



Office of the Minister  
for Children  
Oifig an Aire do Leanai



Department of  
Health & Children  
AN ROINN SLAINTE AGUS LEANAÍ



# The Agenda for Children's Services: A Policy Handbook

Office of the Minister for Children  
Department of Health and Children

# **The Agenda for Children's Services: A Policy Handbook**

Office of the Minister for Children  
Department of Health and Children

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# Foreword by the Minister for Children

I am delighted to welcome the publication of this national policy document, *The Agenda for Children's Services*. It is an exciting and challenging time for all of us whose work concerns the lives of children in Ireland. Never before has there been such a concerted focus on children, their needs and what we as a society should do to respond to those needs.

The establishment of the Office of the Minister for Children (OMC) within the Department of Health and Children in 2005 was an expression of the Government's wish to advance the agenda in relation to children's services and represented a major milestone in the implementation of the National Children's Strategy. As Minister for Children, I attend Cabinet meetings, thus enabling a direct input on children's issues at Cabinet level. My Office is a 'first' in terms of public service management, in that three policy divisions in three different Government departments are co-located together for the purpose of achieving better outcomes for children. The mandate given to the OMC is recognised in the current social partnership agreement, *Towards 2016*. This agreement tasks the OMC with enabling all parts of the public service management to work strategically together, at national and local levels, so as to achieve more effective and efficient delivery of children's services.

An important aspect of this policy document, *The Agenda for Children's Services*, is the emphasis placed on the role of families and communities in the lives of our children. Too often in the past, services were provided to our children and young people in isolation from their families and communities. This was, and is, to the detriment of all concerned. The inclusion of families, extended families and local communities, where possible, in services for children goes a long way to ensuring that these services are actually responding to the needs of the child and ensures that they continue to be effective in the long term, even when direct intervention from State or voluntary agencies has ceased.

This policy document builds on existing policies and places them in a framework to assist policy-makers, service managers and front-line staff in meeting the needs of children and their families. *The Agenda* is directing us all in a new way of working with children, their families and communities, to ensure that our services are evidence-based, accessible, effective and sustainable. The inclusion of reflective questions for the different levels of practitioners is, in my view, a simple, yet effective way of ensuring that *The Agenda* is a 'working tool' for us and not just 'another policy document'. It is the intention that *The Agenda* serves as a broad statement of principles for all services concerned with children. More specific policies in relation to certain aspects of services will be published at a later stage.

I am confident that this document will assist all of us in our ongoing efforts to provide a happy, healthy, safe, secure and participative environment for all our children and young people.

**Brendan Smith, TD**  
*Minister for Children*

## A word from stakeholders, children and young people

Extracts from quotes received in the public consultation on the National Children's Strategy, 2000-2010

*'I'd like to turn back the clocks of all the children in care so that they would never have to go into care in the first place.'*

*'Is Ireland a good place to grow up? Yes, if you are from a loving family, with a decent income, supportive network and nice community... However, if you are less well off, have medical, learning or emotional needs, and the family situation is unstable or plagued by drink, drugs or depression, things are quite different.'*

*'The needs of the child must be catered for in a holistic sense. The emotional, physical, educational, societal and cultural needs should be looked at in the context of the family and community. The creation of building-up a sense of belonging, of being a valued member of the community, should be incorporated into all services.'*

*'I'd like there to be a real choice of placements for each child and young person that is suitable to their needs.'*

*'It is welcome that the task of integration and partnership is being increasingly identified as an intrinsic part of the work of State agencies and their staff, and not an add-on.'*

# Section 1



# Aims and objectives

The purpose of this document is to set out the strategic direction and key goals of public policy in relation to children's health and social services in Ireland. (The term 'children' is used here to cover everyone under the age of 18 years.) Its aim is to assist policy-makers, managers and front-line practitioners to engage in **reflective practice\*** and effective delivery, to be informed by best Irish and international evidence, and to identify their own role within the national policy framework.

