CES

CENTRE FOR EFFECTIVE SERVICES

An introductory guide to the key terms and interagency initiatives in use in the Children's Services Committees in Ireland

Stella Owens

This document provides an introduction to the sources and origins of key terms and interagency initiatives in use in the Children's Services Committees in Ireland. It is not intended to be comprehensive of all terms and initiatives relevant to CSCs at this stage, but rather a starting point which we hope will be added to with suggestions from CSC stakeholders, as the work on CSCs progresses.

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Introduction

Introduction

The Centre for Effective Services

The Centre for Effective Services is an independent, not-for-profit organisation working across the island of Ireland and funded jointly by philanthropy and national government in Ireland[1]. The overarching mission of the Centre is to connect the design and delivery of services with scientific and technical knowledge of 'what works', to improve outcomes for children, families and their communities. We provide technical and organisational expertise to support the design, implementation and ongoing review and development of evidence-informed services. Our aims are:

> ➤ To promote and support the application of an **evidence-informed approach** to policy and practice in child, family and community services
> ➤ To promote the development of **collaborative, joined up working** that is outcomes-focused across research, policy and service providing organisations
> ➤ To **build capacity** within Ireland and Northern Ireland to take this work forward in the longer term by developing knowledge, skills and competencies.

In 2009, the Centre was asked by the Office of the Minister for Children and Youth Affairs (OMCYA), part of the Department of Health and Children in Ireland, to assist with, and advise on, the strategic development of Children's Services Committees (CSCs). A three year project plan was agreed between the Centre and OMCYA which outlines the support that CES will provide to the continuing development of the CSC initiative.

Origins and objective of this document

Since the four Children's Services Committees (CSCs), Dublin City, South Dublin, Donegal and Limerick City became operational in 2007, numerous different multi-agency initiatives, tools, methodologies, and approaches, each with their own terminology, have been employed by CSCs. The OMCYA has asked CES to produce a brief document which offers some explanation and definition of the differing terms and conceptual frameworks relating to interagency initiatives that are currently in use in the CSCs.

This is a preliminary document that will be added to as the work of CSCs and CES progresses. It is intended as a quick reference document for CSC stakeholders, and attempts to provide readers with a succinct and accessible introduction to the selected key terms currently in use in CSCs. This document is not intended to be comprehensive of all terms relevant to CSCs at this stage, but rather a starting point which we hope will be added to with suggestions from CSC stakeholders.

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[1] The Atlantic Philanthropies, the Office of the Minster for Children and Youth Affairs (OMCYA), and the Department for Community, Equality and Gaeltacht Affairs (DCEGA).

CES will soon be producing a more extensive review of key terms, constructs and evidence relevant to interagency working which will explore these and other terms in greater detail.

Sources

Material for this document was sourced through government publications, policy documents, books, journal articles and other published and unpublished documents and briefs. Relevant Irish and UK government websites were also searched and Google and Google Scholar search engine searches were conducted using a limited number of keywords. All sources are listed in the bibliography and resources section at the end of this document.

Structure of the document

The document is divided into seven sections. The first section is concerned with interagency collaboration and integrated working. Section two describes the policy frameworks relevant to the CSC initiative. Section three describes two models of child and family development and section four documents assessment frameworks relevant to working together. Section five defines specific interventions and initiatives for interagency working with section six focussing on data protection and data sharing protocols. Finally section seven defines key technical and other terms relevant to the CSCs.

Section 1
Working Together

Section 1   Working Together

Interagency collaboration

Collaboration and partnership between government agencies and organisations has become a key concept underlying how we provide services to children and families. These ideas now inform a large body of social policy initiatives including some statutory duties of interagency co-operation and an emphasis on working with service users and carers.

Different terms can be applied to the concept of agencies working together, and many of these are (confusingly) used interchangeably:

- **Interagency working**: more than one agency working together in a planned and formal way, rather than simply through informal networking (although the latter may support and develop the former). This can be at the strategic or the operational level. It could involve planning and working in parallel, but it does not involve the combining of systems, processes and teams.

- **Multi-agency working**: more than one agency working with a client but not necessarily jointly. Multi-agency working may be prompted by joint planning (the usual sense in which this term is used) or simply be a form of replication, whereby several agencies work in a more or less unplanned way with the same client or client group. As with interagency working, it may be concurrent or sequential. The terms 'interagency' and 'multi-agency' (in its planned sense) working are often used interchangeably.

- **Joined-up working:** policy or thinking refers to deliberately conceptualised and co-ordinated planning, which takes account of multiple policies and varying agency practices. This has become the underpinning principle – at least in aspiration - of almost all current UK social policy.

- Finally, **integrated working** is where everyone supporting children and young people work together effectively to put the child at the centre, meet their needs and improve their lives. Integrated working is achieved through formalised collaboration and co-ordination between agencies (that may retain their own separate identities), at all levels, across services, in both single and multi-agency settings. It requires commitment to common goals, strong leadership and management and is facilitated by the adoption of common service delivery tools and processes.

- **Integrated processes** are key to the success of integrated working and can include:
  - Information sharing between professionals based on guidance to ensure understanding of when, why and how to share information
  - Common delivery tools, for example the Common Assessment Framework (CAF) in England to make assessment more efficient and reduce the risk of duplication. It also encourages a shared language between agencies and improves referrals
  - A lead professional to ensure front-line services are co-ordinated and can act as a contact point for children, young people and families
  - Development of efficient data sharing processes including exploration of electronic sharing.

For CSC purposes, 'interagency working' probably best describes what CSCs are trying to set in place at the local level, with aspirations to achieve at least some elements of 'integrated working' as structures and processes evolve.

Interagency working is an activity that covers a broad range of actions and can be applied in numerous areas and settings. According to the Children Acts Advisory Board (CAAB) 2009 interagency working can be:

- **Formal or informal**: informal including interpersonal contacts and informal channels of communication e.g. ad-hoc meetings, correspondence and phone calls or formal including organisational structures, job definitions and instruments e.g. plans, agreements, contracts

- **Vertical or horizontal**: vertical can involve joint actions of agencies from different government levels or horizontal involving the joint action of agencies from different sectors

- **Policy, operational or front-line**: interagency working between agencies can take place in relation to strategic or public policy, organisational/operational or front-line delivery issues.

