

2017-08-11

Fund-Mapping: the investment of public resources in the well-being of children and young people in Northern Ireland

Kemp, F

<http://hdl.handle.net/10026.1/9829>

10.1080/13575279.2017.1347144

Child Care in Practice

Informa UK Limited

All content in PEARL is protected by copyright law. Author manuscripts are made available in accordance with publisher policies. Please cite only the published version using the details provided on the item record or document. In the absence of an open licence (e.g. Creative Commons), permissions for further reuse of content should be sought from the publisher or author.

Fund-mapping: the investment of public resources in the well-being of children and young people in Northern Ireland

Frances Kemp¹, Cassandra Ohlson², Anam Raja³, Louise Morpeth⁴ and Nick Axford⁵

¹ Dartington Social Research Unit

² Cambridge and Peterborough NHS Foundation Trust

³ Department of Psychiatry, University of Oxford

⁴ Warren House Group at Dartington

⁵ Peninsula Schools of Medicine and Dentistry, Plymouth University

The full published version of this article is available as follows:

Kemp, F., Raja, A., Ohlson, C., Morpeth, L. and Axford, N. (2017) 'Fund-mapping: the investment of public resources in the well-being of children and young people in Northern Ireland', *Child Care in Practice*, Published online 11 August 2017, <http://dx.doi.org/10.1080/13575279.2017.1347144>

Funding

The work was funded by the Atlantic Philanthropies and the Northern Ireland Commissioner for Children and Young People.

Acknowledgements

We are very grateful for the help and support we received from the following: Office of the Northern Ireland Commissioner for Children and Young People (NICCY), particularly Alex Tennant; The Atlantic Philanthropies, particularly Paul Murray; the Centre for Effective Services, particularly Helga Sneddon; and the Delivering Social Change Programme Board members and other key contacts in government departments in Northern Ireland. Bethany Cuffe-Fuller, a Research Intern at Dartington, kindly helped with preparing the article for submission. Nick Axford's time is supported by the National Institute for Health Research (NIHR) Collaboration for Leadership in Applied Health Research and Care South West Peninsula. The views expressed are those of the author(s) and not necessarily those of the NHS, the NIHR or the Department of Health.

Abstract

Background: Across Europe many states are experiencing severe pressures on public services, both from escalating need and from diminishing budgets. As a result, there is increasing interest in understanding how much is spent on services for children, and, importantly, to what effect. In spite of a requirement in Article 4 of the UN Convention on the Rights of the Child for states to establish a children's budget, progress has been slow.

Design: All government departments and some voluntary organisations in Northern Ireland with an interest in children and families were asked to identify and share financial information about any expenditure on services for children and families in the financial year 2012-2013. They were asked to provide gross spend, number of staff working with children, level of intervention, number of children benefiting and unit cost per child served. Respondents were also asked to list evidence-based programmes (EBPs) being implemented and the annual cost in 2012-2013. The process was iterative, with the research team ensuring that both it and the government department had an agreed understanding of the data provided.

Results: In 2012/13, £2.28 billion was invested in services for children, young people and their families (an average of £5,175 per child) in Northern Ireland. This was spread across 10 departments, with the majority spent by the Department of Education (£1.64 billion, 72%). The split across levels of intervention was 57% prevention (mostly education), 13% early intervention and 19% treatment and maintenance (mostly social care). Unit costs varied markedly, from £79 for health visiting to £36,730 for youth custody. Government departments were generally unaware of whether there was any expenditure on EBPs.

Conclusion: The routine collection and analysis of cost data can be improved and there is a benefit to be had from refocusing service activity by (i) decommissioning services that are ineffective or not cost beneficial to release resource for reinvestment, and (ii) re-deploying a proportion of the time of staff who work directly with children to more effective activities.

Key words

Fund-mapping, Children's Services, Costs, Expenditure, Cost-effectiveness, Children's budgeting

Introduction

In the context of escalating need and diminishing budgets, the last decade has seen significant policy-maker interest in shifting the balance of service provision from late intervention for children with serious and complex needs to universal prevention and early intervention (Axford & Little, 2006; Allen, 2011a). This is fuelled by mounting evidence of the significant costs (financial and otherwise) to individuals and wider society (via the tax system) of crime and poor health in particular (Chowdry & Oppenheim, 2015), and claims for the large potential savings to the public purse as a result of early intervention (Allen, 2011b; Welsh et al., 2015).

As a result, there is increasing interest in understanding how much is spent on services for children and, importantly, to what effect. In Northern Ireland, where the research described in this article took place, the Northern Ireland Commissioner for Children and Young People (NICCY) indicated a desire to ensure that public expenditure on children is allocated appropriately and effectively to meet the needs of the most vulnerable groups. Following its \$200m investment in the island of Ireland, the Atlantic Philanthropies was also interested in the extent to which investment supports evidence-based prevention and early intervention (Little & Abunimah, 2007; Axford et al., 2008).