This document is part of a fundamental change now underway in how Government policy in relation to children is formulated and delivered. The National Children's Strategy for the period 2000-2010 was the first document to give clear expression to a commitment to enhancing the status and improving the quality of children's lives through integrated delivery of services in partnership with children, young people, their families and their communities (see Box 1). This commitment was both **evidence-based** and **outcomes-focused\***, is in line with the 1989 United Nations Convention on the Rights of the Child (see Box 2) and reflects best practice internationally and across the island of Ireland (see 'Useful publications and websites' at the end of this document). A range of policy documents have reinforced these commitments over the years (see Box 3).

The focus of *The Agenda for Children's Services* is on the key messages of existing policies in relation to children. Together, these promote:

- a whole child/whole system approach to meeting the needs of children;
- a focus on better outcomes for children and families.

In this context, supporting families is identified as the central concern underlying all children's health and welfare services, whether aimed at prevention, early intervention, hospital services, protection or out-of-home care. An objective of *The Agenda for Children's Services* is to provide the means for operational managers and front-line staff, particularly in the Health Service Executive (HSE), to direct and evaluate their delivery of services to children and their families against this strategic direction. A second objective is to encourage all Government departments and agencies to adopt this approach in their policy considerations and their services regarding children.

## Box 1: The Vision

*'An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and the wider society; where they enjoy a fulfilling childhood and realise their potential.'*

*Our Children — Their Lives*

The National Children's Strategy (2000), p. 10

\* Definitions of words highlighted in bold and followed by an asterisk (\*) in the text are given in Section 5, 'Key concepts for a shared language'.

## Box 2: United Nations Convention on the Rights of the Child

Respect for children as a global ideal has been affirmed by the United Nations Convention on the Rights of the Child (UN, 1989). The UN General Assembly unanimously adopted the Convention on the Rights of the Child on 20 November 1989 and it entered into force – or became legally binding on States Parties – in September 1990. Ireland ratified the Convention in 1992.

The Convention spells out the basic human rights to which children everywhere are entitled. These are:

- the right to survival;
- the right to the development of their full physical and mental potential;
- the right to protection from influences that are harmful to their development;
- the right to participation in family, cultural and social life.

The Convention protects these rights by setting minimum standards that governments must meet in providing healthcare, education and legal and social services to children in their countries.

The Convention defines a 'child' as a person below the age of 18, unless the laws of a particular country set the legal age for adulthood as younger than 18.

The guiding principles of the Convention are:

- all children should be entitled to basic rights without discrimination (Article 2);
- the best interests of the child should be the primary concern of decision-making (Article 3);
- children have the right to life, survival and development (Article 6);
- the views of children must be taken into account in matters affecting them (Article 12).

In 2005, Ireland submitted its Second Report on the implementation of the Convention to the UN Committee on the Rights of the Child (NCO, 2005; for further information, see [www.ohchr.org](http://www.ohchr.org)).

### Box 3: Programme of Health and Social Services Reform

(full details of publications on pages 42-44)

#### ***The National Children's Strategy: Our Children – Their Lives (2000)***

This strategy sets out a series of objectives to guide children's policy over a 10-year period. It identifies six principles to guide all actions to be taken and it proposes a more holistic way of thinking about children.

#### ***Primary Care – A New Direction (2001)***

This document sets out a blueprint for the planning and development of primary care services over a 10-year period. It proposes the introduction of an interdisciplinary team-based approach on a phased basis.

#### ***National Action Plan for Social Inclusion 2007-2016: Building an Inclusive Society (2007)***

This plan, complemented by the social inclusion elements of the National Development Plan 2007-2013, *Transforming Ireland – A Better Quality of Life for All (2007)*, sets out how the social inclusion strategy will be achieved over the period 2007-2016. The new strategic framework facilitates greater coordination and integration of structures and procedures across Government at national and local levels, as well as improved reporting and monitoring mechanisms. The plan includes specific targets and actions relating to children.

#### ***Quality and Fairness – A Health System for You (2001)***

This strategy sets out overarching goals and a programme of investment and reform for a 10-year period for the healthcare system. It envisages cross-disciplinary collaboration to achieve new standards, protocols and methods.

