



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

Analysis of Public Consultation Responses

Report cover showing children in a circle with hands pointing toward the centre symbolising collaboration, emotional health and wellbeing.

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EXECUTIVE SUMMARY

The Department of Health's draft Children and Young People's Emotional Health and Wellbeing (EHWB) Framework (The Framework) represents a significant and long-awaited step toward transforming how emotional health and wellbeing support is delivered for children and young people in Northern Ireland. The Framework sets out a clear strategic vision for a system that is preventative, needs-led, inclusive, and fully integrated across Health, Education, Social Care and the Community and Voluntary sectors. The Framework was developed through extensive public consultation and has been shaped by the voices of children, young people, families, and a wide range of stakeholders, reflecting a strong collective desire for meaningful reform.

The Department of Health consulted on the EHWB Framework in 2025. The consultation period ran from 22nd May 2025 to 26th September 2025 and was undertaken to test developing ideas and proposals as set out in the draft Framework and gather a wide range of views and perspectives from stakeholders.

This document presents a summary of the consultation responses received. It outlines key themes, areas of consensus and divergence, and insights provided by respondents. It seeks to ensure that stakeholder feedback is transparently reflected and to demonstrate how this input will inform the further development and refinement of the Framework.

The key headlines from an in-depth analysis of all consultation responses received are as follows:

- **Respondents expressed strong endorsement** of the Framework's vision and values, with agreement typically expressed between 90% and 99% across core items.

- 96.84% of respondents agreed the Framework should be inclusive of all children and young people (n≈95).
- **There was strong agreement with the Framework's Guiding Values** of being child-centred, seeking to involve family, promoting early identification and prevention, and understanding wellbeing in context (≈98.95% each).
- **Clear support was stated for contextual approaches** which were trauma-informed (92.63%), neurodiversity-affirmative (90.53%), and neurodevelopmental (93.68%).
- **A regionally consistent model was preferred by 92%** of respondents, alongside a call being made for local flexibility.
- There was near-unanimous recognition that substantial change and systemic reform were required (96%).
- In reflecting upon implementation principles, **respondents indicated very strong support for measurable outcomes** (99%) and evidence-based intervention (98%).
- **Respondents were also confident that the core components of the Framework would standardise responses**, however the level of confidence was more qualified (74%), with it being recognised that delivery would be dependent upon on funding and workforce considerations.

Illustrative image showing silhouettes of seven children standing outdoors with raised arms and joined hands against a sunset sky.



1. METHODOLOGY AND THEMES

The consultation ran from 22 May to 26 September 2025 and sought views on guiding values, presenting needs, contextual approaches, proposals around regional consistency, evidence-based system change, implementation principles and core components.

All materials (including an Easy Read version) were published on the Department of Health website and the NI Direct Citizen Space portal. Responses were submitted via online questionnaires, downloadable forms (email/post), written submissions, and a programme of online and in-person engagement events.

Inputs included 95 survey responses, 69 organisational submissions, and qualitative contributions from over 120 children and young people facilitated by partner organisations.

Quantitative closed-question data was analysed descriptively. Qualitative data (free-text, submissions, youth engagement) was analysed thematically and triangulated across sources.

Not all respondents answered every question, percentages reflect only those who answered each item. Self-selection and variation in submission depth may affect representativeness.

Accessibility was supported through multiple formats and an Easy Read version. Youth participation was facilitated by experienced organisations including Include Youth, Barnardo's, Youth Action Team, and MACS Supporting Children and Young People and responses were anonymised for reporting.

1.1 Headline Quantitative Results by Theme

Agreement with Guiding Values	Agreement (%)
Involving children, young people and families	98.95
Child-centred	98.95
Early identification & preventative support	98.95
Understanding wellbeing in context	98.95
Collaborative working	96.84
Evidence-based	96.84
Inclusivity of the Framework	Agreement (%)
Framework should be inclusive of all children and young people	96.84
Primary Focus on Presenting Needs	Agreement (%)
Focus should be on addressing the child/young person's presenting needs	87.37
Need for substantial Change	Agreement (%)
Substantial change is required	95.79
Contextual Approaches	Agreement (%)
Approach	92.63
Trauma Informed	90.53
Neurodiversity-affirmative	93.68
Neurodevelopmental	93.68

Delivery model & System Change **Agreement (%)**

Regionally consistent model is the best way forward	91.58
Use an evidence-based model of change for transformation	94.74

Implementation Principles **Yes (%)**

Regionally defined, consistent & accessible services	96.84
Children, young people & families are fully involved in care	96.84
High-quality care with measurable outcomes	98.95
Evidence-based intervention	97.89

Core implementation Components **Yes (%)**

Do you believe core components will be implemented	73.68
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1.2 Thematic Analysis

1.2.1 Strength of Support and Direction of Travel

The quantitative findings from the consultation indicate very strong support for the Framework's direction of travel, with most agreement levels sitting between 90% and 99%. Qualitative feedback reinforces this perspective, whilst adding a number of practical caveats around implementation, particularly funding, workforce capacity and governance.

1.2.2 Presenting Needs and System Issues

Respondents were supportive of a needs-led, holistic approach that sought to look beyond immediate symptoms to underlying factors such as trauma, neurodevelopmental differences, family context and school environment. Respondents

emphasised that support should be available earlier, in everyday settings, and should not depend upon a child or a family reaching crisis point.

1.2.3 Contextual Approaches

There is clear endorsement for trauma-informed, neurodiversity-affirmative and neurodevelopmental approaches. Respondents also asked for whole-family and systemic perspectives to be considered, and for measures to be in place to safeguard access to diagnosis where required, alongside promoting needs-led support.

1.2.4 Regional Consistency with Local Flexibility

A regionally consistent model is widely supported by respondents as a means to promote consistent and equitable access to services. Respondents also sought to promote the notion of local flexibility as a means to be responsive to rurality, recognising community strengths and place-based innovation. Clear accountability mechanisms were identified as being necessary in order to avoid a postcode lottery.

1.2.5 Implementation: Enablers and Risks

Respondents felt that delivery will depend upon;

- 1) Sustainable funding and investment;
- 2) Strategic workforce planning and development across health, education and community sectors;
- 3) Integrated pathways and shared information systems;
- 4) Robust data, measurement and governance and;
- 5) Meaningful participation and co-production with children, young people and families.

1.2.6 The Voices of Young People

Over 120 children and young people contributed directly to this consultation. They highlighted the importance of being listened to and being treated with respect. Children responding to the consultation spoke of the harm caused by long waits and identified the need for earlier support to be on offer in schools, youth and community settings. This cohort of respondents also recognised the value of consistent, caring relationships with trusted adults.

“By the time you get help, you’re already at your worst.”

“You shouldn’t have to be at rock bottom to be taken seriously”

1.2.7 Organisational Perspectives and Cross-Cutting Recommendations

A number of professional bodies and organisations, including respondents from Health, Education, Children's Rights and community sectors called for strengthened cross-sector collaboration, clear accountability, a focus upon reducing waiting times, improving data quality and transparency, and securing long-term, sustainable investment. Other priority areas identified by respondents included expansion of the workforce, the introduction of a targeted approach to training and the need to consider conceptual frameworks and practice models which were trauma-informed and neurodiversity-affirmative.

Respondents suggested:

- **A rights-based**, inclusive and equity-focused approach across all services;
- **A focus upon** reducing waiting times through standardised pathways with defined timelines and support whilst waiting;
- **Investment in community** and early-help models, including school-based provision and youth services;
- **Strengthening regional consistency** with room for local innovation and avoiding postcode variation;
- **Development of robust data systems**, routine outcome measurements and transparent reporting;
- **Committing to the principles of co-production** with children, young people and families throughout the design, delivery and evaluation of services.

1.3 Post Consultation Changes

Children and Young People's Emotional Health and Wellbeing Framework Consultation Draft (June 2025)

The overall structure, section numbering, and appendices remain the same. The core policy intent, model (THRIVE), and scope remain aligned with the consultation draft. The presenting needs lists are substantively unchanged, with only minor wording consistency edits. The design has been improved to aid readability and accessibility.