Tomlinson's (2003) definition of 'good practice' in interagency working advocates:

- Full strategic and operational commitment to collaboration
- An awareness of agencies' differing aims and values, with a commitment to working towards a common goal
- Involvement of all relevant people, often including clients and their carers
- Clear roles and responsibilities for individuals and agencies involved in collaboration
- Supportive and committed management of staff in partnerships
- Flexible and innovative funding mechanisms
- Systems for interagency collecting, sharing and analysis of data
- Joint training, with accreditation where appropriate
- Strategies to encourage team commitment beyond the personal interests of key individuals
- Effective and appropriate communication between agencies and professionals
- A suitable, and sometimes altered, location for the delivery of services.

Section 2
Policy Frameworks relevant to working together

Section 2   Policy Frameworks relevant to working together

Ireland

The National Children's Strategy (2000)

The National Children's Strategy (2000) sets out a series of objectives to guide children's policy over the ten year period up to 2010. It seeks to establish a **'whole child'** perspective at the centre of all relevant policy development and service delivery, and to improve the quality of children's lives through integrated delivery of services in partnership with children, young people, their families and their communities. The whole child perspective draws on research and knowledge about children's development and the relationship between children and family, community and the wider society. It identifies the capacity of children to shape their lives as they grow, while also being shaped and supported by the world around them. The nine dimensions identified are: physical and mental well-being; emotional and behavioural well-being; intellectual capacity; spiritual and moral well-being; identity; self care; family relationships; social and peer relationships; and social presentation.

The National Children's Strategy identifies three national goals:

Goal 1 - Children will have a voice in matters which affect them and their views will be given due weight in accordance with their age and maturity.

Goal 2 - Children's lives will be better understood; their lives will benefit from evaluation, research and information on their needs, rights and the effectiveness of services.

Goal 3 - Children will receive quality supports and services to promote all aspects of their development.

Development of a new National Children's Strategy will be led by the Office of the Minister for Children and Youth Affairs.

The Agenda for Children's Services (2007)

The Agenda for Children's Services, published in 2007 by the Office of the Minister for Children and Youth Affairs (OMCYA), sets out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. The Agenda is a framework which applies the principles of the *National Children's Strategy* to the implementation of policies through service delivery. At the core of the Agenda is the promotion of what we want for our children – good outcomes.

As a way of ensuring a common language of outcomes within children's services, *The Agenda for Children's Services* draws together the various types of outcomes found in contemporary children's policy and presents them as a single list of **7 National Service**

Outcomes for Children in Ireland. The 7 National Outcomes envision that all children should be:

1. Healthy, both physically and mentally
2. Supported in active learning
3. Safe from accidental and intentional harm
4. Economically secure
5. Secure in the immediate and wider physical environment
6. Part of positive networks of family, friends, neighbours and the community
7. Included and participating in society.

Northern Ireland

Our Children and Young People – Our Pledge - a ten year strategy for children and young people in Northern Ireland 2006 -2016 (2006)

The overall pledge of this strategy in Northern Ireland is to deliver on a shared vision for all children and young people over the ten years between 2006 and 2016. The success of the strategy is to be measured by improved outcomes in key areas of children and young people's lives. The outcomes framework identifies six outcomes:

- Healthy
- Enjoying, learning and achieving
- Living in safety and with stability
- Experiencing economic and environmental well-being
- Contributing positively to community and society
- Living in a society which respects their rights.

Children's Services Planning in Northern Ireland is an interagency process which is child centred and aims to support families, carers and communities. A statutory duty has been placed on each of the four health and social services boards to set up an Area Children and Young People's Committee to oversee the interagency planning of services for vulnerable children and young people in their area based on the six outcomes.

England and Wales

Every Child Matters (2004)

In 2003, in the UK, the Government published a Green Paper called *Every Child Matters*, alongside a formal response to the report into the death of Victoria Climbié. The paper built on existing plans to strengthen preventative services by focusing on four key themes:

1. Increasing the focus on supporting families and carers
2. Ensuring necessary intervention before reaching crisis point
3. Addressing the underlying problems of weak accountability and poor integration
4. Fostering staff morale and training.

Following the consultation, the Government published *Every Child Matters: The next steps*, and passed the Children Act 2004, providing the legislative spine for developing more effective and accessible services focused around the needs of children, young people and families. *Every Child Matters* is an ecological, integrated system that is centred on the child and their family, served through service co-ordination and supported through integrated organisations and agencies. The emphasis is on prevention rather than crisis intervention.

The main aim of *Every Child Matters* is to improve outcomes in five areas for children and young people:

- Be healthy: physically, mentally and emotionally, sexually and enjoy a healthy lifestyle, free from drugs
- Stay safe: from maltreatment, neglect, violence, exploitation, from accidental death or injury, from bullying and discrimination, crime and antisocial behaviours, have security and stability
- Enjoy and achieve: be ready for school, attend and enjoy school, achieve academically, personally and socially, enjoy recreation
- Make a positive contribution: engage in community, demonstrate positive behaviour, develop positive relationships, self-confidence, skills to deal with life and enterprising behaviour
- Achieve economic well-being: engage in employment, training or further education, be ready for employment, live in sustainable communities and decent homes, have access to transport and material goods, live in households free of low income.

Meeting the aims and achieving the outcomes of *Every Child Matters* is dependent on action taken by local programmes. This should be driven by local analysis of priorities and met through integrated strategy and governance, process and frontline delivery. This approach emphasises integration and sharing rather than duplication of effort and fragmentation. The integrated strategy calls for pooling of budgets, joint area reviews, shared assessment of local needs and a single children and young people's plan produced by the local authority (see Figure 1 below).