An exploratory study of children's budgeting for NICCY argued that producing children's budget statements would enable stakeholders to examine how children's rights are being addressed and would inform decision making on how resources are allocated to

meet children's needs (Sneddon, 2014). Children's budgeting involves examining the resources provided by national and local government to programmes and services supporting children, and assessing whether these adequately reflect the needs of the population (NAWCYC, 2009; OPM, 2012). Article 4 of the United Nations Convention on the Rights of the Child (UNCRC) requires states, including the UK, to establish a children's budget.

Thus, the aims of the research described in this article were threefold: first, to map the totality of annual government expenditure in Northern Ireland on services for children and young people; second, to assess the extent to which services are seeking to prevent or intervene early in the development of difficulties in children's lives; and third, to chart expenditure on evidence-based programmes (EBPs) and practices. This article provides an overview of the context, method, findings and implications (for additional details see Kemp et al., 2015).

Fund-mapping

The fund-mapping method used to do this had previously been used with local authorities in England and Scotland but this was the first time it had been applied at the level of a devolved government which has responsibility for all state expenditure.

A fund map is different from a traditional children's services budget in that it brings together information from across departments, agencies and the voluntary sector on the amount of money invested in key services. The tool guides the collection and

analysis of budget and programme information, with an emphasis on understanding:
how much is invested annually in seeking to improve outcomes for children;
approximately what proportion is invested in prevention and early intervention; to what
extent investment is currently supporting EBPs; and how much key categories of
services cost per child.

This information, in turn, facilitates an understanding of: how current investments align
with key child development outcomes; the potential to support prevention/early
intervention activity and use EBPs to improve outcomes for children; whether there are
opportunities to better co-ordinate programmes and services supported by different
departments and agencies; and whether there are opportunities to improve
commissioning or contracting processes so that they have clear outcomes,
accountability for outcomes and incentives for achieving them.

In Northern Ireland the intention was that the analysis would form a baseline for
decisions about the funding of services for children and their families. Alongside data on
needs and policy commitments, it would help to identify financing strategies to support
priorities and to track the impact of the decisions being made on investments in
prevention and early intervention.

Policy context in Northern Ireland

The research took place in a changing policy and funding landscape, which included significant interest among government departments and other agencies in better understanding public expenditure on children and young people in Northern Ireland and in focusing more on prevention and early intervention. The earlier NICCY report made several recommendations about planning expenditure, the presentation of information on expenditure and how children's budgeting could be advanced (Sneddon, 2014). Specifically, it recommended that “initially information on expenditure against budget lines such as education, child and family services and youth justice could be compiled as they are identifiable as focusing on children and young people” (p.26). In addition, the Office of the First Minister and deputy First Minister (OFMDFM), recognising the Northern Ireland Government's responsibility to implement the UNCRC, had been developing a pilot approach to developing a children's budget.

There was also a considerable drive to increase the focus on prevention and tackling inequalities, the latter in recognition of wide disparities in health and development along socio-economic and ethnic lines. Thus, in 2012, the Northern Ireland Executive developed the Children and Young Persons' Early Action document,¹ which led to a £26 million investment in six 'Signature Programmes', including additional teaching support, family support hubs, positive parenting programmes, support for young people not in

¹ <http://www.ofmdfmi.gov.uk/delivering-social-change-children-and-young-persons-early-action-paper.pdf>

education, employment or training and social enterprise incubation hubs. Some of this activity was targeted in areas of multiple deprivation.

Two years later, three new Signature Programmes were launched, one of which was the Early Intervention Transformation Programme (EITP). Its goal is “to transform mainstream children’s services through embedding early intervention approaches in order to deliver sustained improvements in outcomes for children that continue beyond the lifespan of the programme”.² The government is contributing £15 million, with a further £10 million coming from The Atlantic Philanthropies.

In the same year, OFMDFM (2014) consulted on Delivering Social Change for Children and Young People. This stated, on the part of the Executive, a commitment to early intervention in the context of child poverty, the 10-Year Strategy for Children and Young People and obligations under the UNCRC (OFMDFM, 2006). It also stated a commitment to take an outcome-based approach and one that ensures that the Executive meets its obligations on children's rights. Subsequently, plans were announced for a separate Child Poverty Strategy for 2014-17, as required by the *Child Poverty Act* 2010.

Children and services in Northern Ireland

² Northern Ireland Assembly Official Report (Hansard) <http://www.niassembly.gov.uk/assembly-business/official-report/reports-13-14/01-july-2014/>

In order to put the fund-mapping results in context, it is helpful to have a sense of the situation in Northern Ireland vis-à-vis the numbers of children and young people and their characteristics. The following figures are for 2012/13, which is when the research was conducted. Thus, out of a population of 1.83 million³ there were 431,865 children aged 0-17, representing 23.3% of the population,⁴ of whom 10,300 (2%) were from the Asian, Black, Mixed or Other minority ethnic groups.⁵ The number of children overall was projected to rise to 448,517 in 2023, an increase of 3.9%. During the year ending 31 March 2013, Social Services in Northern Ireland received 37,664 children in need referrals relating to 29,508 children (a 40% increase in the number of children from 2008). At 31st March 2013 there were 1,961 children on the child protection register – the first time since 2007 the figure had dropped below 2,000 – and 2,807 in care – an increase of 13.9% from 2009.⁶