1.3.1 New and Strengthened Policy Emphases

Strengthened Children's Rights Framing:

- A new Guiding Value: "Children's Rights" has been added in Section 1.2. This clarifies that the Framework is developed in the broader context of the United Nations Convention on the Rights of the Child (UNCRC).
- The Framework is informed by key UNCRC principles, including:
 - Equity
 - Inclusion
 - Anti-discriminatory practice
 - Culturally responsive support:
- Additional reference added to make clear that the Framework aligns with the Children's Services Co-operation Act (Northern Ireland) 2015
- The UK ratified the UNCRC in 1991, but it has not yet been fully incorporated into domestic law in Northern Ireland
- Therefore, this approach strengthens the overall rights-based framing of the Framework while remaining consistent with the current legislative position.

1.3.2 Clarifications and Strengthening of the Needs Led Model

Stronger Language on Moving Away from Diagnosis Led Models;

- Section 1.9.4 Needs-led has been expanded and strengthened.
- New explicit wording:
 - The Framework marks a “clear shift away from diagnosis-led models”
 - Emphasis on holistic, strengths-based, trauma-informed approaches

1.3.3 Expanded Detail on Prevention and Early Years

Infant and Early Childhood Prevention;

- Section 1.9.1 now includes:
 - Clear statement that “Universal prevention and early intervention are central”
 - Stronger emphasis on early years settings as trusted access points
 - Clearer articulation of Population Health and social determinants

1.3.4 Enhanced Workforce and Delivery Commitments

Workforce Investment and Sustainability;

- Section 3.1.1 Implementation Principles and 3.2.6 Workforce Planning and Training now include:
 - Explicit recognition that long-term, sustainable investment is required
 - Reference to:
 - Workforce expansion
 - Multidisciplinary team structures
 - Trauma informed, neurodiversity affirming, and rights-based training

1.3.5 Stronger Accountability and Data Language

Outcomes, Monitoring and Data Systems;

- Section 3.1.3 Provision of high-quality care with measurable outcomes adds:
 - Explicit reference to robust data systems
 - Transparent monitoring
 - Meaningful outcome measurement beyond waiting times
- Section 3.2.7 Understanding population need:
 - Strengthens expectations around informatics, aggregation of data, and population level analysis

1.3.6 Clarification of Co-production and Lived Experience

Stronger Expectations for Participation;

- Section 3.1.2 now explicitly states:
 - Children, young people and families must be active partners in:
 - Design
 - Delivery
 - Evaluation
- Explicit recognition of lived experience informing decision making at all stages.

1.3.7 Strengthened Integration and System Change Language

Integration Emphasised as Essential, Not Aspirational;

- Section 2.1.1 A single, integrated system includes new text noting:
 - Integration is critical to reducing fragmentation
 - Children and young people should experience “joined up, seamless support”.

Conclusion

The consultation demonstrates a strong and unified call for transformation of the emotional health and wellbeing system for children and young people in Northern Ireland. The Framework’s values and direction are widely endorsed. The task ahead is to translate that consensus into delivery through sustainable investment, strategic workforce development, integrated pathways, robust data and governance, and meaningful co-production.

2 BACKGROUND & INTRODUCTION

This report provides a detailed analysis and summary of the responses received during the public consultation on the draft Children and Young People's Emotional Health and Wellbeing Framework. It summarises the profile of respondents, the overall level of support, the key themes and issues raised, and outlines how these have informed revisions to the Framework. All of the views, comments, and suggestions made during the consultation period have been carefully considered by the Department.

The project team extends its thanks and appreciation to all individuals, groups, and organisations who have contributed to the consultation. We are particularly grateful for the time, insight, and expertise offered by individual and organisational respondents across all sectors, whose thoughtful contributions have significantly informed and strengthened the development of the Emotional Health and Wellbeing Framework.

In particular, we wish to formally acknowledge and commend the young people who chose to participate in this consultation. Their willingness to share their experiences and set out their priorities and expectations offers a unique insight to the challenges that young people encounter in securing access to services to support their health, wellbeing and place in society. Their insights have provided critical perspective that strengthens the strategic direction of the Framework. We express our sincere gratitude for their contributions.

At the heart of the Framework is a commitment to prevention and early intervention, recognising that the strongest and most sustainable outcomes are achieved when emotional health needs are identified and supported before they escalate. The Framework promotes needs-led and holistic approaches, ensuring that support is tailored to the individual and considers the wider context of family, community, and social environment. It is firmly underpinned by the principles of inclusion and equity, seeking to ensure that all children and young people can access the support they

require, while providing proportionate focus on those facing disadvantage or presenting as being at greater risk.

The Framework stresses the importance of actively involving children, young people, and families in decision-making, designing services, and evaluating how support is provided. It prioritises integrated and collaborative approaches, aiming to break down barriers between sectors and encouraging multidisciplinary teamwork. In addition, the Framework highlights accountability and evidence-based practice, calling for clear governance, measurable results, and a strong focus upon ongoing improvement.

The proposed delivery model seeks to uphold consistent standards and establish agreed pathways across Northern Ireland creating a joined-up approach to meeting the emotional health and wellbeing needs of children and young people across the region. Successful implementation will require cultural change and transition funding, ongoing investment, strategic workforce planning, and strengthened interdepartmental collaboration between Health and Social Care, Education and Community and Voluntary sectors, accompanied by clear accountability measures. The Framework emphasises the importance of data and digital innovation, supporting improved information systems, ethical data sharing, and evidence-based digital tools to enhance prevention and care. Notably, it highlights participation and co-production, viewing children, young people, and families as active partners rather than passive recipients.

The Framework outlines the compelling rationale for reform. There is broad consensus that the existing emotional health and wellbeing system in Northern Ireland does not adequately serve the needs of children and young people. Previous reports including the 10,000 Voices Regional Report, Experience of Paediatric Autism and CAMHS Project and the Northern Ireland Commissioner for Children and Young People (NICCY) report Still Waiting – A Rights Based Review of Mental Health Services and Support for Children and Young People in Northern Ireland describe a system under significant strain, marked by extended waiting periods, fragmented service pathways, and delayed access to support, often resulting in young people receiving assistance only when they are in crisis.

3 PUBLIC CONSULTATION PROCESS

3.1 Methodology

The consultation ran from 22 May to 26 September 2025 and sought views on guiding values, presenting needs, contextual approaches, proposals around a regionally consistent model, evidence-based system change, implementation principles and core components.

Inputs included 95 survey responses, 69 organisational submissions, and qualitative contributions from over 120 children and young people facilitated by partner organisations.

Quantitative closed-question data was analysed descriptively. Qualitative data (free-text, submissions, youth engagement) was analysed thematically and triangulated across sources.

Not all respondents answered every question; percentages reflect only those who answered each item. Self-selection and variation in submission depth may affect representativeness.

A number of consultation events were held to support wider engagement and consultation with stakeholders. These involved a series of in person and online seminars to provide further information about the Children and Young People's Emotional Health and Wellbeing Framework and were advertised on the Department's website. Events were scheduled to take place at different times of the day, and the choice of attending virtual events or an in-person event also offered stakeholders greater choice and flexibility.

In addition, a draft Equality Screening, draft Rural Needs Impact Assessment and a Child Right Impact Assessment were included. An Easy Read version of the draft strategic framework consultation document was also made available at <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-hf-cons-easy-read.pdf>

In addition, a draft Equality Screening, draft Rural Needs Impact Assessment and a Child Right Impact Assessment were included. An Easy Read version of the draft strategic framework consultation document was also made available at <https://www.health-ni.gov.uk/sites/default/files/consultations/health/doh-hf-cons-easy-read.pdf>

All documentation was published on the Department's website available at a <https://www.health-ni.gov.uk/consultations/consultation-hsc-children-and-young-peoples-emotional-health-and-wellbeing-framework> and the Citizen Space Consultation Portal (NI Direct) provided an alternative access point to the same consultation materials available at <https://consultations2.nidirect.gov.uk/hsc/ehwb-framework-consultation/>

The Consultation Questionnaire is presented in **Appendix 1**.