Figure 1 Integrated framework, the 'Onion' diagram
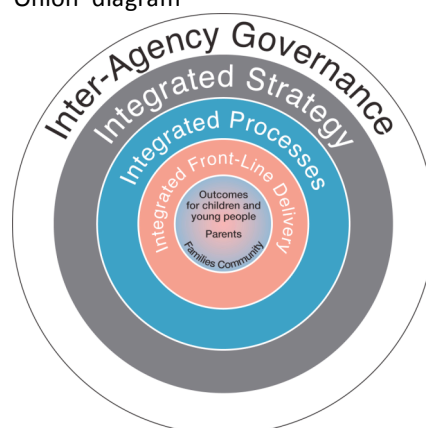
Source: Every Child Matters, Department of Children, Schools and Families

This integrated strategy is set out in Every Child Matters: Change for Children, and places a 'duty to co-operate' on all relevant partners in the making of arrangements to improve well-being and outcomes for children and young people in their local area, through the establishment of Children's Trusts.

Durham Children's Trust has had contact with some of the Children's Services Committees and the OMCYA.

Scotland

Getting it Right for Every Child (GIRFEC) (2005)

Getting it Right for Every Child is the Scottish Government programme to promote effective partnership working between agencies. GIRFEC is the foundation for work with all children and young people, including adult services where parents are involved. It builds on universal health and education services, and is embedded in *The Early Years Framework* and *Valuing Young People: Principles and connections to support young people to achieve their potential.* It sets out to develop all children and young people as:

- Successful learners
- Confident individuals
- Effective contributors
- Responsible citizens.

Embedding the involvement of children and young people in the planning, design and delivery of public services is a prerequisite to achieving these outcomes. Moreover at an individual level, the active participation of every child and young person should be integral to improving their well-being across the national indicators of being *Safe, Healthy, Achieving, Nurtured, Active, Respected, Responsible* and *Included*.

GIRFEC describes the key principles and values which every local authority is required to adhere to, in order to improve outcomes for children and families, in terms of children's broader well-being and development. The key aspects of this are:

- Partnership with parents
- Co-ordination of a team around the child
- One single action plan
- The role of a Lead Professional in co-ordinating the process of integrated working.

Table 1 shows how the outcomes for Ireland and Northern Ireland, England and Wales and Scotland map onto one another, and demonstrates the close degree of similarity across the different schema.

Table 1 National Outcomes for Ireland, Northern Ireland and England & Wales and Indicators for Scotland

Republic of Ireland Outcomes *The Agenda for Children's Services 2007* *www.omc.gov.ie*	Northern Ireland Outcomes *Our Children - Our Pledge 2006* *www.allchildrenni.gov.uk*	England and Wales Outcomes *Every Child Matters* *www.everychildmatters. gov.uk*	Scotland Indicators *Getting it Right for Every Child 2005* *www.scotland.gov.uk*
Healthy, both physically and mentally	Healthy	Be healthy	Healthy
Supported in active learning	Enjoying, learning and achieving	Enjoy and achieve	Achieving and Active
Safe from accidental and intentional harm	Living in safety and with stability	Stay safe	Safe
Secure in the immediate and wider physical environment			
Economically Secure	Experiencing economic and environmental well-being	Achieve economic well-being	Nurtured
Part of positive networks of family, friends, neighbours and the community	Contributing positively to community and society	Make a positive contribution	Responsible
Included and participating in society	Living in a society which respects their rights		Included and respected

Section 3

Models of child and family development

Section 3   Models of child and family development relevant to working together

Ecological Model

The Ecological Model or ecological perspective has its origins in Bronfenbrenner's Ecological Systems Theory of Human Development (1979). It provides a framework to understand the multiple influences – or risk and protective factors[2] - that impact on children. According to Bronfenbrenner (1989), how a child develops is a function of interactions between the individual child and his or her environment over the period of time that the child is developing. The model takes a systems perspective on family functioning, and it provides a framework for understanding how critical factors that influence development nest together within a hierarchy of four levels: the socio-cultural level ('macro-system' factors); the community ('exo-system' factors); the family ('micro-system' factors); and the level of the individual parent or child ('ontogenic' factors).

Thus this model is made up of:

- The child, at the centre, including the dimensions of his/her development
- The home and family/carers
- The systems closest to the child, in his/her immediate environment, such as school, church, play/leisure
- The inter-relationships between these systems in the child's immediate environment. This might include the parents' relationship with the child's teacher and the relationship between the child's siblings and neighbourhood friends
- Social settings that can affect the child but in which the child does not participate directly e.g. local services such as health, housing, social services, community and voluntary groups etc
- The culture and society in which the child lives which affect the child through its beliefs, attitudes, and traditions.

The three important points about an ecological model are that:

1. It is child-centred
2. It begins with a focus on the child's experiences because these are the "*engines of development*"
3. The nature of the relationships between different settings is also included because they influence what the young child experiences.

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[2] Risk and protective factors are defined in Section 7 – Technical and other terms

Ecological models underpin the *National Children's Strategy's* 'whole child' perspective, *Every Child Matters* in England and Wales*, GIRFEC* in Scotland and the *Whole Child Model* in Northern Ireland as a framework for capturing the unique world of each child, with the child as an active participant in it.