In terms of the overall public sector investment in Northern Ireland, the Public Income and Expenditure Account for year ending 31st March 2013 gave the total public expenditure for Northern Ireland as £15.1 billion⁷ and the Northern Ireland Civil Service as one of the region's largest employers, with approximately 28,000 staff (January

³ http://www.nisra.gov.uk/archive/demography/population/midyear/MYE13_Report.pdf

⁴ http://www.ninis2.nisra.gov.uk/InteractiveMaps/Population/Population%20Pyramids/MYE%202012/Pop_Pyramid_June2013.html

⁵ Table DC2101NI in http://www.nisra.gov.uk/census/detailedcharacteristics_stats_bulletin_2_2011.pdf

⁶ Children's Social Care Statistics for Northern Ireland 2012/13
http://www.dhsspsni.gov.uk/microsoft_word_-_childrens_social_care_stats_201213-2.pdf

⁷ £15,076,103,000 – see page 13 of http://www.dfpni.gov.uk/index/finance/afmd/afmd-treasury-management/afmd-pi-and-ea/final_pi_e_account_2012-13.pdf.

2013).⁸ This total expenditure included social security benefit provision of some £5 billion, which is not included in the fund-mapping. The focus was on services because this is where government departments and delivery agencies have scope to shape and change the services offered.

Method

Design of and preparation for the fund-mapping process

The first step was to design and prepare for the fund-mapping process. Telephone calls and in-person meetings between the research team and Delivering Social Change Programme Board members and others designated by them had three goals: to orientate system leaders to the fund-mapping goals and process; to reach agreement with system leaders on key parameters of the fund-mapping process; and to secure the commitment of key leaders from each of the priority departments/agencies to designate financial, budget or other managers, as appropriate, as contacts to collect local financial and service data and assist with interpreting these data. All contacts with officials included discussion of the practicalities of collecting the data, including: the timing of the project; the types of services to be included; the age group to which the services were relevant; the relevant financial year; which staff to engage – budget holders, finance staff, other managers; any additional contacts that would be useful; the

⁸ <http://www.nisra.gov.uk/publications/default.asp21.htm>

time needed to get any data from delivery partners; and some definitions, for example of EBPs and levels of intervention.

Draft guidance and tools were shared with NICCY, key officials and the OFMDFM official investigating a process for producing a children's budget in the longer term, and amended to take account of the context in Northern Ireland. Final guidance was sent to all contacts in early May 2014, which included a timetable for the project and a deadline of mid-July for the return of data. Two members of the research team were briefed to liaise with departments. They made contact later in May, following up with phone calls in June. They emphasised a desire not to make the task complicated. Specifically, the request was for: (i) the obvious services where all spend was for the benefit of children, and (ii) services for a wider population where a part of the service targeted children and where departments could make a robust assumption on which expenditure could be apportioned. Expenditure on services for a wider population where children would be beneficiaries but where it was difficult to apportion spend was to be excluded.

Other opportunities were used to familiarise government officials with the project. This included attending the launch of the children's budgeting report commissioned by NICCY and meeting a small group of officials and representatives of the voluntary sector. The project lead met with the author of the aforementioned report and the OFMDFM official responsible for developing a process for producing a children's budget in the longer term, to agree how this research might support the work done so far and help

inform future work. The voluntary sector was invited to participate in the project. Guidance and tools were amended to suit the sector and distributed through Children in Northern Ireland (CiNI) – the regional umbrella organisation for the voluntary and community children's sector in Northern Ireland – and sent directly to the National Children's Bureau NI, Barnardo's and the NSPCC. The Children's Services Planning Professional Advisor of the Children and Young People's Strategic Partnership was contacted to make the children's partnership aware of the project as it might relate to its role in ensuring integrated planning and commissioning for children's services across agencies and sectors. Finally, the Northern Ireland Local Government Association (NILGA) was informed about the project in case it wished to include any relevant local government activity in the project.

Collection of data for fund maps

The second step was to work with designated government officials and the voluntary sector to collect the fund-mapping data. This was an iterative process, providing the opportunity to check progress and raise questions and additional data requirements.

The fund-mapping methodology included the use of two fact sheets.

The 'Data Fact Sheet' was used by designated staff to collect and collate the following: expenditure on services for all children from conception up to and including the age of 17; resources in terms of staffing numbers (both actual staff numbers and work-time equivalent staff numbers); the primary purpose of the expenditure on children and

young people in terms of its level of intervention – essentially whether it is for universal prevention (Levels 1 and 2), targeted early intervention (Levels 3 and 4), or treatment/maintenance (Levels 5 and 6); and the unit costs of services for children where possible. To help staff decide which services to include, the following guidance was given:

- Include expenditure on young people aged 18 where they are still in secondary school education
- Include expenditure on young people who are care leavers or who have a physical or learning disability up to the age of 25 (expenditure to be separated out from spend for those up to and including those aged 18 still in secondary school education if possible).
- Include services that are provided to adults as parents or to families where the intention is the short- or longer-term improvement in outcomes for children.
- Bear in mind that the outcomes that provide the overarching framework for this project are those included in the Northern Ireland Children & Young People's Plan 2011-2014, which stated that children and young people in NI should be:
 - Healthy
 - Enjoying and achieving
 - Living in safety and with stability
 - Contributing positively to community and society

- Experiencing economic and environmental wellbeing
- Living in a society which respects their rights

As more recent data were not going to be available until six months after the project started, the request was made for expenditure data for the financial year 2012/13.