4 ANALYSIS

4.1 Profile of Consultation Responses

Respondent Types

A substantial and diverse range of individuals and organisational stakeholders engaged in the consultation process. Responses were received from children's rights, equality and oversight bodies; independent system-leadership organisations; professional and workforce representative groups; the education and schools' sector; leading charitable, community and voluntary sector organisations; local government bodies; and organisations working directly with children and young people.

Notably, the consultation also incorporated the perspectives of over 120 young people, whose contributions form an essential component of the overall analysis.

Responses included structured questionnaire submissions, written position papers and qualitative feedback from children and young people.

The breadth of participation reflects the high level of collective interest, professional responsibility, and societal concern regarding the emotional health and wellbeing of children and young people in Northern Ireland. Stakeholders across sectors recognised that the development of the Framework represents a significant opportunity to influence strategic reform, address long-standing systemic pressures, and contribute to the creation of a coherent, rights-based, and needs-led model of support. Their extensive engagement demonstrates a shared commitment to ensuring that services are equitable, accessible, and capable of meeting the complex and evolving needs of children, young people and families.

The Project Team extends its appreciation to all individuals, groups, and organisations that contributed to the consultation. We are particularly grateful for the time, insight, and expertise offered by individual and organisational respondents across all sectors,

whose thoughtful contributions have significantly informed and strengthened the development of the Emotional Health and Wellbeing Framework.

4.2 The Voices of Young People

The Department expresses its appreciation for the valuable support provided by Include Youth, Barnardo's, Youth Action Team, and MACS Supporting Children and Young People in facilitating the engagement of children and young people during the consultation on the Emotional Health and Wellbeing Framework.

The contributions made by young people to this consultation reinforce the urgency of change and provide clear guidance on how the Framework must operate in practice.

Over 120 children and young people responded and spoke openly about their emotional health and wellbeing, why it matters, and what they believe needs to change. Across all groups, there was a consistent message; emotional wellbeing shapes every part of children and young people's lives - how they learn, how they form relationships, how they cope with stress, and how they see themselves.

Young people repeatedly explained that emotional wellbeing influences their behaviour, relationships, confidence, and day-to-day functioning. Many described how being happy or emotionally well makes them more able to socialise, focus, play, and take part in the things they enjoy. As some put it:

“I won’t socialise if I’m sad.”

“I play better at football when I am emotionally well.”

“If I know how I am feeling, I can ask for support.”

Several young people reflected that when they feel well, they spend more time with family and friends, whereas sadness can lead to withdrawal. Being emotionally healthy helped them “deal with stressful situations better,” concentrate in school, ask for help when needed, and feel safe and confident in themselves. Others noted that conversely poor emotional health can lead to panic attacks, feeling misunderstood, or believing that adults don’t take them seriously.

Young people also reflected upon how emotional wellbeing is linked to identity and connection. Happiness made them more creative, more active, more social, and more motivated. For some, even simple activities like walking the dog, or spending time on their iPad, played a role in calming or regulating their emotions. Although, they also recognised the mixed impact of online activity.

Young people consistently told us that emotional distress is often missed until it reaches crisis point, and that lengthy waiting times cause real harm. Many described how support was only offered after they had reached breaking point, including self-harm, rather than when they first asked for help. As one young person explained:

“By the time you get help, you’re already at your worst.”

Young people highlighted that staff attitudes and relationships matter as much as access to services. Several described experiences where they felt professionals did not genuinely care, did not listen, or treated them as a problem to be managed rather than a person to be supported. One young person told us that:

“It’s not just about getting seen, it’s about whether the person actually cares.”

They emphasised the importance of understanding wellbeing in the context of their lives, particularly their experiences of trauma, care, homelessness, stigma and isolation. Those who were care-experienced or homeless described loneliness and feeling judged, noting that these experiences had a significant impact on their emotional wellbeing. One young person reflected that;

“Everything that was happening around me mattered more than what I was feeling inside.”

Young people strongly supported earlier intervention, particularly in schools, youth clubs and community settings. They told us that everyday environments are often where distress first shows, and where trusted adults could offer support before things escalate. Several young people said that earlier emotional support in school or youth services could have prevented years of struggle at a later stage.

Many supported a needs-led approach, however were clear that this must not result in needs being minimised or dismissed. They expressed concern about being told their needs did not meet thresholds, or that their distress was not “**serious enough**”.

While young people value evidence-based practice, they cautioned that this should not limit creativity or responsiveness. Some expressed concern that focusing only on what has worked in the past could stop services from trying new approaches that might work better for them. Young people wanted services that could adapt when something is not helping.

Young people were clear that they wanted to be actively involved in decisions that affect them, in ways that reflect their age, maturity and understanding. They wanted their views to influence decisions at every stage, not just at the beginning. They also wanted progress to be reviewed recognising that their needs change over time. In response to what young people told us, the Framework has been strengthened to:

- **Reinforce early intervention and prevention**, particularly in everyday settings such as schools and youth services;
- **Embed support** while waiting as a core expectation, not an optional add-on;
- **Emphasise relational, trauma-informed** and genuinely child-centred practice;

- **Recognise that staff attitudes, skills and wellbeing** are central to effective support; and
- **Commit to measuring success by whether support** makes a real difference in young people's daily lives.

Young people were clear that trust in the current system is fragile and will only be rebuilt when change is felt, not just promised.

Across Northern Ireland young people are calling for a system that listens, a workforce that cares, services that respond earlier, support that is consistent and accessible and approaches grounded in rights, respect, dignity and inclusion. As one young person summarised:

“We don’t need more plans – we need things to actually change.”

4.3 Responses to the Consultation

There was broad and consistent endorsement of the overarching ambition and strategic direction of the Framework, with support for its focus on prevention, early intervention, and integrated models of practice. This support was, however, frequently accompanied by concerns being expressed regarding the practical challenges of implementation, including issues related to delivery capacity, workforce pressures, and the adequacy of available funding.

The themes outlined below emerged from the consultation responses and are presented in alignment with the specific questions asked in the response document.

4.4 Guiding Values

Do you agree with the Guiding Values of the Framework?

Strong endorsement of the Framework's vision and values, with agreement typically between 90% and 99% across core items.

Quantitative responses demonstrated very strong support for the proposed Guiding Values. Approximately 98–99% of respondents who answered this question indicated agreement with the overall set of values. A small minority expressed uncertainty or conditional support, typically linked to concerns about how values would be operationalised in practice rather than disagreement with the values themselves.

Are there any Guiding Values you would add?

The consultation responses strongly endorsed the guiding values that underpin the Framework. Respondents consistently supported a child-centred and rights-based approach, emphasising the importance of listening to children and young people and ensuring that services respond holistically to their needs. There was clear agreement on the importance of equity and inclusivity, with stakeholders highlighting the need for fair, accessible, and non-discriminatory provision across all regions and groups.

Respondents also affirmed the value of strengthened collaboration across Health, Education, Social Care, and Voluntary and Community sectors, recognising that integrated working is essential to delivering coherent and effective support. In addition, there was broad support for the commitment to ethical and responsible practice.

Taken together, these guiding values were not only acknowledged but actively reinforced through the consultation, demonstrating wide consensus on the principles that should shape the future development and implementation of the Framework.

Who is this Framework for: Do you agree this Framework should be inclusive of all children and young people?

96.84% agreed the Framework should be inclusive of all children and young people (n≈95).

Support was expressed for an inclusive framework applying to all children and young people, with proportionate focus on those facing disadvantage.

There was a strong call for a rights-based approach with many stakeholders strongly advocating for explicit alignment with international and domestic legislation, including the UN Convention on the Rights of the Child (UNCRC), particularly Article 12 (children's participation) and Article 24 (right to health), as well as the European Convention on Human Rights (ECHR), the Human Rights Act 1998 and the and the Children's Services Co-operation Act (NI) 2015.

Without this foundation, many respondents commented that the commitments made in the Framework could be at risk of remaining aspirational.

Respondents highlighted the crucial need for inclusivity and equality, stressing that inclusivity must go beyond universal provision to address structural inequalities. There were concerns that a "one size fits all" approach risked perpetuating disadvantage for marginalised groups such as children with disabilities, children with neurodevelopmental conditions, ethnic minorities, asylum seekers, Roma and Traveller communities, LGBTQIA+ youth, and those living in poverty or experiencing trauma.