Hardiker Model

In the 1990's in the UK, building on an ecological perspective, Pauline Hardiker and her colleagues developed a model to help understand different levels of need within a population of children (Hardiker et al, 1991). This model is now widely used and has been found to be a useful planning framework by both the UK and Irish Governments. The model (see Figure 2) outlines four levels of intervention as follows:
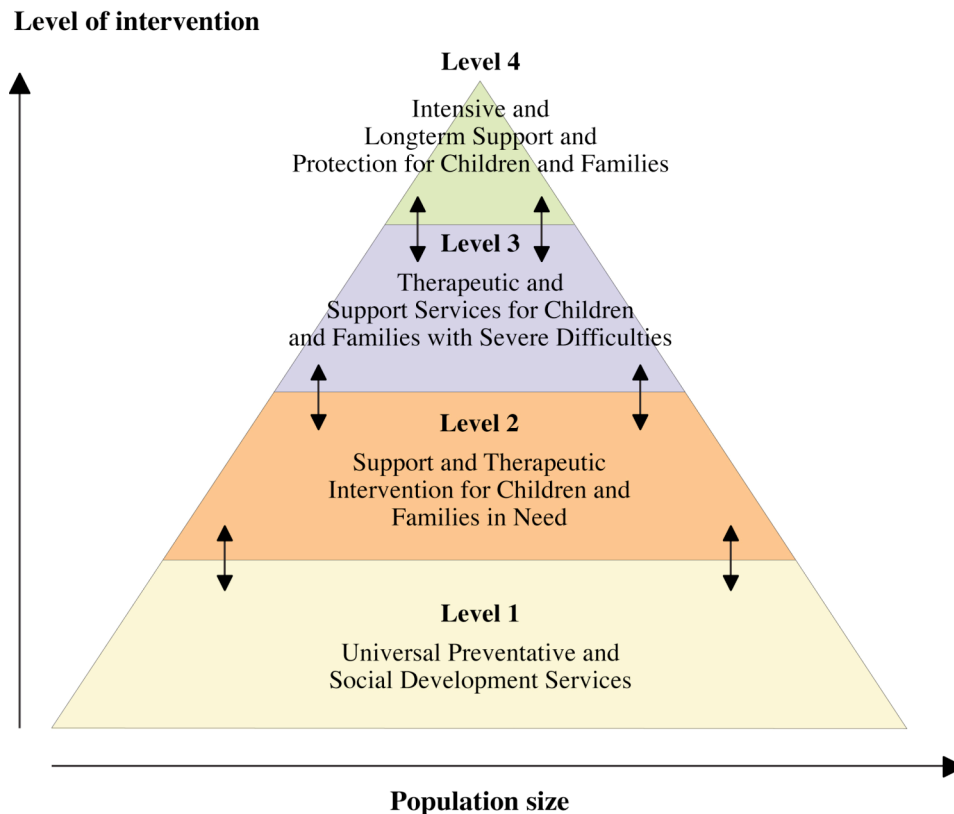
Level 1: refers to those mainstream services that are available to all children — health care, education, leisure and a range of other services provided in communities. It also offers the potential for targeting resources through community development initiatives such as parent and toddler groups, community houses and women's groups which may be available to the whole community but particularly targeted at disadvantaged communities.

Level 2: represents services to children who have some additional needs. Services at Level 2 are characterised by referral, and full parental consent and negotiation. Examples would be Behaviour Support, Parenting Support, additional Educational services, and support for children who are deemed vulnerable through an assessment of what their need is, and via targeted specific services provided by education, health, social services, law enforcement and the voluntary sector.

Level 3: represents support to families or individual children and young people where there are chronic or serious problems. Support is often provided through a complex mix of services which usually need to work together well in order to provide the best support. State intervention can have a high profile at this level. Examples would be children on the Child Protection Register, or who have come before the Courts.

Level 4: represents support for families and individual children or young people where the family has broken down temporarily or permanently, where the child or young person may be looked after by social services. It can also include young people in youth custody or prison or as an in-patient due to disability or mental health problems.

Figure 2: Hardiker Model

Level of intervention

Level 4
Intensive and
Longterm Support and
Protection for Children and Families

Level 3
Therapeutic and
Support Services for Children
and Families with Severe Difficulties

Level 2
Support and Therapeutic
Intervention for Children and
Families in Need

Level 1
Universal Preventative and
Social Development Services

Population size

Source: Hardiker et al, 1991

The study of prevention science has led to wide acknowledgement, that early intervention (either early in the problem, or early in the developmental life course) at Levels 1 and 2, through the provision of basic care such as early years services, produces positive outcomes and prevents the need for children needing specialist services at a later date. The aim of the higher levels of support (3 and 4) is to change the family circumstances positively, so that the family can once again be supported by Level 1 services (and therefore no longer need specialist services) alongside the mainstream population.

Thus good generic Level 1 services would be the preferred approach, supported with preventative services at Level 2, whereby all difficulties are dealt with in mainstream education, health and community. The more needs addressed at levels 1 and 2 the better. Level 2 services are essentially preventative, many provided by community and voluntary agencies. The effectiveness of Level 2 services will often determine the threshold for entry into Level 3. Similarly, effective, intensive, targeted services at Level 3 will affect thresholds for Level 4. But children in care, or in youth custody, or in an acute hospital, at Level 4 are also dependent on access to effective services at Levels 3, 2 and 1 on the journey back to the community.

The Hardiker Model's use can be extended to engage in partnership working with other statutory agencies and with the voluntary and community sector to locate their services along this continuum. With a more in-depth knowledge of the needs of parents, children

and young people, this framework has the potential to significantly inform thinking about strategic objectives.

Section 4

Assessment frameworks

Section 4   Assessment frameworks relevant to working together

The different assessment frameworks described in this section are all theoretically underpinned by Bronfenbrenner's ecological model.

Framework for the Assessment of Children in Need and their Families (England & Wales)

The 'Framework for the Assessment of Children in Need and their Families' was introduced to England and Wales in 2000 (DoH, 2000). The Framework provides a systematic and consistent way of collecting and analysing information about an individual child to enable a more coherent understanding of the child's world, especially in situations where a child is thought to be 'in need'. It is therefore suited to **assessment where targeted responses may be required (Levels 2 to 4 in Hardiker's model)** It guides practitioners when undertaking an assessment of a child's needs to address:

- The child's developmental needs
- The capacity of his or her parents/carers to respond to those needs
- The impact of the wider family and environmental factors on both the child and his or her parents/carers while ensuring the child's welfare is safeguarded and promoted.

The three domains constitute a framework within which to understand what is happening to a child (see Figure 3). From this, clear professional judgments can be made. These judgments include whether the child being assessed is in need, whether the child is suffering or likely to suffer significant harm, what actions must be taken and which services would best meet the needs of this particular child and family.

The Framework is evidence-based and underpinned by a set of core principles which means assessments:

- Are child centred
- Are rooted in child development
- Are ecological in their approach
- Ensure equality of opportunity
- Involve working with children and families
- Build on strengths as well as identify difficulties
- Are interagency in approach
- Are part of a continuing process
- Are carried in parallel with other action and providing services
- Are grounded in evidence-based knowledge.