#### ***Transformation Programme 2007-2010 (2006)***

This document was developed for all staff working for the Health Service Executive (HSE). It has six priorities, which include the development of integrated services; the configuration of services to deliver optimal and effective results; the implementation of standards-based performance measurement and management; and the engagement of all staff in transforming health and social care. These priorities will be addressed through 13 different Transformation Programmes, which focus on improving the services that patients, clients and carers receive, and on improving the HSE's infrastructure and capability to provide and support those services.

#### ***A Vision for Change – Report of the Expert Group on Mental Health Policy (2006)***

This report proposes a framework of mental health service delivery with the service user at its centre. It details a series of actions for developing a comprehensive person-centred model of mental health service provision, including the further development of community-based, multidisciplinary teams.

### **Box 3: Programme of Health and Social Services Reform**

*(full details of publications on pages 42-44)*

#### ***Reach Out – Irish National Strategy for Action on Suicide Prevention 2005-2014 (2005)***

This strategy builds on the work of the National Task Force on Suicide (1998). It sets out an evidence-based, pragmatic approach for prioritising actions to be taken over the next 5 to 10 years in order to effect real change. The strategic framework sets out a partnership approach between statutory, voluntary agencies, community groups and individuals, supported by Government.

#### ***National Drugs Strategy 2001-2008 (2001)***

This strategy is based on four pillars – supply reduction, prevention, treatment and research – and approximately 100 actions have been identified for a number of Government departments, including Health and Children.

#### ***A Strategy for Cancer Control in Ireland (2006)***

This strategy sets out future recommendations for the provision of cancer services. It acknowledges the good performance of Ireland in relation to paediatric oncology and recommends that this be maintained.

#### ***Report of the Working Group on Foster Care: A child-centred partnership (2001)***

This report sets out good practice guidelines and recommendations for the development of foster care services in Ireland to meet the needs and demands of children, their families and foster carers.

#### ***Disability Act 2005: Sectoral Plan for the Department of Health and Children and the Health Services (2006)***

The focus of the Disability Act 2005, a key element of the Disability Strategy, is on mainstreaming and social inclusion and is given particular emphasis through the Sectoral Plans provided for under the Act. The plan sets out actions for the Department of Health and Children, the Health Service Executive and other statutory bodies.

#### ***Report of the Working Group on the treatment of under-18 year-olds presenting to treatment services with serious drug problems (2005)***

This report is an important element of the Drugs Strategy and sets out ways to achieve the recognition of an individual's drug misuse and appropriate interventions. It emphasises the need for a multidisciplinary approach. It recommends a four-tiered model of service delivery, which provides a realistic, flexible and adaptable framework.

#### ***Children's Health First – International best practice in tertiary paediatric services: Implications for the strategic organisation of tertiary paediatric services in Ireland (2006)***

This report was commissioned to advise on the strategic organisation of tertiary paediatric services for Ireland that would be in the best interests of children. The conclusion of the report is that compelling evidence exists for one national tertiary paediatric centre based in Dublin. The proposed assessment criteria for planning such a centre include providing a patient- and family-focused environment and services.

### **Box 3: Programme of Health and Social Services Reform**

*(full details of publications on pages 42-44)*

#### ***Youth Homelessness Strategy (2001)***

This strategy sets out specific actions for key stakeholders, e.g. HSE, Education. The goal of the strategy is to reduce and if possible eliminate youth homelessness through preventative strategies and to ensure that a comprehensive range of services are available for those homeless children, aimed at re-integrating them back into their communities as quickly as possible.

#### ***Report on the Youth Justice Review (2005)***

This report aims to identify the leadership and coordination mechanisms necessary for effective service delivery for children appearing before the Courts. It emphasises the need for the justice, health and education systems to work effectively together to achieve better outcomes for children.

#### ***Breastfeeding in Ireland – A five-year Strategic Action Plan (2005)***

This action plan sets out time-framed targets and actions to provide lead agencies with a template for implementation, aimed at greatly improving breastfeeding rates in Ireland.

#### ***Children First: National Guidelines for the Protection and Welfare of Children (1999)***


These guidelines were developed to support and guide health professionals, teachers, Gardaí and others who come in contact with children through sporting, cultural, community and voluntary organisations. The report provides people with a set of sound principles and good practice guidelines.