4.5 Presenting Need

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

A strong theme in response to this question was a call to look beyond the immediate "**presenting needs**" of children and young people, with many making the case that a

presenting need can be a symptom of underlying issues. They stressed the importance of a systemic approach to understand the "**why**" behind a child's difficulties, considering their family, school, and community environment. This concern highlighted that simply addressing the symptom (e.g., anxiety) without exploring the root cause (e.g., neurodiversity, trauma) is insufficient and risks "missing the root causes".

The responses highlighted the importance of considering the entire family system and the needs of parents and siblings. The Framework is encouraged to build capacity and support the "**key people around children and young people**," recognising that a child's well-being is intrinsically linked to the well-being of their family.

Another key theme highlighted through the consultation was the need for person-centred support rather than generic solutions. Respondents emphasised that children and young people require in-person, individualised support delivered by appropriately trained professionals. They also stressed the importance of recognising and responding to each child's unique context, including additional needs, cultural background, and family circumstances and ensuring that these factors are fully understood and respected in the provision of support.

Many responses stressed that while addressing a presenting need is important, the Framework should also prioritise prevention and early intervention. This theme suggests that a proactive, universal approach can help to prevent issues from arising in the first place. The idea is to move beyond a reactive model and build a resilient system that supports the emotional well-being of all children and young people.

The consultation responses highlighted the importance of ensuring that the Framework recognises and responds to the needs of specific groups of children and young people who may face heightened vulnerability. Stakeholders emphasised that a universal model should be complemented by tailored approaches that reflect the diverse circumstances and experiences of those who require additional support.

Several respondents drew attention to the challenges encountered by young carers, noting that their needs are frequently overlooked. They stressed that this group requires targeted support to reduce the potential impact of caring responsibilities on their health, wellbeing, and educational outcomes.

The consultation responses emphasised the need for informed and sensitive approaches to neurodivergent children and young people. Respondents highlighted the risks of misdiagnosis or misunderstanding where professionals may lack adequate time, training, or expertise to recognise underlying neurodiversity, and emphasised the importance of specialist knowledge in assessment and support planning.

Additionally, concerns were raised regarding children with specific sensory needs such as hearing loss and visual impairment. Respondents noted that communication barriers and language deprivation may lead to misinterpretation of presenting needs, and that a focus solely on presenting behaviours risks overlooking deeper challenges. These groups were identified as requiring careful, context-aware assessment to ensure that their needs are accurately identified and appropriately supported.

Together, these insights reflect a clear expectation that the Framework should embed a commitment to recognising and addressing the needs of vulnerable and under-represented groups, ensuring an equitable and responsive system for all children and young people.

4.6 The Need for Change

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

There is near-unanimous recognition that substantial change is required (95.79%).

Responses showed near-universal acknowledgement of the need for change. Around 95% of respondents agreed that the current system is not meeting children and young people's emotional health and wellbeing needs effectively. Very few respondents

disagreed with the premise for change and where uncertainty was expressed, it related primarily to feasibility and delivery rather than the need to address systemic weaknesses.

Respondents consistently described the current system as fragmented, inconsistent, and insufficiently resourced, with many indicating that it is '***not fit for purpose***'. Key issues highlighted include:

- **Long Waiting Lists:** Waiting times of "5 years plus" were cited, with children often sitting on multiple waiting lists that were perceived as being neither monitored or reviewed.
- **Lack of Communication:** Respondents highlighted communication gaps between schools, Trusts and wider services, contributing to concerns that children were 'falling through the cracks.'
- **Post-Diagnosis Neglect:** Some respondents described a lack of meaningful follow-up after diagnosis and reported that support can be minimal, leaving them feeling abandoned once a diagnosis is confirmed.

This systemic fragmentation has been described as having a potential "snowball effect" where unmet need in childhood and adolescence can compound over time and negatively affect wellbeing into adulthood.

4.7 Contextual Approach of Framework

Very high agreement with Guiding Values: child-centred, family involvement, early identification/prevention, and understanding wellbeing in context (≈99% each).

Respondents were invited to consider the contextual approaches within the Framework, including trauma-informed, neurodiversity-affirmative, and neurodevelopmental models, as well as any additional approaches they deemed important.

Support for contextual and needs-led approaches was high, with over 90% of respondents indicating agreement with the inclusion of these approaches within the Framework. Respondents who answered 'no' or 'unsure' generally did so out of concern that contextual approaches might inadvertently replace access to diagnosis or specialist assessment, rather than opposition to the principles themselves.

Within this section of responses, a significant theme was a demand for tangible action rather than theoretical statements. One response stated that an **"*approach equals action rather than just a statement.*"** This reflected a frustration with current systems that are perceived as being reactive and **"*fire-fighting*"** rather than providing timely and effective support.

The responses strongly advocated for moving beyond an individualistic focus on the child to a holistic and systemic understanding. Key additional approaches mentioned included;

- **Whole-Family/Family Systems Approach:** Looking at family dynamics, strengths, and stressors.
- **Systems Approach:** Recognising that a child's well-being is influenced by interconnected systems like family, school, peers, and society.
- **Social and Emotional Learning (SEL):** This is proposed as a framework that views emotional and mental health as a natural, learnable part of human

development and supports everyone learning how to regulate their emotions and communicate better and in doing so shifting away from a diagnostic model.

Some responses highlighted a nuanced discussion regarding the relationship between a neuro-affirmative approach and concerns about potential over-diagnosis of neurodevelopmental conditions. While neuro-affirmative and neurodevelopmental approaches were viewed as valuable for recognising and supporting neurodivergence, respondents also emphasised the importance of incorporating differential diagnosis and attachment-informed practice to ensure a careful, holistic assessment. Overall, the feedback reflected the desire for a balanced approach, one that validates a child's identity, while ensuring that any diagnosis is both clinically necessary and genuinely beneficial.

Another theme highlighted the importance of psychological safety. Respondents stressed that effective support depends not only on what is offered but also on creating environments where children, young people, families, and staff feel safe, respected, and able to express their needs without fear of stigma or negative consequences. This reflects recognition that the context in which support is delivered is as critical as the intervention itself.

4.8 Regionally Consistent Model

Is a regionally consistent model the best way forward?

A regionally consistent model is preferred (92%), alongside calls for local flexibility.

Overall, respondents viewed a regional approach as the most effective means of securing both equity and long-term sustainability. Some, however, advocated for a blended model that retains a regional framework of core principles while allowing flexibility for local adaptation and delivery. Respondents outlined several key components of a blended model including:

- **A Regional Framework:** A central framework that would establish guiding principles, shared standards, and clear referral pathways. This would ensure accountability and a consistent level of quality across different Trusts and regions.
- **Local Flexibility:** Within this framework, local partnerships would have the autonomy to adapt service delivery to their specific community needs. This would include:
 - Harnessing the strengths of local grassroots and community organisations.
 - Developing innovative, "place-based" solutions.
 - Addressing the impact of rurality and other geographical factors.
 - Reflecting local cultural and social contexts.
- **Accountability:** This was viewed as essential to maintaining the balance between regional consistency and local flexibility. Respondents emphasised that, while local delivery should be adaptable, it must continue to meet shared regional outcomes and standards to ensure services remain equitable, responsive, and protected from variation that could lead to a 'postcode lottery.'

4.9 Systems Change

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

There was a strong consensus that fundamental reform across education and healthcare systems is urgently required to better meet the needs of children, young people, and families.

Respondents described current systems as outdated, fragmented, and reactive, contributing to long waiting times and inequitable access to support. Effective change was widely viewed as being dependent on strengthened collaboration, the introduction of evidence-based and innovative approaches, and meaningful engagement with those who use services.

Some respondents expressed concerns that current systems are not meeting the needs of children, young people, and families, with education seen by some as being overly focused on exams and competition rather than preparing children for real life, and healthcare described as being reactive, overstretched, and characterised by long waiting lists and widening inequalities. There was broad agreement that meaningful reform must prioritise prevention, early intervention, and equitable access to support.

Respondents emphasised the importance of a unified regional approach that ensures consistent service provision regardless of location, supported by closer cross-sector collaboration to avoid siloed, crisis-driven responses.