Figure 3 The Assessment Triangle
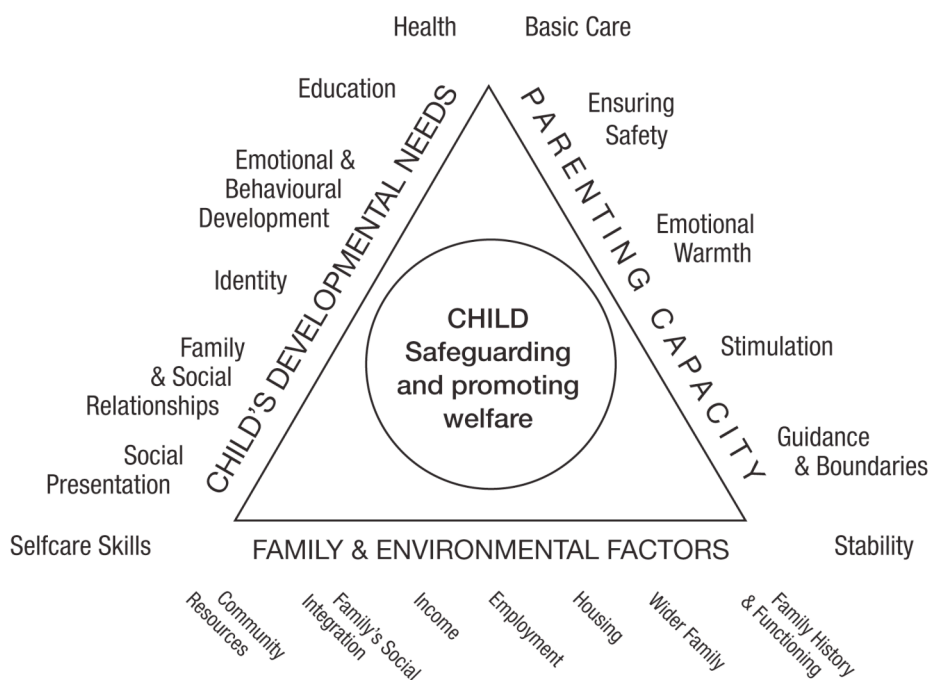
Source: Framework for the Assessment of Children in Need and their Families, Department of Health,
         UK (2000)

My World Triangle (Getting it Right for Every Child - Scotland)

Getting it Right for Every Child in Scotland also uses the assessment triangle (used in the Framework for the Assessment of Children in Need and their Families), referring to it as the 'My World Triangle'. The triangle identifies generic areas important in the development of all children, which should be taken into account when assessing children and young people. It broadly reflects the different dimensions described in the Ecological Model.

The Triangle represents the three domains that the assessment should take account of the:

- Child's developmental needs
- Parents' or caregivers' capacities to respond appropriately
- Wider family and environmental factors.

It serves as a starting point for considering **what risks might be present in a child's life**, as expressed in the Figure 4. This allows practitioners an opportunity to identify possible risk indicators using the areas provided by the My World Triangle. Practitioners using this framework are urged to consider who is best placed to provide information in relation to the

specific areas of a child's life - this will include other practitioners and services, but also the child and family. The five key questions practitioners should consider are:

- *What is getting in the way of this child or young person's well-being?*
- Do I have all the information I need to help this child or young person?
- What can I do now to help this child or young person?
- What can my agency do to help this child or young person?
- What additional help, if any, may be needed from others?

Figure 4 The 'My World Triangle'
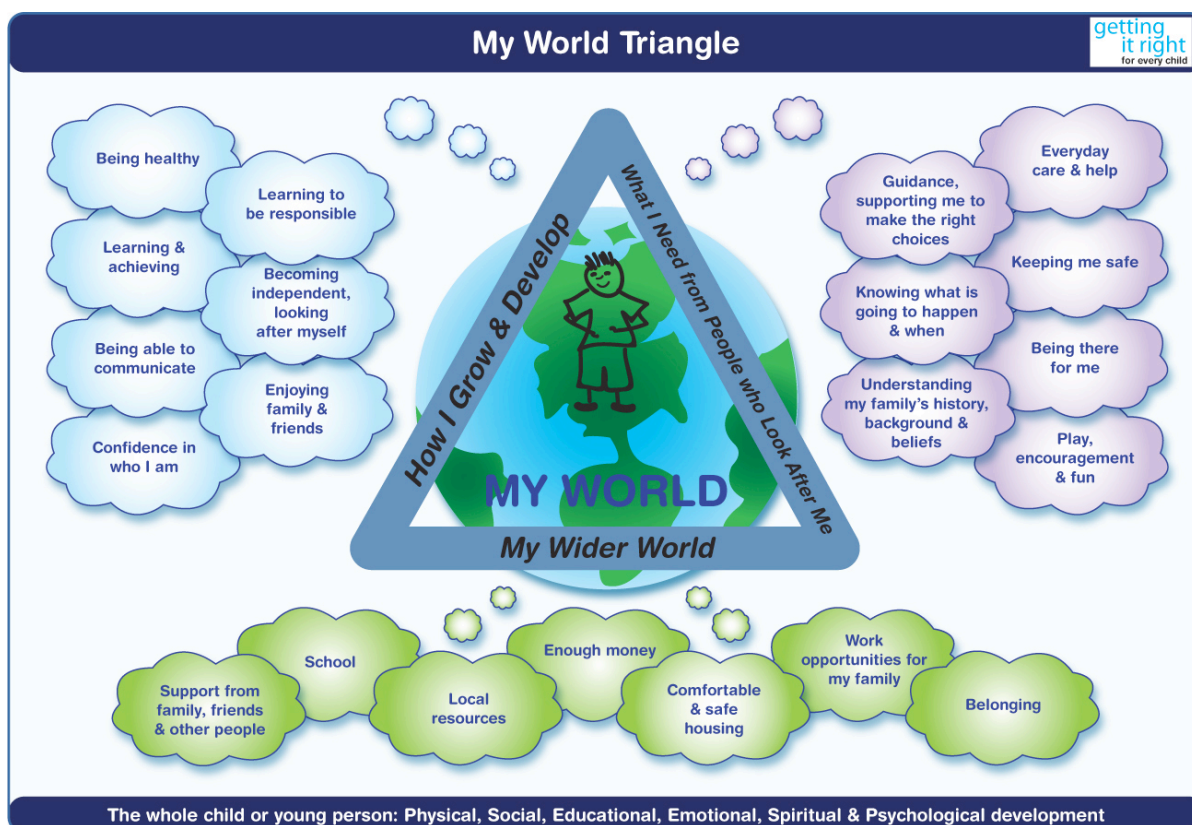
Source: Getting it Right for Every Child, The Scottish Executive

Each domain relates to the others. Any child's development is significantly shaped by both their particular experiences and the interaction between a series of factors. Some factors like genetic inheritance or temperament are often thought to be intrinsic to individual children. Others, like particular health problems or an impairment, may be a mixture of intrinsic and circumstantial. Others may relate primarily to a child's culture, and to the physical and emotional environment in which they live.