#### ***Review of the National Health Promotion Policy 2000-2005 (2005)***

This review establishes the progress made to date in implementing the objectives of the 2000-2005 National Health Promotion Strategy, in addition to identifying the areas where progress has yet to be made and making recommendations for further action.

#### ***Strategic Task Force on Alcohol, Second Report 2004 (2004)***

This report sets out recommendations aimed at enhancing society's capacity to prevent and respond to alcohol-related harm, to achieve WHO targets and for early intervention to ensure effective treatment to reduce high risk and harmful drinking and alcohol-related problems.



It is anticipated that *The Agenda for Children's Services* will serve as a broad policy framework document, which will enable, as required, the development of new or revised Government policies in specific areas of children's services. These new or revised policies will set out detailed actions and will be developed in consultation with operational managers and front-line staff and, where appropriate, with Government departments and the wider public service, the voluntary sector and with children, young people and their families and communities.

Considerable work was done by the National Children's Office (the NCO, incorporated in 2005 into the Office of the Minister for Children, the OMC) to realise the three central goals of the National Children's Strategy, namely:

- children will have a voice;
- children's lives will be better understood;
- children will receive quality support and services to promote all aspects of their development.


The Office of the Minister for Children (OMC) is now driving that work further forward from within the Department of Health and Children. It does this through developing policy on children's health and welfare, contributing to the development of early years education and youth justice policy, and generally promoting the interests of children across all Government departments and within the wider society (*see Box 4*). Further momentum for change was generated by the Department's review in 2004-06 of Family Support Services, which involved a significant amount of consultation, analysis and strategic thinking on how best Government can deliver quality services to support all aspects of children's lives (Department of Health and Children, 2007a, b and c).

#### **Box 4: Role of the Office of the Minister for Children**

In order to bring greater coherence to policy-making for children, the Government established the Office of the Minister for Children (OMC) in 2005. The OMC is an integral part of the Department of Health and Children. Its focus is on harmonising policy issues that affect children in areas such as early childhood care and education, youth justice, child welfare and protection, children and young people's participation, research on children and young people, and cross-cutting initiatives for children. The OMC supports the Minister for Children in driving the implementation of:

- the National Children's Strategy (2000-2010);
- the National Childcare Investment Programme (2006-2010);
- policy and legislation on child welfare and child protection;
- the Children Act, 2001 and the Child Care Act, 1991.

The OMC also maintains a general strategic oversight of bodies with responsibility for developing and delivering children's services.



A significant programme of reform has taken place in health and social services in recent years with the establishment of the Health Service Executive (HSE) and its national and local structures. In this reformed organisational context, underpinned by the HSE's *Transformation Programme 2007-2010*, a real opportunity exists to shape service development and delivery so that national policy can be effectively translated into improvements in the lives of children and their families (HSE, 2006a). In addition to the National Children's Strategy, a series of sectoral plans, strategies, policies and legislation are in place (see Box 3). These include the *Disability Act 2005: Sectoral Plan* (Department of Health and Children, 2006a); *A Vision for Change: Report of the Expert Group on Mental Health Services* (Government of Ireland, 2006); *Primary Care – A New Direction* (Department of Health and Children, 2001a); *Children's Health First – International best practice in tertiary paediatric services* (HSE/McKinsey & Company, 2006b). These strategies and policies are not only specific and detailed in their focus on the services that are required for meeting particular needs; they also recognise the needs of 'the whole child' and the requirement for integrated service design and delivery within the whole system.