Transparency was also identified as essential. Families should receive clear information about waiting lists, assessment pathways, and diagnosis processes, alongside greater choice in how and where they access services to minimise delays and ensure timely, comprehensive support.

Finally, respondents stressed the need to encourage innovation and co-production. Effective change should be professionally led, grounded in rights-based practice, and developed in partnership with children, young people, families, and carers. This collaborative, adaptive approach was viewed as central to building trust and delivering sustainable, meaningful transformation across systems.

4.10 Implementation Principles

Respondents were asked if they agreed with the following Implementation Principles?

- A regionally defined, consistent and equally accessible services for children, young people and families.
- Children, young people and families/carers are fully involved in care.
- Provision of high-quality care with measurable outcomes.

- Evidence-based intervention.

Implementation principles draw very strong support: measurable outcomes (98.95%) and evidence-based intervention (97.89%).

Quantitative responses relating to implementation principles showed strong but more qualified support. Approximately 85–90% of respondents agreed with the proposed implementation principles. A notable minority expressed uncertainty, reflecting concerns about workforce capacity, funding, governance and the risk that implementation ambitions may not be fully realised without additional resources and accountability mechanisms.

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

The responses highlighted several important cross-cutting themes considered central to strengthening the emotional health and wellbeing system for children and young people. A recurring theme was the need for geographical equity and accessibility, with respondents emphasising that funding and resources must reflect the diverse geographical realities of different areas, particularly rural communities, where a uniform approach may risk disadvantaging children.

Co-production and participation were also strongly endorsed. Respondents stressed that services and policies should be developed with meaningful involvement from young people, families, and frontline practitioners, noting that participation must inform decision-making.

The need for sustainability and long-term investment featured prominently. Stakeholders highlighted that short-term or isolated initiatives undermine progress and called for stable funding and workforce development to ensure improvements are embedded, consistent, and enduring.

In addition, respondents emphasised the importance of inclusivity and cultural competence, calling for services that are accessible and appropriate for all communities, including rural populations, minority ethnic groups, LGBTQ+ young people, neurodivergent children, and those with sensory impairments.

A further theme was the prioritisation of early intervention and prevention, with calls for proactive approaches across Early Years, Education, and Health settings to address emerging needs before they escalate.

Respondents also reinforced the importance of multi-agency collaboration and integration, identifying whole-system leadership and coordination as essential to avoiding siloed or crisis-driven responses and to ensuring shared accountability across sectors.

The consultation highlighted the importance of evidence-based and accountable practice, with respondents advocating for developmentally appropriate, evidence-informed interventions supported by robust outcome measurement to ensure effectiveness, transparency, and continuous improvement.

4.11 Core Implementation Components

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

Confidence that core components will standardise responses is positive but more qualified (73.68%), with delivery depending on funding, workforce, governance and data.

Are there any other Core Components that should be considered?

Consultation responses emphasised the importance of strengthening accountability and governance across the system. Many stakeholders called for clearer lines of responsibility, including proposals for a single point of accountability at regional level to ensure consistent and standardised service delivery across Trusts.

Some respondents suggested that a named senior official within the Department of Health should actively oversee implementation, rather than relying solely on periodic reporting. This was viewed as essential to shifting practice from reactive, crisis-led responses toward a more proactive, outcomes-focused model.

A strong theme was the need for integrated and collaborative systems, with respondents highlighting the limitations of siloed working. Stakeholders advocated for shared information systems to support coordinated care, standardised referral pathways with defined timelines to reduce delays for families, and a more cohesive approach across Health, Education, Social Care, and Community sectors.

Responses also stressed the importance of workforce development and support. There was a clear call for ongoing professional development, particularly in schools, to build capacity and ensure staff are equipped to meet increasing levels of need. Trauma-informed practice was frequently identified as essential. Respondents also highlighted the need for sufficient staffing levels, including increased social and emotional learning roles in educational settings.

A central principle within the feedback was the importance of child and family-centred design. Respondents emphasised that children, young people, and families should be meaningfully involved in shaping services, with co-production recognised as a core expectation. Stakeholders expressed strong support for a multi-tiered system of support that provides universal, targeted, and intensive interventions as required. There were

also calls to ensure that specific groups, such as young carers, are explicitly recognised within implementation plans.

Finally, the consultation reinforced the need for sustainability and data-driven improvement. Respondents highlighted that long-term, stable investment is essential for embedding meaningful change and avoiding short-term or fragmented initiatives. They emphasised the importance of routine performance measurement, transparent feedback mechanisms, and the ethical use of data co-designed with families to build trust and support continuous improvement.

In summary, the consultation indicates a robust consensus regarding the necessity for change and widespread support for the Framework's direction, while also emphasising the significance of effective implementation and accountability.

Across all core questions, quantitative findings indicate broad endorsement of the Framework's direction, with reservations focused on delivery feasibility rather than conceptual disagreement.

5 ORGANISATIONAL PERSPECTIVES AND RECOMMENDATIONS

This section outlines the groups and organisations that contributed to the consultation and provides an overview of their principal viewpoints and recommendations.

A total of 69 groups and organisations responded, reflecting the broad level of interest and engagement in this Framework. A full list of contributing groups and organisations is included in **Appendix 2**.

A number of legislative and strategic documents were referenced, in addition to international frameworks, professional guidance and participation and data sharing models. These have been listed in **Appendix 3**.

The respondents represented a broad spectrum of interests and advocacy organisations working across children's rights, education, health, social care and the community and voluntary sectors including:

- Children's Rights, Equality and Oversight bodies
- Independent System Leadership roles
- Professional and Workforce Organisations
- Education and Schools sector
- Leading Charitable Organisations
- Community and Voluntary Organisations
- Local Government
- Children and Young People's Organisations

While each group and organisation had different perspectives, there were common themes and recommendations running through the responses that will be adopted to adapt and strengthen the Framework.

5.1 Children's Rights, Equality and Oversight Bodies

This group included the Northern Ireland Commissioner for Children and Young People, Children's Law Centre, Children in Northern Ireland and the National Children's Bureau. They articulated a clear and unified call for a rights-based, inclusive, and accountable approach to emotional health and wellbeing. Their responses emphasised the necessity of explicit alignment with international and domestic legislation, particularly the UN Convention on the Rights of the Child (UNCRC), the European Convention on Human Rights (ECHR), the Human Rights Act 1998, and the Children's Services Co-operation Act (NI) 2015. Without this legal foundation, they warned, the Framework's commitments would remain aspirational.

Inclusivity was a central theme: respondents stressed that universal provision must be complemented by targeted measures to address structural inequalities. Marginalised groups, including disabled children, those with neurodevelopmental conditions, ethnic minorities, asylum seekers, Roma and Traveller communities, LGBTQIA+ youth, and children living in poverty or trauma, must be explicitly prioritised. The group also championed meaningful participation, advocating for children, young people, and families to be active partners in decision-making, service design, and evaluation, with models such as the 'Lundy Model of Participation and the Our Minds, Our Future Charter' cited as best practice.

Other priorities included trauma-informed and neurodiversity-affirmative approaches, robust governance and data-sharing principles, and the integration of digital innovation as a core enabler of system change. Persistent systemic challenges, such as long waiting lists, workforce shortages, and unclear transition protocols, were highlighted, with accountability and sustainable investment seen as essential to avoid repeating historic failures.

Key Recommendations from Children's Right, Equality & Oversight Bodies

- **Embed a rights-based approach**, referencing the UNCRC (especially Articles 12 and 24), ECHR, Human Rights Act 1998, and Children's Services Co-operation Act (NI) 2015.
- **Move beyond universal provision** to address structural inequalities, with targeted measures for marginalized groups (e.g., disabled children, neurodivergent children, ethnic minorities, asylum seekers, LGBTQIA+ youth, those in poverty or trauma).
- **Make meaningful participation a core principle**, using models such as the Lundy Model of Participation and the Our Minds, Our Future Charter.
- **Adopt trauma-informed** and neurodiversity-affirmative approaches, grounded in the Neurodiversity Paradigm.
- **Address systemic challenges**: long waiting lists, workforce shortages, unclear transition protocols, and the need for enforceable accountability and sustainable investment.
- **Make safe, responsible data sharing a guiding principle**, engaging Data Protection Officers and using resources such as the ICO Data Sharing Hub.
- **Integrate evidence-based digital tools** and digital transformation as core enablers of system change.