Framework for the Assessment of Vulnerable Children and their Families (Children's Research Centre, Trinity College Dublin - Ireland)

The Framework for the Assessment of Vulnerable Children and their Families: Assessment Tool and Practice Guidance was developed by Helen Buckley and colleagues in the Children's Research Centre in Trinity College Dublin and Jan Horwath, Sheffield University (2007). The design was informed through consultation with 600 practitioners and managers in commissioning Health Boards and related organisations. It draws substantially on the Framework for the Assessment of Children in Need and their families (DoH UK 2000). The key aims of the Framework are to help standardise practice across a range of organisational environments, through an approach that is adaptable to a range of family situations and circumstances in a transparent and user-friendly manner.

A set of core values emerged from the consultation process, upon which the assessment framework is based:

- Immediate safety of the child
- Child-centred and ecological approach to assessments
- Inclusive approach to assessment
- Recognise individual needs of all children regardless of age, gender, ethnicity and disability
- Multi-disciplinary practice
- Evidence-based practice
- Good quality supervision.

The draft assessment framework consists of two documents: a tool and practice guidance. The tool is concerned with three dimensions of the child's life (the assessment triangle) that the assessment should focus on:

- Child's needs
- Parental capacity to meet needs
- Family and community capacity to needs.

The assessment also highlights key areas (ethnicity, parental drug misuse, domestic violence etc) and indicates how their effect might be considered against the three dimensions.

Common Assessment Framework (Every Child Matters - England and Wales)

The Common Assessment Framework (CAF) is a key component for achieving *Every Child Matters* outcomes. It is a shared assessment and planning framework for use across all children's services and all local areas in England and Wales. It aims to help the early identification of children and young people's additional needs and promote a more co-ordinated service provision to meet them, particularly in terms of universal services (Level 1

in Hardiker's Model). CAF takes an ecological approach to assessment and covers the three domains of the assessment triangle; development of the child or young person; parents and carers; and family and environment. **The CAF is not intended for a child or young person where there are concerns that they might be suffering, or may be at risk from suffering, harm.**

The CAF draws on the Framework for the Assessment of Children in Need and their Families but it does not replace this or other highly specialised assessments e.g. special educational needs assessments. There is work underway to determine how CAF should fit with these assessments and cut out duplication, but agencies and professionals need to agree the relationship between CAF and other specialist assessments locally. However, the CAF may be appropriate to be used before, or in conjunction with a specialist assessment to help understand and articulate the full range of a child's needs. It can help ensure that the referral to a specialist service is relevant and can build up a comprehensive picture of needs, rather than a series of partial snapshots.

The CAF provides an assessment that is common across services. It aims to:

- Embed a shared language
- Support better understanding and communications amongst practitioners
- Reduce the scale of different assessments that historically some children and young people have undergone
- Facilitate early intervention and speed up service delivery
- Shift the focus from dealing with consequences to prevention.

With the consent of the family and child or children involved, the CAF process involves completion of a standard assessment form by any professional engaging with children, in a situation where that need cannot be met by their own agency. The aim is to identify, at the earliest opportunity, children's additional needs and provide timely and co-ordinated support to meet those needs. The process initially involves completion of a pre-assessment. This helps identify children who would benefit from a full assessment.

A full assessment aims to facilitate a more accurate and detailed picture of a child's needs, leading to more appropriate referrals, earlier intervention and a reduced scale of subsequent specialist assessment. Upon completion the assessment is used by professionals to actively broker the provision of additional services either from other universal services or by referral to higher-level provision.

A single practitioner, called the **Lead Professional**, is nominated as the lead and will deliver on three core functions:

- Act as a single point of contact for the child or family
- Co-ordinate the delivery of the actions agreed
- Reduce overlap and inconsistency in the services received.

The lead professional is accountable to their home agency for their delivery of the lead professional functions but is not responsible or accountable for the actions of others.

Identification of Needs (ION) and Limerick Assessment of Need System (LANS)

At a local level in Ireland the Identification of Needs (ION) project in the North West (including the Donegal Children's Services Committee) and the Limerick Assessment of Need System (LANS) used by Limerick City Children's Services Committee, have adopted some of the principles from the CAF and the 'My World Triangle'.

Section 5

Specific interventions/initiatives for interagency working

Section 5   Specific interventions/initiatives for interagency working

Differential Response Model (DRM)

A 'differential response' distinguishes between situations where children are seriously at risk and those where children are vulnerable and are likely to benefit from a more welfare-oriented, therapeutic approach.

In the United States over the last fifteen years concerns have been expressed that the traditional investigative approach to child maltreatment reports were inflexible and failed to provide sufficient services to meet family needs. In addition, the nature of an investigation is intrusive and, it is argued, lacks respect and responsiveness.

The differences between investigative approaches and a Differential Response Model (DRM) were captured by Kaplan and Merkel-Holguin (2008):

- Family engagement vs. adversarial
- Services vs. surveillance
- Labelling as 'in need of services and support' vs. 'perpetrator'
- Encouraging vs. threatening
- Identification of need vs. punishment
- Continuum of response vs. 'one size fits all'.

The DRM, which originated in Minnesota in the US and which is now being implemented in 18 States in America, advocates that a more flexible approach can be taken and a dual pathway of care is available: an **investigative pathway** for severe maltreatment cases where there is a perceived risk of further abuse or potential for involvement of the judicial system, or a non-investigative or **assessment pathway** (sometimes called alternative response, family assessment response) for low to moderate risk cases. This focuses on engaging the family, recognising the strengths and needs of families, and does not involve a formal decision around specific allegations.