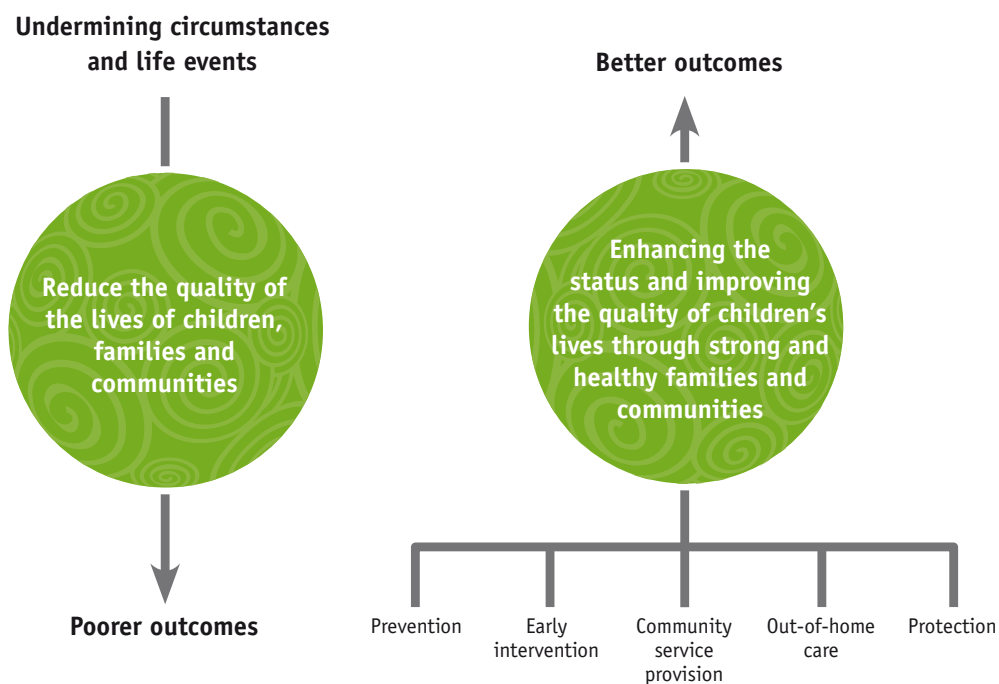
The energy and commitment that so many people, adults and children, have invested in these policy developments, together with the skills and resources now committed to the daily delivery of services to children across the full range of their needs, have created a momentum for change to better the lives of all children and young people. The inclusion of the needs of children as part of the lifecycle approach adopted in the current national agreement, *Towards 2016*, is an indication of the heightened policy profile now accorded to children by both Government and the social partners. The challenge now is to ensure that this significant policy advance at national level is translated into good outcomes that can be seen in the day-to-day lives of children themselves. *The Agenda for Children's Services* is a tool to assist in that task.

## How best to use this handbook

*The Agenda for Children's Services* is not to be regarded as a static document, but as an active policy tool. In order to advance **needs-led, outcomes-focused\*** services, a set of key concepts (see Section 5), explanatory frameworks (see Figures 1-6) and reflective questions (see Boxes 5-9) are provided. These have been developed to support, respectively, those involved in service delivery, management and policy-making. Working through these key concepts, explanatory frameworks and reflective questions, staff at all levels of the health and social services system should be able to actively engage in delivering services that express both the general thrust of national children's policy and the specific policies relevant to their area of work.

These materials should form the basis for **reflective practice\*** at the level of the organisation, group, professional, team and individual, and serve as a basis for discussions at seminars, conferences, service reviews and case discussions. The materials have been designed for photocopying and scanning, and for the creation of interactive media. In this way, *The Agenda for Children's Services* aims to enable everyone involved in children's services to take personal responsibility for advancing the national goal of needs-led, evidence-based services that promote good outcomes for children.

**Figure 1: Using *The Agenda* to create a whole child/whole system approach to promoting better outcomes for children**







# Section 2

# Promoting good outcomes for children and young people

At the core of *The Agenda for Children's Services* is the promotion of what we want for our children – good outcomes: the best possible conditions, situations and circumstances to live their lives to their full potential. Outcomes are about both what is happening *now* in children's lives and what may happen for them *in the future*. Outcomes address both the 'being' and the 'becoming' of childhood. Although there is considerable consensus about the types of outcomes that are desirable for children across the various dimensions of their lives and considerable understanding about how to achieve them, there continues to be many different ways in which these outcomes are described. As a way of ensuring a common language of outcomes within children's services, *The Agenda* draws together the various types of outcomes found in contemporary children's policy and presents them here as a single list of 7 items:

## The 7 National Service Outcomes for Children in Ireland

- healthy, both physically and mentally
- supported in active learning
- safe from accidental and intentional harm
- economically secure
- secure in the immediate and wider physical environment
- part of positive networks of family, friends, neighbours and the community
- included and participating in society