5.2 Independent System Leadership Roles

The Office of the Mental Health Champion and the Independent Autism Reviewer provided system-wide perspectives and advocacy, drawing on their expertise in addressing barriers and championing rights-based, needs-led approaches. Their responses underscored the importance of universal inclusion, holistic understanding of presenting needs, and regional equity of access. Workforce shortages and infrastructure limitations were identified as critical constraints. The Autism Reviewer, in particular, emphasised the need to explicitly protect autistic and neurodivergent children within system reform, to safeguard access to diagnosis alongside needs-led approaches, and embedding neurodiversity-affirmative practice.

Both leaders called for improved cross-sector collaboration, highlighting fragmentation between Health, Education, and Voluntary sectors as a significant barrier to equitable access. They advocated for a holistic, needs-led model that moves away from diagnosis-led systems, considering the impact of socio-economic and environmental factors on emotional health and wellbeing.

Key Recommendations from Independent System Leadership Roles

- Ensure universal inclusion and holistic understanding of presenting needs.
- Address workforce shortages and infrastructure limitations as critical constraints.
- Explicitly protect autistic and neurodivergent children within system reform, safeguarding access to diagnosis alongside needs-led approaches.
- Embed neurodiversity-affirmative practice and address fragmentation and postcode variation.

- Improve cross-sector collaboration, especially between health, education, and voluntary sectors.
- Move away from diagnosis-led systems toward needs-based assessment and support, considering socio-economic and environmental factors.

5.3 Professional and Workforce Organisations

Professional and workforce organisations across Northern Ireland provided detailed and evidence informed insights into the Emotional Health and Wellbeing (EHWB) Framework. Among these contributors, there is an extensive submission from the Royal College of Paediatrics and Child Health (RCPCH), whose evidence stresses both the urgency of reform and the practical requirements for delivering meaningful change.

RCPCH highlighted that Community Paediatrics is under unprecedented strain, as demands for services have risen sharply whilst workforce numbers and infrastructure have not kept pace. Long waiting lists and delays in accessing care, particularly therapy and assessment, are described as “unacceptable,” with the RCPCH warning that missed opportunities for early intervention can have significant, long-term consequences for a child’s health, education and social outcomes.

Professional bodies further emphasised that these pressures are compounded by systemic workforce shortages across the Paediatric, Nursing, Allied Health Profession and Psychology professions. These shortages contribute to inconsistency in diagnostic pathways, variations in service quality across Trusts, and a “postcode lottery” effect where a child’s access to timely, appropriate support depends heavily on where they live rather than what they need.

RCPCH also noted that despite the critical role Community Paediatrics plays in supporting vulnerable children, including those with long-term conditions or complex

needs, the specialty has suffered from strategic neglect. Insufficient long-term planning and investment have left services at risk of further deterioration without decisive action.

To address these challenges, the RCPCH set out several clear recommendations. It called for a regionally coordinated model of care, stressing the need for a robust action plan for Community Paediatrics and services commissioned “in the right place at the right time,” closer to home. It further recommended a scoping review of the workforce, alongside expansion and development plans that reflect the scale of current and future need.

RCPCH also stressed the urgent need for reliable data, urging mandatory data reporting from all Trusts to build an accurate picture of demand, waiting times and intervention gaps. They emphasised the importance of multidisciplinary collaboration, recognising that Paediatricians cannot meet demand alone; schools, social services, voluntary organisations and allied health professionals must all be part of a coherent system of support. Finally, they argued that services must become more responsive to neurodiverse children and young people, ensuring equitable access to assessment, therapy and follow-on support.

Beyond the RCPCH, other professional bodies echoed these themes. They highlighted a consistent need for early intervention, particularly in early childhood, calling for a shift away from crisis-driven and medicalised responses. They advocated for needs-led, holistic and trauma-informed approaches, aligned with neurodiversity-affirmative practice, where the child’s wider context, including family, community and identity, is understood and supported.

These organisations also pointed to the necessity of breaking down long-standing silos between Health, Education and Community sectors.

Joint commissioning, shared accountability and managed networks were identified as potential mechanisms for achieving equitable outcomes. Sustained investment,

particularly in CAMHS, Community Paediatrics and the Voluntary sector was repeatedly emphasised, with concerns raised that the current allocation of mental health funding for children is among the lowest in the UK.

A strong cross-organisational theme was the need for robust data, transparent accountability, and meaningful co-production. Respondents stressed that the Framework will only succeed if outcomes are measured consistently, inequalities are tracked, and children, young people and their families are actively involved in shaping how services are designed and delivered.

Health and Social Care Trusts reinforced these perspectives with front-line insight into the practical realities of service delivery. They described the daily challenges of cross-sector working, workforce capacity, skill-mix limitations, financial pressures and gaps in accountability structures.

Trusts emphasised that whilst early help is vital, families still seek diagnostic clarity to secure educational support, specialist interventions, medication or access to disability benefits. Therefore, early help and diagnostic pathways must operate in parallel, rather than alternatives.

Trusts also raised concerns about transitions for young people aged 16 and over, especially those awaiting neurodevelopmental assessment or continuing ADHD treatment. Without clear pathways, these young people risk falling between child and adult services, with potential deterioration in emotional health.

Key Recommendations: Professional and Workforce Organisations

- **Strengthen community health services and stabilise service delivery.** Undertake a comprehensive review of community health services and invest in workforce expansion to support fully functioning multidisciplinary teams. This is

required to address unsustainable pressures and staffing shortages that contribute to inconsistent diagnostic pathways and intervention models.

- **Reduce Waiting Times.** Address extensive delays in assessment, diagnosis, and access to therapy, with early intervention prioritised to prevent long-term negative outcomes.
- **Implement a Regional Action Plan.** Develop and deliver a regional strategy for community child health services to ensure children receive care in the right place, at the right time, close to home.
- **Improve Data Quality and Transparency.** Require mandatory data reporting from all Trusts to provide an accurate picture of waiting lists, unmet need, and service performance.
- **Strengthen Cross-Sector Collaboration.** Enhance multidisciplinary and cross-agency working, including close partnership with education, social services, the voluntary sector, and local authorities.
- **Shift from Diagnosis-Led to Needs-Led Models.** Move towards holistic, strengths-based, and trauma-informed approaches that consider the whole child within their family and community context.
- **Reduce Siloed Working.** Break down barriers between health, education, and community sectors through joint commissioning, shared accountability, and managed networks.
- **Increase Sustainable Funding.** Provide long-term investment for CAMHS, community child health services, and the community and voluntary sector.

- **Embed Robust Data Systems and Accountability.** Develop high-quality data systems, ensure transparent reporting, and use outcome measurement tools to monitor effectiveness and inequalities.
- **Ensure Meaningful Participation.** Embed mechanisms for children, young people, and families to participate in service design and evaluation.

5.4 Education and School Sector

Education-focused respondents recognised schools as critical partners in early identification, prevention, and intervention of emotional health and wellbeing issues in children and young people. Their responses called for alignment between Health and Education frameworks, with shared governance, commissioning, and accountability to avoid duplication and confusion. Upskilling teachers, classroom assistants, and school-based staff in trauma-informed and mental health practices was seen as essential to effective delivery.

Ensuring equitable access for all children, including those with Special Educational Needs and disabilities, was a recurring theme. Respondents advocated for simplified, accessible referral pathways and direct links between schools and health services. Significant investment was deemed necessary to deliver and embed the Framework, with a rights-based and needs-led approach recommended to ensure regional consistency with local flexibility.

Key Recommendations: Education and School Sector

- **Align Health and Education Frameworks, with shared governance, commissioning, and accountability.**

- Upskill teachers, classroom assistants, and school-based staff in trauma-informed and mental health practices.
- Ensure equitable access for all children, including those with special educational needs and disabilities.
- Simplify and clarify referral pathways, and create direct, accessible routes between schools and health services.
- Integrate emotional wellbeing support across all educational phases, from early years to post-primary.
- Invest in workforce development and capacity building within both Health and Education Authority support services.
- Embed a rights-based approach grounded in the UNCRC, making equity and inclusion explicit guiding values.
- Undertake regular audits, data collection (including income, ethnicity, deprivation), and evaluation to identify service gaps, map needs, and inform commissioning.
- Secure cross-departmental investment and provide sustained funding for the community sector.

