<sup>161</sup> As cited immediately above

<sup>162</sup> As cited in footnote 160

<sup>163</sup> As cited in footnote 160

<sup>164</sup> HM Government, [Working Together to Safeguard Children 2023 - A guide to multi-agency working to help, protect and promote the welfare of children](#) (2023)

commissioned reviews<sup>165</sup> since the Act's enactment have generated multiple recommendations pertaining to co-operation. It appears that the existence of a statutory duty – and genuine efforts by public bodies to comply with this – has not itself guaranteed effective co-operation. The literature suggests that successful delivery of the duty's intent is also reliant on structural, cultural and leadership factors below the level of legislation.

### 6.1.1 Legislation governing pooled budgets

A 'pooled budget' means that different agencies contribute funds, but one host agency accounts for the money. Less formally, budgets can be aligned. This occurs when different agencies effectively keep their money in their own accounts but align the money toward agreed joint outcomes.<sup>166</sup>

Pooled budgets in England are principally delivered through two sets of provisions in the NHS Act 2006<sup>167</sup>. Firstly, sections 65Z5 and 65Z6 (inserted by section 71 of the Health and Care Act 2022) enable relevant health and social care bodies<sup>168</sup> to pool their funds and resources (but not local authority functions) which can be exercised jointly with one or more of the NHS bodies and a local authority or a combined authority<sup>169</sup>. Secondly, section 75 enables budgets to be pooled between NHS bodies and local authorities. It allows for the integration of resources, staff, and management structures, and the re-allocation of functions between partners.

The legislation only applies to local authority and health partners. However, in September 2023, the government issued a consultation<sup>170</sup> on how it might widen the scope of section 75 to include previously excluded functions and broaden the range of organisations that can be part of section 75 arrangements,

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<sup>165</sup> E Munro, [The Munro Review of Child Protection: Final Report](#) (2011); Home Office, [Multi Agency Working and Information Sharing Project – Final report](#) (2014); Child Safeguarding Practice Review Panel, [Child Protection in England](#) (2022)

<sup>166</sup> B Byrne, L Maguire and L Lundy, [Reporting on Best Practice in Cross-departmental Working Practices for Children and Young People](#) (2015) p51

<sup>167</sup> [National Health Service Act](#) 2006

<sup>168</sup> This includes NHS England; Integrated care boards (ICBs); NHS trusts, and NHS foundation trusts

<sup>169</sup> Department of Health and Social Care, [Review of section 75 arrangements: supporting document](#) (2023)

<sup>170</sup> As cited immediately above

e.g. social care providers, housing, justice, education, voluntary, community and social enterprise (VCSE).

Evidence of section 75 agreements in practice can be seen through the Better Care Fund (BCF); a national programme which encourages integration by requiring integrated care systems and local authorities to enter into pooled budget arrangements and agree an integrated spending plan<sup>171</sup>. Since 2015, local NHS commissioners (CCGs) have pooled a proportion of their allocations, alongside funding from local government to enable the delivery of joint plans to support person-centred integrated care through the BCF. A 2019 review of the BCF concluded that it had been effective in incentivising areas to work more effectively, with over 90% of areas reporting that the BCF had improved joint working in their locality consistently since 2017<sup>172</sup>.

## 6.2 Wales

In Wales, a key piece of legislation requiring co-operation between children's and young people's services and authorities is the Social Services and Well-being (Wales) Act 2014. Part 9 of the Act requires local authorities to arrange for co-operation in relation to adults with needs for care and support, carers and children. It places a duty on public bodies to co-operate and provide information to local authorities, and permits some sharing of resources and establishment of management structures in service of this co-operation.<sup>173</sup> The Act also provides for the establishment of statutory Partnership Boards between local authorities and health boards to oversee the integration of services in relation to:

- Children with complex needs due to disability or illness
- Older people with complex needs and long term conditions, including dementia
- People with learning disabilities

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<sup>171</sup> NHS England, [Better Care Fund](#)

<sup>172</sup> Department of Health and Social Care, [Policy paper - Health and social care integration: joining up care for people, places and populations](#) (2022)

<sup>173</sup> [Social Services and Well-being \(Wales\) Act](#) 2014, part 9

- Carers, including young carers
- Integrated Family Support Services<sup>174</sup>.

The Act provides for the making of Regulations and for guidance to be issued by Welsh Ministers in relation to partnership arrangements<sup>175</sup>. The Partnership Arrangements (Amendments) (Wales) Regulations 2017 came into force in April 2017 (amending those implemented in April 2016)<sup>176</sup>. They are intended to regulate and enforce the existing partnership arrangements and place the following requirements on local authorities and health boards:

- the undertaking of a joint assessment of local population needs;
- the joint assessment of individual care needs;
- a requirement to work in a formal partnership arrangement and consider the role of pooled budgets / funds, shared information and regulated working arrangements<sup>177</sup>.

Further Regulations<sup>178</sup> require partnership bodies to establish and maintain a regional pooled fund in the exercise of their family support functions and care home places for older people. Partnership bodies for each of the regional partnership board areas are required to make a financial contribution to the regional pooled fund.

### 6.3 Scotland

In Scotland, the key legislation that mandates co-operation between children's and young people's services and authorities is the Children and Young People (Scotland) Act 2014<sup>179</sup>. Part 3 of the Act seeks to improve outcomes for all children and young people in Scotland by ensuring the integration of local planning and delivery of children's services. It requires local authorities and

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<sup>174</sup>Welsh Government, [Social Services and Well-being \(Wales\) Act 2014 - the essentials](#) (2015)

<sup>175</sup> [Social Services and Well-being \(Wales\) Act 2014](#), part 9, sections 166-169

<sup>176</sup> [The Partnership Arrangements \(Wales\) \(Amendment\) Regulations](#) (2017)

<sup>177</sup> CIPFA and HFMA Wales, [Pooled Budgets and the Integration Agenda in Wales](#) (2017)

<sup>178</sup> [The Partnership Arrangements and Population Assessments \(Miscellaneous Amendments\) \(Wales\) Regulations](#) (2019)

<sup>179</sup> [Children and Young People \(Scotland\) Act](#) 2014

health boards to jointly prepare three-yearly children's services plans in co-operation with a range of other service providers, including the police, fire and rescue service, court service, the Scottish Children's Reporter and the National Convener of Children's Hearings Scotland. The other providers must provide services in accordance with the plan. Children's representative organisations and other children's service providers, including third sector and private sector enterprises, are also to be consulted when preparing the plan, and to provide information, advice and assistance to facilitate the general process of children's services planning, if so requested<sup>180</sup>.

The children's service plan is to be prepared with a view to ensuring that children's services are provided in a way that:

- best safeguards, supports and promotes the wellbeing of children in the area concerned,
- ensures that any action to meet needs is taken at the earliest appropriate time and that, where appropriate, action is taken to prevent needs arising,
- is most integrated from the point of view of recipients, and
- constitutes the best use of available resources<sup>181</sup>.

Local authorities and health boards are required to annually publish a joint report on how the provision of children's services and related services in that area have been provided in accordance with the children's services plan. The report must also outline the extent to which the aims, as above, and any such outcomes in relation to the well-being of the children as prescribed by the Scottish Ministers, have been achieved<sup>182</sup>.

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<sup>180</sup> As cited immediately above, Part 3

<sup>181</sup> As cited in footnote 179, [Part 3, Section 9\(2\)](#)

<sup>182</sup> As cited in footnote 179, [Part 3, Section 13\(1\)](#)