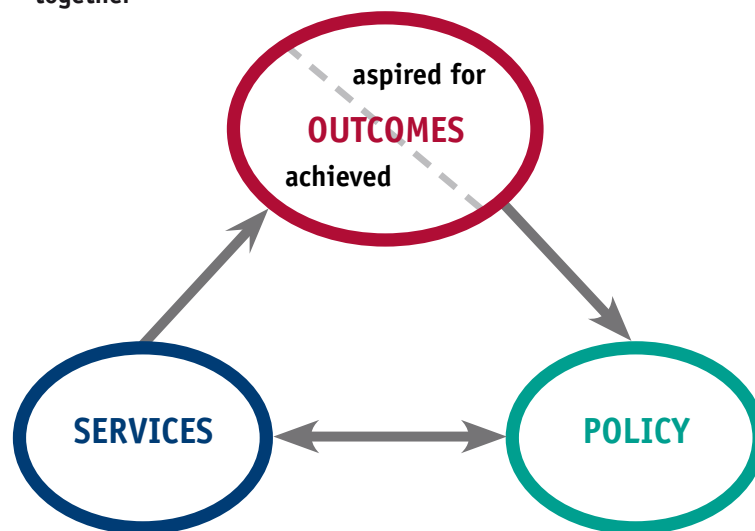
These 7 National Service Outcomes for Children are intentionally framed as active, strengths-based and positive. Children's services aimed at promoting these outcomes need to recognise that not only do children need active support but that children are themselves **resilient\*** active participants in their own lives and the lives of those caring for them.

As set out in Figure 2, it is the pursuit of better outcomes that should drive the formulation of policy and it is the expression of policy within services that then ensures the desired outcomes are achieved. It is the successful combination of policy and services that achieves good outcomes. Achieving good outcomes requires that policy-makers, planners, service managers and front-line staff all take responsibility to work towards them. This requires understanding and committing to the 7 National Service Outcomes for Children and to ensuring that sectoral plans and strategies, and organisational priorities all contribute to their attainment.


Particular outcomes must be the focus of particular services – good health requires medical services and health promotion; educational achievement requires schools; being safe from abuse requires child protection services; being secure in the immediate and wider physical environment requires an active local authority and active community policing. But alongside this is a shared responsibility reflecting the complex overlapping task of achieving good outcomes for children. Ensuring that services take into account the whole child and benefit

from the range of available services requires a shared perspective. Where appropriate, there needs to be joint working through the identification of lead responsibility towards specified outcomes. This is necessary from senior levels in the Departments of State through to the interagency planning, service-level agreements and integrated service delivery to individual children and their families.

**Figure 2: Better outcomes when policy-makers and service providers work strategically together**



Joined-up whole system government at national and local level has been identified in the report by the National Economic and Social Council, entitled *The Developmental Welfare State*, as central to the reform and development of Ireland's social policies (NESC, 2005). Commitments in relation to the children lifecycle in the current national agreement, *Towards 2016*, reflect this imperative: for example, multisectoral Children's Services Committees are to be established in each county. The OMC has adopted the lead role in the children's policy arena, taking responsibilities in child welfare and protection, childcare, early years education, youth justice and the National Children's Strategy. But the achievement of the 7 National Service Outcomes for Children requires an even wider and deeper engagement by all departments, agencies and services with responsibility, however limited, for children. To support the achievement of whole system delivery, new interdepartmental, cross-agency and multidisciplinary ways of working will be needed. The Children's Services Committees, mentioned above, may represent a way forward in this regard.



Through ensuring the policy, organisational support and practice methods that promote a **whole child/whole system approach\***, better outcomes for children can be achieved. Children and families should be able to expect that whatever the focus of the service they are receiving (e.g. prevention, early intervention, community services, hospital services, protection or out-of-home care), they will experience it as:

- whole child/whole system focused;
- accessible and engaging;
- coherent and connected to other services and community resources;
- responsive to their needs;
- staffed by interested and effective staff;
- culturally sensitive and anti-discriminatory.