The core components of DRM have been set out by Merkel-Holguin et al (2006) as being:

1. The use of two or more discrete responses of intervention
2. The creation of multiple responses for reports of maltreatment that are *screened in and accepted for* response
3. The determination of the response assignment by the presence of imminent danger, level of risk, and existing legal requirements
4. The capacity to re-assign families to a different pathway in response to findings from initial investigation or assessment
5. The establishment of multiple responses is codified in statute, policy, and/or protocols
6. Families in the assessment pathway may refuse services without consequence as

long as child safety is not compromised

7. No formal determination of maltreatment for families in an assessment pathway, and services offered to such families without any such determination
8. No listing of a person in an assessment pathway as a child maltreatment perpetrator in the state's central registry.

This model is being piloted in HSE Dublin North through the National Directorate of Children and Families Social Services, HSE. The Child and Family Research Centre at NUIG are actively engaged in evaluation of the pilot and in extracting the learning from the initiative, with a view to designing a model for national roll out.

HSE Dublin South West are also piloting the Differential (or in this case Alternative) Response Model. It is focused on Jobstown in Tallaght and is an activity of the South Dublin Children's Services Committee. A process evaluation of this pilot has been conducted by the Child and Family Research Centre, NUIG.

Restorative Justice

Restorative Justice is the process whereby *victims* are given the chance to tell offenders the real impact of their crime, to get answers to their questions and to receive an apology. The process gives *offenders* the chance to understand the impact of what they've done and to do something to repair the harm. The aim of Restorative Justice is to hold offenders to account for what they have done, personally and directly, and help victims to get on with their lives.

The principles of Restorative Justice include:

- Adherence to the process
- Equalities, diversity and non-discrimination
- Information, choice and safety
- Agreements and outcomes
- Organisation and policies.

Restorative Justice can take place at various points: when the offender has already been sentenced in prison or in the community; when the offender has pleaded guilty in court but before sentencing; or as an alternative to prosecution for less serious crimes.

Restorative Practices

The restorative practices concept has its roots in restorative justice. Its fundamental hypothesis is that human beings are happier, more co-operative and productive, and more likely to make positive changes in their behaviour when those in positions of authority do things *with* them rather than *to* them or *for* them.

Organisations in many fields are developing innovative models of restorative practice. In social work, family group (welfare) conferencing or family group decision making processes empower extended family members to meet privately, without professionals in the room, to make a plan to protect children in their own families form further violence and neglect. In criminal justice, restorative circles and conferences allow victims, offenders and their respective family members and friends to come together to explore how everyone has been affected by an offense and where possible, to decide how to repair the harm and meet their own needs. In education, circles and groups provide opportunities for students to share their feelings, build relationships and problem solve, and where there is wrong doing, to play an active role in addressing the wrong and making things right.

The Hull Centre for Restorative Practices in the UK is providing input to the Children's Services Committees Initiative.

Co-operation and Working Together (CAWT) Outcomes for Children Project

CAWT is a partnership between HSE Dublin North East and West, and Northern Ireland's Western and Southern Health and Social Care Trusts, and the Health and Social Care Board and the Public Health Agency. CAWT's aim is to facilitate the partner organisations to work together to achieve the best possible health and social care outcomes for the population of the border area. The CAWT Outcomes for Children Project aims to promote and implement interagency and cross border outcomes based planning in the CAWT region. Outcomes based planning is a process to encourage and help policy makers, service providers, planners and practitioners to work together with local communities, to plan and deliver services so that better outcomes are achieved for children and young people.

The Framework for Integrated Planning for Outcomes for Children and Families (CFRC, 2008) is a comprehensive guide on how to do integrated planning focused on outcomes for children and families, and was developed by the Child and Family Research Centre in NUIG. In parallel with this, CAWT has also developed a web based mapping system that maps services and outcomes for children and young people in the cross border region of Ireland.

Section 6

Data protection and data sharing protocols for interagency working

Section 6   Data protection and data sharing protocols for interagency working

Data protection and sharing is a highly complex area which, through the work of the Data Protection Commissioner, is constantly being reviewed. How data sharing impacts on the work of the Children's Services Committees requires further clarification and the following therefore provides basic information about the primary principles and rules underpinning data protection.

Data Protection

Data protection is the means by which the privacy rights of individuals are safeguarded in relation to the processing of their personal data. The Data Protection Acts of 1988 and 2003 confer rights and responsibilities on those persons processing personal data. The requirements of the Data Protection Acts apply to all legal entities in this jurisdiction, whether government, private, voluntary or charitable that control that data.

Personal data means data relating to a living individual who is or can be identified either from the data or from the data in conjunction with other information that is in, or is likely to come into the possession of the data controller (Data Protection Acts 1988 and 2003).

The eight data protection rules (Data Protection Commissioner - website) are:

1. Obtain and process the information fairly
2. Keep it only for one or more specified and lawful purposes
3. Process it only in ways compatible with the purposes for which it was given to you initially
4. Keep it safe and secure
5. Keep it accurate, up-to-date
6. Ensure that it is adequate, relevant and not excessive
7. Retain it no longer than is necessary for the specified purpose or purposes
8. Give a copy of his/her personal data to any individual, on request.

Data Sharing Protocols

Data sharing is an exchange of data between two or more parties. A **Data Sharing Protocol** is a formal agreement between organisations that are:

- Sharing personal data or information at an individual case level
- Sharing aggregate data for planning purposes.

Organisations involved in providing services to the public have a legal responsibility to ensure that their use of personal information is lawful, properly controlled and that an

individual's rights are respected. This balance between the need to share information to provide a quality service and protection of confidentiality is often a difficult one to achieve.

In Ireland, data sharing protocols are being developed by all of the Children's Services Committees for the purposes of either planning (aggregate data) or personal data sharing.

The Young People at Risk Protocol (YPAR)

An example of a protocol which addresses data sharing for both planning and personal data sharing is the Young People at Risk Protocol (YPAR).