The 'Programme fact sheet' was intended to help identify (i) the EBPs offered to children, young people and their families from conception up to and including young people aged 17, and (ii) the outcomes at which programmes were aimed. Respondents were asked to report on programmes, practices and processes that had been found to be effective in an RCT or quasi-experimental design study.

Analysis

In the third step the research team analysed the available data and shared each departmental analysis with the relevant department to help ensure factual accuracy. The analysis focused on investment in frontline services – including associated management and administrative support – while recognising that there is additional investment in policy and strategy development and planning that will also result in increased or improved service delivery in the future.

In accordance with the goals of the project, the analysis focused on: establishing the level of investment in children's services by department and in total; categorising investments by the level of intervention to identify prevention and early intervention

activity wherever possible; identifying the level of investment in EBPs, focusing on programmes either approved by the Blueprints database (www.blueprintsprograms.com) or deemed likely by participants in the research to meet the Blueprints standards; and determining the unit cost for services where appropriate and feasible. The final data were received by the research team in March 2015.

Results

Departmental investment in services for children and young people

Overall, total net departmental expenditure in 2012/13 was £10,610.7 million (Final Outturn for Resource Departmental Expenditure Limit (DEL)⁹), with £10,515 million being spent by Executive Departments.¹⁰ At least £2.28 billion was spent on children and young people, equivalent to 21.6% of the Resource DEL for Executive Departments). This included services that were clearly for children and young people and those where a robust assumption could be made and used as the basis on which to apportion spend on services from a wider population base. Therefore, not all expenditure on children and young people is included.

⁹ Departmental Expenditure Limits (DEL) are limits set in the Spending Review. Departments may not exceed the limits that they have been set.

¹⁰ Other expenditure is incurred by Non-Ministerial Departments – Assembly Ombudsman/Commissioner for Complaints, Food Standards Agency, NI Assembly, NI Audit Office, NI Authority for Utility Regulation and the Public Prosecution Service.

Table 1 about here

The expenditure was spread across 10 departments, but nearly three-quarters (72%) was by the Department of Education and 21% by the Department of Health, Social Services and Public Safety (DHSSPS) (Table 1). Other departments together invested just 7% of the total. There is significant investment in improving children's outcomes through the community and voluntary sector, with a considerable proportion of that coming from the statutory sector. However, despite our best efforts, including tailoring the data collection forms to suit them, the very partial response from the community and voluntary sector – only two organisations responded - means that no firm conclusions can be drawn about the amount or nature of its additional investment in services for children and young people.

Staff working with children and young people

One of the major forms of investment in improving child outcomes is in the staff who work with children. For many services, the number of staff working with children and young people was not available, nor was the number of Full-Time Equivalents (FTEs). Thus, the figures in Table 2 exclude significant areas of work, particularly in the health service, and provide only an indication of the minimum number of people working with children and young people in Northern Ireland. Notwithstanding this limitation, at least 64,000 people work face-to-face with children and families across all services, including some volunteers. This includes 60,000 in the Department of Education (including 19,400

teachers and 23,000 in youth services) and 2,670 in the DHSSPS (this only includes social work, health visiting and school nursing staff).

Table 2 about here

Cost of services per child/young person

Unit costs were calculated by dividing the total budget by the number of beneficiaries served in 2012/13 and were, effectively average annual costs. The extent to which any child or young person benefits from a service is likely to have varied widely and so the figures do not reflect the likely range of unit costs for each service. It was not possible for departments to provide unit or average costs for all services, mainly because the number of children benefiting from a service was not known.

Where unit costs were provided or could be calculated from the data given on total investment and beneficiary numbers, costs per beneficiary ranged from £3 to £36,730 (Table 3).

The highest unit costs were for the Youth Justice Agency's Juvenile Justice Centre and Looked After Children, both costing, on average, over £35,000 per person per annum and both providing 'treatment' services for children and young people. At the other end of the scale, universal health services had relatively low unit costs, notably community midwifery (£470), health visiting and district nursing (£80) and school nursing (£50).

It was not possible to provide a unit cost for a school place or services that supported children in these places, as the funding mechanism for schools is through a number of delegated budgets, block grants and other funding streams and these funding streams can be spent against local priorities at the discretion of each school. However, the all school budgets (ASBs) for nursery, primary and post-primary education delivered £3,700, £3,000 and £4,200 to schools per pupil respectively averaged across the whole budget. The ASB is, however, mainly for universal services (Level 1), with some targeted services (Level 3) for addressing social need varying from school to school. The split between levels was not given for nursery education but for primary and post-primary it was 97% at Level 1.