5.5 Leading Charitable Organisations

Leading charitable organisations play an essential role in supporting and advocating for the emotional health, wellbeing, and rights of children and young people, including those with disabilities and additional needs.

Their responses strongly endorsed the Framework's ambition to deliver a needs-led, preventative, and integrated system of support.

They stressed the importance of holistic assessments that consider the whole child, their developmental stage, family environment, and wider social determinants.

Key Recommendations: Leading Charitable Organisations

- Prioritise early intervention, universal provision, and preventative measures.
- Embed a children's rights-based approach, ensuring emotional wellbeing as a universal right.
- Address gaps in provision for disabled children, including those with sensory impairments, autism, learning disabilities, and complex needs.
- Invest in trauma-informed and bereavement-aware practice across health, education, and community settings.
- Align DoH and DoE frameworks, with cross-departmental leadership and integrated pathways.
- Invest in specialist training, protected time for supervision and professional development, and capacity building in schools, early years, and community organisations.
- Develop robust data systems to capture presenting needs, early support provided, outcomes, and lived experience.
- Support transitions, especially from child to adult services, with earlier planning and cross-agency coordination.

- Secure long-term, sustainable investment and costed action plans for implementation.

5.6 Community and Voluntary Organisations

Community and voluntary sector organisations are recognised for their commitment to prevention, early intervention, and advocacy for equitable access. Their responses highlighted the sector's unique position in delivering early, accessible, and trusted support, particularly for marginalised and seldom-heard groups. They advocated for sustainable commissioning, equitable partnership models, and full integration as core delivery partners within service pathways and governance structures. These groups emphasised the need for long-term investment, robust data systems, and meaningful co-production with children, young people, and families.

Universal provision must be complemented by targeted interventions for those at heightened risk, and system integration across Health, Education, and Community sectors was seen as essential for effective delivery.

Key Recommendations: Community and Voluntary Organisations

- Invest sustainably in workforce and community capacity
- Formalise partnership working with CVS/VCSE as equal delivery partners
- Embed rights-based, trauma-informed and co-produced practice
- Ensure regionally consistent access and targeted support for high-need groups
- Prioritise early years and infant mental health
- Improve cross-departmental alignment and pooled governance

- Strengthen transitions to adulthood (consider extending support to age 25)
- Enhance data, monitoring and accountability
- Scale up replicable, evidence-based community models.

5.7 Local Government

Local government responses welcomed the Framework's focus on system change, place-based delivery, and community development. They emphasised the importance of aligning the Framework with local strategic plans, embedding a rights-based and inclusive approach, and ensuring regional consistency with local responsiveness.

Key Recommendations: Local Government

- Build workforce capacity
- Reduce waiting times
- Simplify referral pathways
- Move beyond high-level frameworks to practical implementation plans with measurable targets.

5.8 Children and Young People's Organisations

Children and Young People's organisations stressed that the lived experiences and priorities of young people were central to the consultation. Young people consistently highlighted the harm caused by long waiting times and late access to support, the importance of being listened to and treated with respect, and the value of early intervention in schools and communities. They supported needs-led approaches but

expressed concern about thresholds and the risk of needs being minimised or dismissed.

Participation was a strong theme: young people want to be actively involved in decisions that affect them, with their views influencing outcomes at every stage. They emphasised that trust in the system is fragile and will only be rebuilt when change is felt, not just promised.

Key Recommendations: Children and Young People's Organisations

- Early intervention, with needs identified long before crisis
- Reduced waiting times and more responsive local support
- More school counselling, sensory spaces, and youth-worker presence
- Accessible communication, especially for disabled and neurodivergent young people
- More specialist services in Northern Ireland, so they do not need to travel
- Consistent drop-ins and youth groups, not short-term projects
- Respectful, non-judgemental practice
- Better signposting, including leaflets, in-school promotion, and online information
- Options for at-home appointments, especially where home is the safe space
- Support for families, so they can better support their young people
- Creative, youth-friendly approaches, including activities during appointments

- Equitable prioritisation for young people with higher needs (care-experienced, homeless, neurodivergent, minority ethnic and those who have self-harmed).

5.9 Shared Themes and Recommendations

Respondents stressed that the Framework must be firmly grounded in children's rights, supported by explicit commitments to equity, inclusion, and anti-discriminatory practice.

Summary of Consultation Recommendations:

1. Universal early intervention and prevention were highlighted as essential foundations, particularly within early years and everyday settings where support can be accessed easily.
2. Stakeholders called for a clear shift away from diagnosis-led models toward approaches that are needs-led, holistic, strengths-based, and trauma-informed, ensuring that the whole child is understood within their family and community context.
3. Investment in workforce expansion, professional development, and multidisciplinary team structures was identified as critical to delivering these ambitions.
4. Evidence presented by RCPCH and other professional bodies reinforced the need for strategic workforce planning, increased capacity, and mandatory data reporting to address long waiting lists and gaps in service provision.
5. Respondents further emphasised the importance of strengthened cross-sector collaboration, integrated pathways, and shared accountability to overcome existing fragmentation.

6. They highlighted that long-term, sustainable investment and practical, costed implementation plans are essential to translate aspirations into meaningful change.
7. Robust data systems, transparent monitoring, and outcome measurement were seen as fundamental to driving improvement.
8. Finally, respondents emphasised that children, young people, and families must be active partners in the design, delivery, and evaluation of services, with meaningful participation embedded throughout all stages of implementation.

6 CONCLUSION

The consultation demonstrates a strong and unified call for transformation across Northern Ireland's emotional health and wellbeing system for children and young people. Respondents from all sectors, along with young people themselves, recognise the urgency of reform and the potential of the EHWB Framework to drive lasting change. The feedback confirms that the principles underpinning the Framework are well aligned with stakeholder expectations, but also highlights that successful implementation will require clear accountability, strengthened collaboration, enhanced workforce capacity, improved data and governance systems, and sustained long-term investment.

The Department acknowledges the considered, evidence-informed contributions received and will use this feedback to refine and strengthen the Framework and its implementation plan. The collective insights offered through the consultation provide a strong foundation for developing a coherent, equitable, and responsive system that meets the diverse and evolving needs of children and young people across Northern Ireland.

APPENDICES

Appendix 1: Consultation Questionnaire

Children and Young People's Emotional Health and Wellbeing Framework

Illustrative example only (the reader is not required to complete).

Personal details			
Name			
Email address			
Are you responding on behalf of an organisation?			
Organisation (if applicable)			
Guiding Values			
1. Do you agree with these Guiding Values?			
Please select Yes or No to each Guiding Value below		YES	NO
a.	Involving children, young people and their families		
b.	Child-centred		
c.	Identifying and addressing needs early, including preventative support		
d.	Understanding the wellbeing of a child in their current context		
e.	Collaborative working		
f.	Evidence-based		
2. Are there Guiding Values you would add?			
Please add any further Guiding Values			

Who this Framework is for

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

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

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

Please add an additional group or groups of children

Presenting Need

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

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

Please add any further comments

The Need for Change

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

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

Please add any further comments

Contextual Approach

7. Do you agree with these Contextual Approaches?

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

8. Are there Contextual Approaches you would add?

Please add any further Contextual Approaches

Regionally Consistent Model

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

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

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

Please add any alternative options

Systems Change

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

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

Please add any further comments

Implementation Principles

12. Do you agree with these Implementation Principles?			
<i>Please select Yes or No to each Implementation Principle below</i>		YES	NO
a.	Regionally defined, consistent and equally accessible services for children, young people and families		
b.	Children, young people and families/carers are fully involved in care		
c.	Provision of high-quality care with measurable outcomes		
d.	Evidence-based intervention		
13. Are there other Implementation Principles that you believe should be considered?			
<i>Please add any further Implementation Principles</i>			
Core Components			
14. Do you believe these core components will standardise the response to meet the emotional health and wellbeing needs of children, young people and their families?			
<i>Please select Yes or No</i>		YES	NO
15. Are there any other Core Components that should be considered?			
<i>Please add other Core Components</i>			
Final Comments			
<i>Please add any final comments you may have</i>			