The Young People at Risk (YPAR) initiative, an integrated interagency structure with strong emphasis on voluntary sharing of information between statutory and voluntary service in North East inner city Dublin, has developed a protocol for sharing information. The protocol is a formal but voluntary agreement between agencies to share information and to act cooperatively. The sharing of information is for the purpose of promoting the well-being of children and is not a breach of confidentiality. The protocol does not limit or interfere in any way with the statutory obligation of the HSE to protect children, or with the statutory obligation of An Garda Síochána to investigate crime. However, it acknowledges that there may be particular cases where the HSE or the Gardaí cannot share information because of their statutory obligations.

Section 7

Technical and other terms

Section 7   Technical and other terms

Outcomes

Outcomes are the changes for service users or other targets of change that happen as a result of an intervention or service being provided. The outcomes of an intervention identify what is hoped to be accomplished, and provide a consistent framework for agencies and groups to work toward a common end to achieve change required.

Outcomes can be articulated at multiple levels – at the level of individuals, families, specific groups, whole communities or populations, and may occur for service users, or for services and agencies themselves. 'Soft' outcomes may occur as changes in thinking, feelings or perceptions, 'hard' outcomes are measurable changes in behaviours, attainment or status. They may also be conceptualised over differing time frames – immediate or short term, medium and longer term. They link logically to the activities within an intervention and should be realistic, achievable and measurable

Particularly in an interagency setting, focusing on outcomes permits agencies to contribute to a shared outcome while at the same time concentrating on individual organisational goals. The idea of adopting an outcomes-based approach is to reorient organisations from a position of primarily focusing on inputs (such as resources) or outputs (such as the number of service users on the books) to one where all work is aimed at the achievement of outcomes (measurable, positive changes) for the user.

Indicators

Indicators are measures which permit organisations to ascertain the degree to which identified outcomes are being achieved. Indicators cannot be developed until outcomes are defined.

Outcome indicators describe whether and to what extent outcomes are being achieved and if things are changing in the intended way. Indicators are important as they define the evidence to be collected and enable actual results to be compared with planned result. Indicators provide information on the process of change, what works and what doesn't and how a programme can be more effective and efficient. Using indicators ensures an action-focused process.

Indicators can be quantitative or qualitative and should be determined from the outset. It is important when determining indicators to:

- Clarify and agree the outcomes: good outcome indicators start with specific outcome statements
- Consider the change that is desired and word accordingly

- Avoid broad statement results
- Be clear about the type of change implied and expected e.g. what is expected to change, who is expected to change etc.
- Think about whether and how the data can be collected.

Useful indicators are measurable, precise, consistent and sensitive and can be individual level indicators, target or user group indicators or whole community or population indicators.

There are challenges to setting indicators, including having a manageable set of indicators, fear around devising new indicators rather than manipulating outcomes to fit with existing indicators, focus on the indicators set, and the risk of getting bogged down in detail rather than concentrating on the broader goal of improving outcomes. Absence of appropriate and reliable data is also often a problem.

Evaluation

Evaluation is a process that involves the systematic investigation of pre-determined questions using scientifically robust research methods. Evaluations can describe and assess the quality of implementation (process evaluations), or assess the relationship between outcomes for service recipients and the inputs made by the service (outcome or impact evaluation).

A process evaluation involves assessing what activities were implemented, the quality of the implementation, and the strengths and weaknesses of the implementation. Process evaluation is used to produce useful feedback for programme/service refinement, to determine which activities were more successful than others, to document successful processes for future replication, and to demonstrate programme/service activities before demonstrating outcomes.

Outcome evaluation is a systematic process of collecting, analysing, and interpreting data (indicators) to assess and evaluate what outcomes a programme has achieved in terms of changes over time.

Participation

Participation can be broadly defined as the process of sharing decisions that affect a person's life and the life of the community in which a person lives (Hart, 1992). Participation is the involvement and engagement of wider groups of people in decision-making, planning, service design and service delivery.

Public participation:

- Is based on the belief that those who are affected by a decision have a right to be involved in the decision-making process

- Includes the promise that the public's contribution will influence the decision
- Promotes sustainable decisions by recognising and communicating the needs and interests of all participants, including decision-makers
- Seeks out and facilitates the involvement of those potentially affected by or interested in a decision
- Seeks input from participants in designing how they participate
- Provides participants with the information they need to participate in a meaningful way
- Communicates to participants how their input affected the decision.

Often participation is modelled as a ladder or spectrum ranging from the lowest level, information, to the highest level, empowerment.

Involvement of youth incorporates the same principles above but requires further consideration in the following areas:

- Different ways to become involved
- Meaningful engagement
- Age-appropriate activities
- Adequate resources
- Active recruitment and training
- Acknowledgement and recognition
- Mutual respect and trust
- Review and reflection
- Fun and enjoyment.

Some activities used to engage children and young people include games, street surveys, information sessions, competitions, suggestion boxes, workshops, events, representation on Boards, action groups, advisory committees, youth councils etc. The nature of involvement depends on the assessment of individual situations.

The Bradford Health Action Zone and Building Communities Partnership Initiative has developed a practical tool to aid organisations evaluate their actions around Community Involvement. The 'Well-connected' participation tool is being piloted by South Dublin Children's Services Committee.

Risk and Protective factors

A risk factor is an attribute, situation, condition or environmental context that increases the likelihood of a particular problem or set of problems occurring, or that may lead to an exacerbation of a current problem or problems.

A protective factor is an attribute, situation, condition or environmental context that works to buffer an individual from the likelihood of adverse effects of a particular problem.

Section 8

Bibliography and resources

Section 8   Bibliography and resources

Working together

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The Centre for Effective Services is one of a new generation of organisations focusing on the emerging science of implementation in human services. The overarching mission of the Centre is to connect the design and delivery of services with scientific and technical knowledge of what works, in order to improve outcomes for children and young people and the families and communities in which they live. Our daily work is to provide technical and organisational expertise to support the design, implementation and ongoing review and development of evidence-informed services for children, youth and families. Our aims are:

• To promote and support the application of an evidence-informed approach to policy and practice in child, family and community services

• To promote the development of collaborative, joined up working that is outcomes-focused across research, policy and service providing organisations

• To build capacity within Ireland and Northern Ireland to take this work forward in the longer term by developing knowledge, skills and competencies.

For more information about the work of the Centre please visit **www.effectiveservices.org**