Table 3 about here

Investment in prevention and early intervention

It was not possible to disaggregate 11% of expenditure by level of intervention, with most (92%) of that expenditure by the Department of Education (Table 4).

For budgets where it is possible to determine the level of intervention, examples of promotion activity included: all levels for general education – pre-school, primary, post-primary and further education; other early years provision; community midwifery and health visiting; libraries; and opportunities for all children based on the arts, sport,

culture, science and the built or natural environment. Universal prevention activity included: school nursing; most road safety activity; education awareness-raising activities on such issues as homelessness; and some sporting activities.

Only 13% was invested in targeted early intervention (Levels 3 and 4). Selective prevention included *inter alia* the following activities: the DEL financial support for childcare provision for students aged 16-19, who are parents and undertaking a course of study at a Further Education college, and the Training for Success and Programme-Led Apprenticeship schemes; the Department of Justice (DOJ) investment in the Community Safety Unit Priority Youth Interventions (PYI); and OFMDFM investment in the Racial Equality Unit funding for services for people from minority ethnic backgrounds. Indicated prevention included the Northern Ireland Prison Service Family Matters parenting programme. Some services targeted both sub-populations and identified individuals and combined intervention Levels 3 and 4. These include the Department for Social Development's (DSD) Neighbourhood Renewal Investment Fund: Youth Programme Funding and Women's Centres Childcare Fund (WCCF).

Just under a fifth (19%) of expenditure was on children with clearly identified high, and often complex, needs (Levels 5 and 6), with most (96%) of that invested in social care activities. These included: specialist paediatric health services and associated services mainly provided in hospital; all social work services, with the exception of early years provision; Disabled Facilities Grants; some small arts projects; Local Employment

Intermediary Service (LEMIS) provision for care leavers and young people not in education, employment or training (NEET); and youth custody and other youth justice services.

Table 4 about here

For some services, the returns indicated that intervention was at several levels. For some services assumptions were made to apportion spend between levels of intervention. These included: the delegated schools budgets for nursery, primary and post-primary (allocated between Levels 1 and 3 as described earlier); Youth Justice Unit grant funding (41% at Levels 3-4, 49% at Levels 5-6, with 10% split not known); Youth Activities (97.3% at Levels 1-3, 2.7% at Level 4); Road Safety Education Office Service; and the Replay Theatre Company productions and workshops for 0-18 year-olds. For other services, no disaggregation was possible. This was the case for Child and Adolescent Mental Health Services (CAMHS) delivering at intervention Levels 3, 5 and 6.

Investment in evidence-based programmes

Four departments reported having no expenditure on EBPs and a few mentioned programmes that did not meet the criteria. Although data were not available for 2012/13, it was evident that the DHSSPS had some expenditure on EBPs, notably Family Nurse Partnership. There were also a few EBPs, such as Life Skills Training, amongst the services that received grant funding from the DOJ. A number of departments reported

that while they did not have expenditure on EBPs in 2012/13 they had subsequently begun to fund programmes that met the standards of evidence used for the study – a sign, arguably, of the influence of the EITP. Many departments were unable to provide data to complete the Programmes Factsheet, stating that this level of detail was not held centrally, particularly where services were delivered by third party organisations. However, it is likely to be only a small proportion of the total expenditure on children and families.

Discussion

The project was concerned with providing the best possible analysis to enable the supporters of the research (NICCY, The Atlantic Philanthropies and the Delivering Social Change Board) to influence conversations about future investments, principally by having a baseline against which to assess decisions about moving resources into prevention and early intervention. This aspiration was ambitious and may have been too bold for the complex arrangements for funding and delivering services for children in Northern Ireland. The project encountered various organisational barriers while undertaking the work. Some proved insurmountable, with the result that several caveats must be added to the findings and their interpretation.

There can be confidence that the overview of total expenditure is correct. However, estimates about expenditure on prevention and early intervention and EBPs must be treated with caution. The information provided by the 10 government departments that

spend money on services for children was based exclusively on outturn data. This made it possible to determine *what* was spent but difficult to determine *how* it was spent. Budget headings provided the name and broad nature of the services but not the detail of what they did and how. Where possible, the research team contacted the delivery agencies responsible for the budgets to clarify how the money was being spent, but in many cases this was simply not feasible.

The current organisation, categorisation and analysis of financial and administrative information in Northern Ireland is complex, with government departments delivering services through arms-length agencies, and makes an exercise of this nature very challenging. Budgets are managed and monitored at a number of levels in the system and detailed data were not necessarily available to all government departments, particularly on staff and beneficiary numbers.

In addition, it was often difficult to access the requested information. The work had the backing of senior government officials but staff in the departments had no specific time allocated to helping with the research. Nor was there anyone within each department with clear responsibility for championing the work and encouraging staff to participate. There were severe delays in receiving some of the requested information. The return of data from only two voluntary sector organisations was disappointing and clearly unrepresentative.

Notwithstanding these limitations, it is important to acknowledge that this was a complex exercise and has yielded rich high-level information. It provides a useful and important foundation for making decisions about expenditure on children. Few, if any, jurisdictions have better information.

