



Call for Evidence: Neighbourhood Model of Care
Department of Health

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Introduction

TinyLife welcomes the Department of Health's Call for Evidence to inform the development of Northern Ireland's new Neighbourhood Model of Care. As Northern Ireland's only charity dedicated to supporting premature and vulnerable babies and their families, TinyLife has almost four decades of experience in delivering integrated, community-based care that bridges hospital, home and neighbourhood. Our work provides a proven, scalable example of how voluntary, community and social enterprise (VCSE) organisations can deliver preventative, person-centred support that improves outcomes, reduces pressure on acute services and strengthens community resilience.

If the VCSE sector is to be a genuine partner in this emerging model, it must be recognised not as an optional add-on but as a core component of the health and social care system. Organisations like TinyLife are already delivering essential services that complement and extend statutory provision—often reaching families whom traditional systems struggle to engage. However, this contribution is too often undervalued or underfunded. Sustainable partnership requires a model based on equity, shared accountability and full cost recovery, ensuring that voluntary and community partners are resourced to deliver high-quality, evidence-based interventions on equal terms with statutory bodies. Without this, the vision of integrated, preventative neighbourhood care will remain aspirational rather than achievable.

The current funding environment is increasingly challenging. Short-term, fragmented grants and limited statutory investment constrain the capacity of organisations like TinyLife to plan strategically, retain skilled staff and meet growing demand. For the Neighbourhood Model of Care to succeed, it must provide predictable, multi-year funding arrangements that recognise the VCSE sector as a permanent part of the health and social care infrastructure—not a temporary supplement to it.

Neighbourhood care will also only succeed if it embeds social prescribing as a central mechanism linking medical and community-based care. Many of TinyLife's referrals come from GPs, health visitors and community midwives who recognise that social, emotional and developmental support can have as great an impact on long-term health outcomes as medical intervention. Integrating social prescribing into the design of neighbourhood care will ensure that families are connected early to the wraparound support that helps them stay well for longer.

TinyLife's experience demonstrates that when VCSE partners are treated as integral to the system—with appropriate investment, shared planning and joint evaluation—communities benefit from more accessible, preventative and compassionate care. This submission outlines how TinyLife's model already operates in practice and how it can inform the Department's vision for neighbourhood health and social care across Northern Ireland.

Section 2: Sharing Best Practice

3. Name of Initiative or Project

TinyLife Family Support and Early Intervention Model

4. Is the initiative currently active?

Yes. TinyLife has delivered community-based neonatal family support across Northern Ireland since 1988. Over the past five years, the model has been enhanced through hybrid delivery, improved data collection and closer collaboration with statutory partners, aligning directly with the Department's priorities for integrated, neighbourhood-level care.

5. Summary of the Initiative or Project

TinyLife is Northern Ireland's only charity dedicated to supporting premature and vulnerable babies and their families. Our mission is to reduce premature birth, illness, disability and death in babies, while ensuring that every family affected by prematurity or neonatal illness is supported to thrive.

The Family Support and Early Intervention Model was developed to bridge the gap between hospital, home and community care. Families of premature babies face complex challenges—prolonged hospital stays, parental stress, social isolation, financial hardship and mental health pressures. The initiative aims to deliver practical and emotional support, improve parental confidence and infant outcomes, reduce dependence on secondary care, and promote closer collaboration between statutory and voluntary sectors to provide care as close to home as possible.

TinyLife's service operates across all five Health and Social Care Trusts, in close partnership with neonatal units, the Public Health Agency (PHA), health visitors, community midwives, Sure Start projects and other VCSE organisations. The Department of Education supports the charity's early years programmes, including TinyStart—a home-based early learning and attachment programme—and the PremAware Award, which raises awareness of preterm children's needs in educational settings. The regional Infant Mental Health Group have also been key collaborators, supporting the integration of mental health and early development within family care.

Funding and sustainability:

TinyLife operates through a mixed funding model combining statutory, charitable and philanthropic investment. Core delivery is supported by the Department of Education and the Public Health Agency, with additional funding from charitable trusts, corporate partners and community fundraising. However, securing funding at the scale required to

meet demand has become increasingly challenging. The reliance on short-term and piecemeal grants makes it difficult to plan sustainably or retain skilled staff, despite the essential nature of the services provided. For the Neighbourhood Model of Care to succeed, VCSE organisations like TinyLife must be funded on a full cost recovery basis, reflecting the real infrastructure, governance and quality assurance needed to deliver complex preventative work as equal partners within the health and social care system.

Model of delivery:

TinyLife’s model is built around three interlinked elements—hospital-based, home-based and community-based care. Family Support Officers are embedded within neonatal units to provide emotional and practical help to parents during hospital stays and to support a smooth transition home. Once families leave hospital, TinyLife provides home visits, baby massage, early development sessions such as TinyGym and TinyStart, and emotional wellbeing support for parents. These activities build attachment, reduce stress and strengthen parental capacity to manage their baby’s needs.

Community-based peer support groups, pram walks and digital networks further reduce isolation and create social connections, particularly important for families in rural areas or those affected by poverty. TinyLife also trains health visitors, midwives and educators to increase understanding of premature babies’ development, ensuring that neighbourhood teams can provide consistent, informed support.