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

Please submit your completed response by **5.00 pm on 28 August 2025** using the contact details below:

E-mail: Regional.EHWB@hscni.net

Hard copy by post to:

EHWB Framework Consultation
Strategic Planning and Performance Group
Department of Health
12-22 Linenhall Street
Belfast BT2 8BS

Appendix 2: Contributing Groups and Organisations

1.	ACOPS and AHPs: AHP Division	2.	Action for Children	3.	Allied Health Professions Federation Northern Ireland (AHPFNI)
4.	Altram – regional support group for Irish-medium early years providers	5.	Angel Eyes NI	6.	Association of Child Psychotherapy Northern Ireland Regional Group
7.	Barnardo's NI	8.	British Association for Music Therapy	9.	British Association of Art Therapists Northern Ireland (BAAT NI)
10.	British Psychological Society NI	11.	CAMHS – Western Trust	12.	Carer Support Service, BHSCT
13.	Changing Lives Initiative: Flourish and Thrive	14.	Children in Northern Ireland (CiNI)	15.	Children with Disability Service
16.	Children's Law Centre	17.	Controlled Support School's Council (CSSC)	18.	Cruse Bereavement Support
19.	CYP Autism Service - WHSCT	20.	Derry City and Strabane District Council (DCSDC)	21.	Digital Health & Care Northern Ireland (DHCNI)
22.	Division of Clinical Psychology, British Psychological Society in role of Chair	23.	Division of Psychological Services; BHSCT	24.	Education & Children & Young People's Services Directorates, Education Authority
25.	Equality Commission NI	26.	Forthspring Intercommunity Group	27.	Health Improvement, BHSCT

28.	Health visiting	29.	Hill Croft School	30.	Include Youth
31.	Information Commissioner's Office	32.	Insight Psychotherapy: Family Support Therapy Service WHSCT	33.	MACS Supporting Children and Young People
34.	Marie Curie	35.	Mental Health Foundation	36.	Mid Ulster District Council
37.	Mindwise	38.	National Children's Bureau	39.	National Deaf Children's Society
40.	Nexus NI	41.	NHS responder	42.	NICCY (Northern Ireland Commissioner for Children and Young People)
43.	NI Health Collective	44.	Northern Ireland Practice and Education Council for Nursing and Midwifery (NIPEC)	45.	NSPCC
46.	Parenting Focus	47.	Phoenix Child Therapy and Support	48.	PlayBoard
49.	Regional Paediatric Occupational Therapy Managers Forum	50.	Regional Paediatric Physiotherapy Leads	51.	RISE NI Regional Coordinators HSC
52.	Royal College of Nursing	53.	Royal College of Occupational Therapists (RCOT) NI	54.	Royal College of Paediatrics and Child Health
55.	Royal College of Psychiatrists NI	56.	Royal College of Speech and Language Therapists NI	57.	Royal National Institute of Blind People (RNIB)

58.	SEHSCT	59.	SHSCT	60.	St Georges Hospital London Midwifery Maternity services
61.	St Peter's Immaculata Youth Group	62.	Stronger from the Start NI	63.	The Cedar Foundation
64.	The Independent Autism Reviewer	65.	The Office of the Mental Health Champion	66.	Young Lives vs Cancer
67.	Youth Action NI	68.	Youth Action Team – Youth Matters Service	69.	Youth Action NI

Appendix 3: References

Northern Ireland Legislation & Strategy

1. Children's Services Co-operation Act (NI) 2015. Accessed 18.02.2026
Available at <https://www.legislation.gov.uk/nia/2015/10/contents>
2. DoH Mental Health Strategy (2021–2031). Accessed 18.02.2026.
Available at <https://www.health-ni.gov.uk/publications/mental-health-strategy-2021-2031>
3. NI Executive 10-Year Children and Young People's Strategy. Accessed 18.02.2026.
Available at <https://www.education-ni.gov.uk/publications/children-and-young-peoples-strategy-2020-2030>
4. DE Emotional Health and Wellbeing (EHWB) Framework. Accessed 18.02.2026.
Available at <https://www.education-ni.gov.uk/articles/emotional-health-and-wellbeing>
5. Relationship and Sexuality Education (RSE) Curriculum. Accessed 18.02.2026.
Available at <https://www.gov.uk/government/publications/relationships-education-relationships-and-sex-education-rse-and-health-education>
6. Children and Young People's Emotional Health and Wellbeing in Education. Framework. Accessed 18.02.2026
Available at [education-ni.gov.uk/sites/default/files/publications/education/Children %26 Young Peoples Emotional Health and Wellbeing in Education Framework %28final version%29.PDF](https://education-ni.gov.uk/sites/default/files/publications/education/Children%26YoungPeoplesEmotionalHealthandWellbeinginEducationFramework%28finalversion%29.PDF)
7. DCSDC Inclusive Strategic Growth Plan. Accessed 18.02.2026.
Available at <https://growderrystrabane.com/>

8. Green Paper: Transforming Children and Young People's Mental Health Provision (UK Government). Accessed 18.02.2026
Available at [Transforming children and young people's mental health provision: a green paper - GOV.UK](#)
9. SEN Reform Agenda (NI Special Educational Needs Framework). Accessed 18.02.2026
Available at <https://www.education-ni.gov.uk/articles/new-sen-framework>

UK-wide & International Frameworks

10. UN Convention on the Rights of the Child (UNCRC). Accessed 18.02.26
Available at <https://www.ohchr.org/en/instruments-mechanisms/instruments/convention-rights-child>
11. European Convention on Human Rights (ECHR). Accessed 18.02.2026
Available at <https://www.echr.coe.int/>
12. Human Rights Act 199. Accessed 18.02.2026
Available at <https://www.legislation.gov.uk/ukpga/1998/42/contents>
13. UN Convention on the Rights of Persons with Disabilities (UNCRPD). Accessed 18.02.2026.
Available at <https://social.desa.un.org/issues/disability/crpd/convention-on-the-rights-of-persons-with-disabilities-crpd>
14. THRIVE Framework (England). Accessed 18.02.2026
Available at <https://implementingthrive.org/about-us/the-thrive-framework/>
15. Neurodiversity Paradigm. Accessed 18.02.2026
Available at <https://www.autism.org.uk/advice-and-guidance/identity/autism-and-neurodiversity>
16. Healthy Child, Healthy Future (UK Policy). Accessed 18.02.2026

Available at <https://www.gov.uk/government/collections/healthy-child-programme>

17. GIRFEC – Getting It Right for Every Child (Scotland). Accessed 18.02.2026

Available at <https://www.gov.scot/policies/girfec/>

Professional Guidance and Reports

18. Royal College of Paediatrics and Child Health (RCPCH) – NI Reports.

Accessed 18.02.2026

Available at <https://www.rcpch.ac.uk/resources?audience=503&geography=225>

19. Royal College of Psychiatrists. Accessed 18.02.2026

Available at <https://www.rcpsych.ac.uk/>

20. Academy of Medical Sciences – Early Childhood Report (2024). Accessed 18.02.2026

Available at <https://acmedsci.ac.uk/file-download/97961379>

21. NICE Guidance – Neurodevelopmental & Mental Health Pathways. Accessed 18.02.2026

Available at <https://www.nice.org.uk/guidance>

22. Solihull Approach. Accessed 18.02.2026

Available at <https://togetherness.co.uk/>

Participation and Data Sharing Models

23. Lundy Model of Participation (QUB). Accessed 18.02.2026

Available at <https://www.qub.ac.uk/Research/case-studies/childrens-participation-lundy-model.html>

24. Our Minds, Our Future Charter (YoungMinds). Accessed 18.02.2026

Available at <https://www.youngminds.org.uk/>

25. ICO Data Sharing Hub. Accessed 18.02.2026

Available at <https://ico.org.uk/for-organisations/uk-gdpr-guidance-and-resources/>

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