Reflections on the findings

This analysis has exposed what is and is not known about investments in children's services in Northern Ireland at a government department level. Establishing a baseline for total expenditure and for per capita investment is an essential first step towards creating a children's budget. However, it is clear that a deeper investigation into the activities that are funded and the number of beneficiaries would permit a more confident analysis of the nature of investment in early intervention and prevention.

Of the £15 billion expenditure across all government departments, approximately one-third comprises social security payments. Of the remaining £10 billion, 21% is invested in services specifically for children and families. Children and families also benefit from other services provided for the general population, such as economic development activity, community development and community safety initiatives, police and primary care. Children and young people comprise 24% of the population of Northern Ireland. Investment in them as a proportion of total expenditure is broadly in line with their size relative to the total population, although slightly lower.

As the largest investment, it is disappointing that the analysis of education expenditure was so limited in comparison to what was possible with smaller levels of expenditure by other departments. Also, although the total investment in education was available, the complexity of the funding streams to schools did not facilitate the determination of unit costs for school places or the total number of staff working with children in the education sector.

As levels of need in the community increase and cuts to public expenditure deepen, it is likely that investment in treatment and maintenance (Levels 5 and 6) will increase as a percentage of the total. This will be at the cost of a decrease in investment in prevention and early intervention.

In the face of diminishing resources, it is all the more important to ensure that current investments are directed to where there is need and where they are likely to make a positive impact and be cost-effective. Across all departments declaring expenditure on children and families, there are budget lines that could be further scrutinised for likely impact.

Also, since explicitly redeploying budgets to more effective prevention and early intervention activity is unlikely, it would be possible to redeploy staff time to more effective activity. There are, for example, approximately 27,500 teaching staff. Re-

direction of 5% of their time to support evidence-based activity would, in aggregate, constitute a significant investment.

It would appear that, with the exception of a small number of programmes delivered by voluntary or community groups, government departments could not identify investment in EBPs in the 2012/13 period. While broadly speaking this is likely to reflect the reality, it should be put in context. First, the definition of EBPs for the research is somewhat restrictive: Blueprints arguably sets the highest standard of all online databases of programmes. Second, some other interventions might be regarded as 'evidence-informed' if not yet subjected to rigorous experimental evaluation. Third, the year selected for study, 2012-2013, pre-dates the EITP and was therefore when all Atlantic Philanthropies investments in EBPs were in the voluntary sector. The same exercise repeated for subsequent years should yield more encouraging data. Nevertheless, in light of international evidence on the effectiveness and healthy cost-benefit ratio of some EBPs it is surprising that only tiny sums appear to have been committed to EBPs.

Implications for policy

Throughout this article expenditure on services for children and families has been described as an investment. This is to convey both the importance of seeking to support children to realise their rights in childhood and improve their health and development in the present but also the basic aspiration of most western democracies to equip children and young people to become good citizens of the future who make a positive

contribution to the economy and society. Investments should be aligned to children's developmental outcomes and, ideally, informed by epidemiological intelligence on current patterns of need. The Health and Social Care Board seeks to take this type of outcome-focused approach to planning for health and social care, and other departments and agencies are trying to promote this approach.

As pressure on public expenditure increases, it is very likely that the amount available for investment in early intervention and prevention will decrease in real terms and as a proportion of total expenditure. It is essential, then, that effort is focused on securing the greatest possible benefit from the existing resource. There is anecdotal evidence in Northern Ireland, as in other parts of the UK, that tighter budgets can lead to service commissioners being more interested in what works and how evidence can help them to make difficult choices. This could mean that even if the overall budget for children's services declines, it is possible to increase the proportion spent on cost-beneficial and evidence-based prevention and early intervention at the expense of ineffective, inefficient and more heavy-end services. But this requires concerted effort.

This should comprise two strategies: (i) de-commissioning services that are ineffective or not cost-beneficial to release resource for re-investment, and (ii) redeploying a proportion of the time of staff who work directly with children to more effective activities. Both strategies could involve explicit commitment to prioritising early

intervention and prevention, as well as greater take-up of tested and effective programmes and practices.

With current investment in EBPs in Northern Ireland at near zero, it might be prudent to set a target to increase overall investment in such activities. For example, this might be set at 0.5% over five years. Each department could be invited to make a proposal for how investments might be better aligned to priority outcomes and channelled into tested and effective programmes, with education and health and social care facing the greatest challenge to shift more significant sums of money but also having the greatest scope because of the size of the budgets.

Implications for research

The preparation of a children's budget is a complex task. There is, as yet, no accepted methodology for tackling this. However, as the scrutiny of public expenditure increases it is likely that there will be more demand for this type of analysis. Thus, if this exercise were to be repeated in Northern Ireland or undertaken elsewhere, there is important learning from this work that would merit reflection.

First, the successful collation and interpretation of the data requires the involvement of many people. In this study, data were received from 10 different departments. This necessitated the commitment of senior staff in each department, staff from a range of sections within departments and staff in delivery agencies. It is vital to secure the

support and involvement of all key individuals, for them to have time to track down the relevant data and for people within government to have a co-ordinating role.