Outcomes and impact:

The model’s impact is substantial and well-evidenced. In 2022–23, over 1,000 families engaged with TinyLife’s services within a six-month period. There was a 37 per cent increase in hospital-based support visits (327 families), a 41 per cent increase in group participation (1,488 parents), and a 23 per cent increase in baby massage sessions (1,108 families). The TinyStart home-visiting programme supported 83 families within its first four months, while 25 schools participated in the PremAware Award. Evaluation and feedback show that over 90 per cent of parents report improved mental wellbeing, confidence and ability to care for their baby at home.

This work directly supports the Department’s Reset Plan and its ambition to rebalance care towards prevention, community delivery and early intervention. TinyLife’s approach reduces hospital readmissions, eases pressure on GPs and community health services, and demonstrates the system-wide value of integrated, neighbourhood-based care.

6. Location

The initiative operates across both urban and rural areas throughout Northern Ireland, ensuring equitable access for families regardless of geography or socioeconomic background.

7. Health and Social Care Trust Area

TinyLife works in partnership with all five Trusts: Belfast, South Eastern, Northern, Southern and Western.

8. Size of Population Serviced

TinyLife supports more than 50,000 individuals annually, including babies, parents, wider family members, and professionals benefiting from training and outreach.

9. Target Population

The target population includes children, young people and families affected by prematurity or neonatal illness, as well as those living with longer-term developmental or health conditions associated with early birth.

10. Service Providers and Partnerships

TinyLife's delivery model spans the voluntary, community and social enterprise sector in partnership with Health and Social Care Trusts, primary care professionals (including midwives, health visitors and allied health practitioners), the Public Health Agency, the Department of Education, and local government partners involved in early years and family support.

11. Anchor or Lead Organisation

TinyLife is the lead organisation for this initiative, coordinating delivery, partnership management and evaluation across all sectors.

12. Type of Collaboration or Partnership Model

The initiative is a VCSE-led model, operating in formal collaboration with statutory partners. It is co-produced with families and delivered alongside Trust neonatal teams, the PHA and the Department of Education. This reflects the principles of neighbourhood care, shared governance and collective accountability.

13. How the Initiative is Funded

TinyLife's work is supported through a combination of Department of Education and Public Health Agency funding, charitable trusts, corporate social responsibility partnerships and community fundraising. To achieve sustainability, future models must

ensure that VCSE delivery partners are supported on a full cost recovery basis, with multi-year funding that reflects the essential infrastructure and safeguarding requirements of delivering clinical-adjacent family support.

14. Main Purpose of the Initiative

To improve health outcomes for premature and vulnerable babies, strengthen family resilience and reduce health inequalities through early intervention, preventative support and integrated community delivery.

15. Key Activities Delivered

TinyLife provides a continuum of care beginning in hospital and extending into the community. Services include one-to-one hospital and home support, baby massage, early development sessions, parent education and mental wellbeing support. The organisation also facilitates peer support groups, community outreach, and digital engagement to reduce isolation. Training for health visitors and early years professionals improves awareness of preterm infants' needs, while the TinyStart and PremAware programmes bridge the gap between health and education for sustained family support.

16. Outcomes Achieved

TinyLife has demonstrated measurable improvements in infant health, parental wellbeing and family resilience. Parents report improved confidence, stronger attachment and enhanced health literacy. Quantitative and qualitative evidence indicates reduced reliance on GP and hospital services, as families are better equipped to manage health needs at home. The initiative has strengthened community networks and demonstrated cost-effectiveness by reducing avoidable healthcare use and building capacity within families.

17. How Outcomes Have Been Measured or Evidenced

Outcomes are measured through ongoing monitoring, family feedback and evaluation reports. Quantitative service data is combined with qualitative evidence from parent surveys and case studies. Annual impact reports are publicly available at www.tinylife.org.uk/about-us/impact.

18. What Worked Well

Embedding Family Support Officers within neonatal units built trust with both clinicians and parents, ensuring continuity between hospital and home. The hybrid model, offering both in-person and online support, improved accessibility and reduced geographic inequity. Co-design with parents strengthened relevance and engagement, while partnership with statutory agencies and the education sector ensured sustainability and reach.

19. Challenges or Barriers Encountered

Funding instability remains the principal challenge. The absence of full-cost recovery and reliance on short-term grants make long-term planning and workforce retention difficult. Inconsistent data-sharing arrangements between statutory and VCSE partners limit joint evaluation. Capacity pressures across services, coupled with the cost-of-living crisis, have increased family need and operational strain.

20. Lessons for a Neighbourhood Model of Care

TinyLife's experience demonstrates that VCSE organisations are indispensable delivery partners in neighbourhood care and must be embedded structurally, not peripherally. Early years and family-focused intervention are proven levers for prevention, reducing system demand and health inequalities. Future models should integrate specialist VCSE expertise within local multidisciplinary teams, include social prescribing as a standard referral route, and ensure funding frameworks based on full cost recovery and parity of esteem. Stable, multi-year funding and shared data systems will enable consistent collaboration, accountability and learning across neighbourhoods.