Second, this work was initiated as a standalone project by two organisations outside of government, albeit with the support of the Delivering Social Change Board. Despite concerted efforts to publicise the work and secure buy-in, it is possible that the rationale for the work was not widely understood and, as a result, there were mixed levels of motivation to get involved. It could be more effective to set the work in the context of a broader strategic initiative with a clear understanding of how the findings from the fund map are to be used.

Third, the current categorisation and aggregation of budget information within departments presented serious challenges to the fund-mapping process. It would be worth changing the way this information is collected and categorised in future in order to make the process of regular fund-mapping more efficient. Without these changes it would be very labour intensive and of dubious value to repeat the exercise.

Fourth, the analysis focused on the departmental level, which yielded good data on the overall amount of expenditure but less on how resources were deployed. A future fund map would need to involve those bodies with delivery responsibility – most notably schools, the Education Authority (which recently replaced the Education and Library

Boards), the Health and Social Care Board, Health and Social Care Trusts and the Public Health Agency – in order to provide greater insight into how the money is being spent.

Fifth, the analysis yields greater insight when it can be set alongside findings from other jurisdictions. There would be considerable value in adopting an agreed method to fund-mapping to facilitate valid area-by-area comparison.

References

Allen, G. (2011a). *Early Intervention: The Next Steps*. London: HM Government.

Allen, G. (2011b). *Early Intervention: Smart Investment, Massive Savings*. London: HM Government.

Axford, N., Morpeth, L., Little, M. & Berry, V. (2008). Linking prevention science and community engagement: a case study of the Ireland Disadvantaged Children and Youth Programme. *Journal of Children's Services*, 3(2), 40-54.

Axford, N. & Little, M. (2006). Refocusing children's services towards prevention: lessons from the literature. *Children and Society*, 20(4), 299-312.

Chowdry, H. & Oppenheim, C. (2015). *Spending on Late Intervention: How We Can Do Better for Less*. London: Early Intervention Foundation.

Kemp, F., Ohlson, C., Raja, A., Morpeth, L. & Axford, N. (2015). *Fund-mapping: The Investment of Public Resources in the Wellbeing of Children and Young People in Northern Ireland*. Belfast: NICCY.

Little, M. & Abunimah, A. (2007). Improving outcomes for children in the island of Ireland: the role of philanthropic investment. *Journal of Children's Services*, 2(2), 60-67.

NAWCYC (National Assembly for Wales Children and Young People Committee). (2009). *Children's Budgeting in Wales*. Cardiff: National Assembly for Wales.

O'Connell, M. E., Boat, T. and Warner, K. E. (Eds.) (2009). *Preventing Mental, Emotional, and Behavioural Disorders Among Young People: Progress and Possibilities*. Washington DC: The National Academies Press.

OPM (Oxford Policy Management). (2012). *Putting Children at the Heart of Budgets: How UNICEF is Pioneering Child-focused Budgeting*. Oxford: OPM.

Office of the First Minister and Deputy First Minister. (2006). *Our Children and Young People – Our Pledge: A Ten Year Strategy for Children and Young People in Northern Ireland 2006-2016*. Belfast: OFMDFM. Retrieved 2nd August, 2016, from

<https://www.health-ni.gov.uk/publications/our-children-and-young-people-our-pledge-ten-year-strategy-children-and-young-people>

Office of the First Minister and Deputy First Minister. (2014). *Delivering Social Change for Children and Young People: Consultation Document*. Retrieved 28th September, 2015, from <http://www.ofmdfmini.gov.uk/dsc-children-young-people-consultation-2014.pdf>

Sneddon, H. (2014). *Children's Budgeting in Northern Ireland: An Exploratory Study*. Belfast: NICCY. Retrieved 2nd August, 2016, from http://www.niccy.org/media/1316/niccy_budget_report_31_march_14.pdf

Welsh, B., Farrington, D. & Gowar, R. (2015). *Benefit Cost-Analysis of Crime Prevention Programs*. In M. Tonry (Ed.) *Crime and Justice: A Review of Research*, Vol. 44. Chicago: Chicago University Press.

Table 1 Summary of departmental spend on children and young people (net of income from users)

Department	Total Resource DEL	Spent on children	As % of department spend	Department spend as % of all spend on children
Executive Departments	£m	£m	%	%
Agriculture and Rural Development (DARD)	218.77	1.34	0.61%	0.06%
Culture, Arts and Leisure (DCAL)	115.44	18.10	15.68%	0.80%
Education (DE)	1,888.57	1,632.56	86.44%	71.74%
Employment and Learning (DEL)	1,010.85	103.40	10.23%	4.54%
Enterprise, Trade and Investment (DETI)	199.23	-	0.00%	0.00%
Finance and Personnel (DFP)	179.88	-	0.00%	0.00%
Health, Social Services and Public Safety (DHSSPS)	4,495.32	483.99	10.77%	21.27%
Environment (DOE)	130.96	3.10	2.37%	0.14%
Justice (DOJ)	1,248.04	15.30	1.23%	0.67%
Regional Development (DRD)	486.57	7.67	1.58%	0.34%
Social Development (DSD)	464.53	8.50	1.83%	0.37%
Office of the First Minister and deputy First Minister (OFMDFM)	76.98	1.82	2.4%	0.08%
	10,515.14	2,275.78	21.64%	100.00%

Table 2 Staff known to be working with children and young people

Department	Number
Executive Departments	
Agriculture and Rural Development (DARD)	Not known
Culture, Arts and Leisure (DCAL) (See note 1 below)	960
Education (DE) (See note 2 below)	60,035
Employment and Learning (DEL)	Not known
Enterprise, Trade and Investment (DETI)	Not applicable
Finance and Personnel (DFP)	Not applicable
Health, Social Services and Public Safety (DHSSPS) Social work staff (See note 3 below)	1,861
Health staff (See note 4 below)	804
Environment (DOE)	115
Justice (DOJ) (See note 5 below)	Not known
Regional Development (DRD)	Not known
Social Development (DSD) (See note 6 below)	52
Office of the First Minister and deputy First Minister (OFMDFM) (See note 7 below)	28
TOTAL	63,855

Notes:

(1) In some services related to sporting activities, staff numbers were not known.

(2) Includes 23,500 people in youth services, many of whom are volunteers.

(3) Children's Social Work – includes fieldwork, residential care (including respite), CAHMS social workers, autism services, contact centres and regional services plus staff at NIGALA.

(4) Health visiting and school nursing staff only.

(5) Staff numbers were only reported for the Young Witness Service (9) and the service for prisoners who were parents (4).

(6) A large proportion of the expenditure comprised grants to the voluntary and community sector where the staff numbers involved were not collected by DSD.

(7) This includes 24.5 FTE staff working at NICCY and three staff working within the Racial Equality Unit. The number of staff within the funded delivery organisations working with children was not known.

Table 3 Unit costs: Major services and those with the higher unit costs

	Intervention level [1]	Total spend	Number of children benefiting	Unit cost
Road Safety	2 (95%) & 3	902,518	335,325	3
Sport NI: Active Communities Programme	2	2,552,483	77,236	33
School Nursing	2	6,215,847	117,233	53
Heath Visiting	1	9,400,766	119,454	79
Libraries	1	11,457,248	116,682	98
Youth activities	1,3,4	30,097,000	148,533	203
Early years provision	1,3,4	18,103,394	55,508	326
Social Work - Children receiving services at home	5	8,825,764	26,245	336
Health - Community Midwives	1	12,630,283	26,793	471
Local Employment Intermediary Service	5	446,469	532	839
Sport NI: Special Olympics	5	606,305	529	1,146
CAMHS	2,3,5	13,566,959	4,112	3,299
Nursery schools delegated budget excl targeted element	1	16,851,000	4,943	3,409
NIGALA	5	4,057,836	1,048	3,872
Care to Learn (NI)	3	409,425	84	4,874
College of Agriculture, Food and Rural Enterprise	1	1,338,100	240	5,575
Youth Justice Agency: Youth Justice Services	5	6,623,000	1,039	6,374
Social Work - Aftercare (Programme of Care 3 only)	5	8,977,343	1,388	6,468
Special education for children with emotional and behavioural problems and for children with disabilities	5,6	61,838,000	8,724	7,088
Education Other Than At School	5	5,261,000	647	8,131
Disabled Facilities Grants	6	769,278	66	11,656
Special schools	5,6	86,812,000	4,653	18,657
Children Looked After	5	100,270,754	2,807	35,722

YJA: Custody - Woodlands Juvenile Justice Centre	5	7,750,000	211	36,730
---	---	-----------	-----	--------

[1] Level 1 – Promotion, Level 2 - Universal prevention, Level 3 – Selective prevention (targeting at a group level on the basis of elevated risk), Level 4 – Indicated prevention (targeting at an individual level on the basis of elevated risk and/or early signs of problems), Level 5 – Treatment, Level 6 – Maintenance (O’Connell et al., 2009).

Table 4 Spend by intervention level (expenditure net of income from users)

Executive Departments	Levels 1 and 2	Levels 3 and 4	Levels 5 and 6	Not disaggregated by intervention level	Total
	£m	£m	£m	£m	£m
Agriculture and Rural Development (DARD)	1.34				1.34
Culture, Arts and Leisure (DCAL)	17.39	0.65		0.05	18.10
Education (DE)	1,193.99	212.41	0.97	225.24	1,632.56
Employment and Learning (DEL)	48.95	54.41	0.03		103.40
Enterprise, Trade and Investment (DETI)	-	-	-	-	-
Finance and Personnel (DFP)	-	-	-	-	-
Health, Social Services and Public Safety (DHSSPS)	29.35	17.00	424.08	13.57	483.99
Environment (DOE)	3.06	0.05			3.10
Justice (DOJ)		0.80	14.90	0.03	15.30
Regional Development (DRD)	7.67				7.67
Social Development (DSD)		7.71	0.77		8.50
Office of the First Minster and deputy First Minister (OFMDFM)		0.25		1.57	1.82
Total	1,301.75	293.28	440.75	240.46	2,275.78
	57.20%	12.89%	19.37%	10.57%	100.0%