Standards for some children's services have been developed and good practice service models have been identified in many areas. All service providers should aim to meet these standards where they apply and to meet the targets, aims and outcomes of the identified good practice models (for examples, see *'Useful publications and websites'*).

# Section 3

# Service characteristics needed to achieve good outcomes

In order to promote the 7 National Service Outcomes for Children, services need to strive to achieve 5 essential characteristics:

1. Connecting with family and community strengths.
2. Ensuring quality services.
3. Opening access to services.
4. Delivering integrated services.
5. Planning, monitoring and evaluating services.

Achieving these qualities requires constant attention. To help ensure this happens, each of the 5 characteristics is discussed in the following pages and linked with a set of reflective questions which those involved in service delivery might ask themselves. There are separate questions for policy-makers, for HSE senior managers and for front-line service managers and practitioners (*see Boxes 5-9*).

Central Government cannot, and should not, direct the day-to-day judgements and activities of children's services staff. It is, however, essential that staff at all levels play their role in delivering on the strategic direction and standards of service that Government, through the HSE, sets out. The reflective questions posed for each of the 5 characteristics are intended to promote the whole child/whole system delivery approach at the heart of present-day Irish children's policy. By considering these questions, staff at all levels can audit for themselves and for others how closely they are complying with the direction of national policy. Reflecting on their answers will not only encourage closer compliance across all services and between services, but also identify best practice and the barriers to achieving it. It will also encourage innovative thinking and problem-solving.

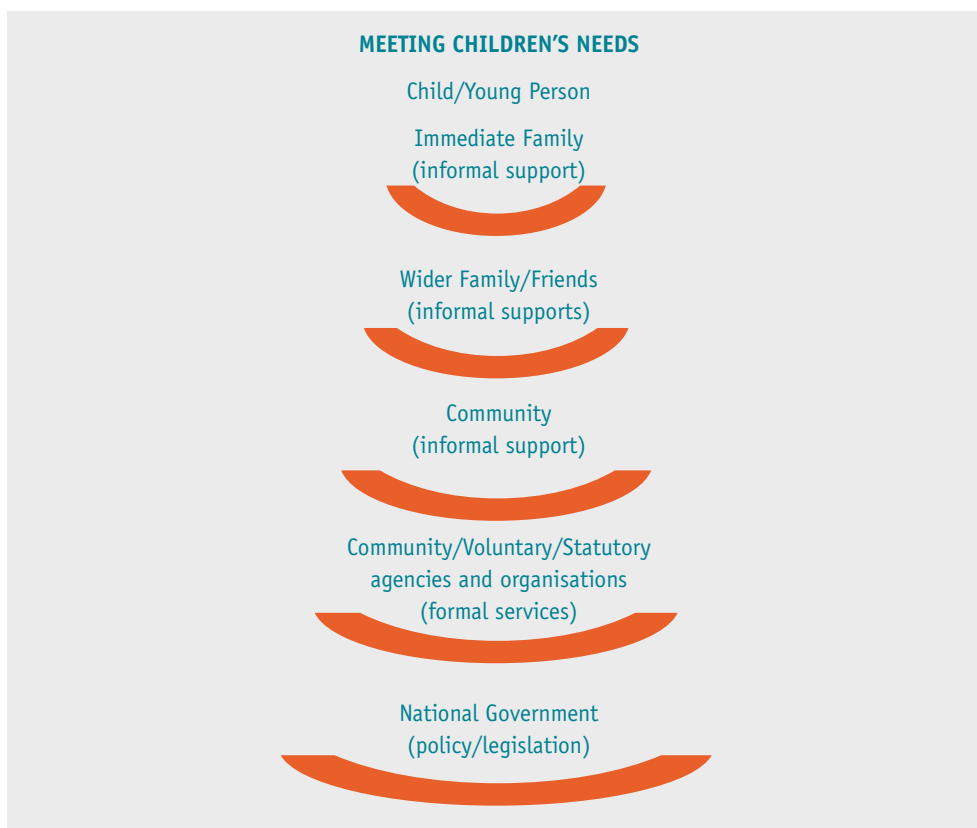
# 1

## Connecting services with family and community strengths


Ensuring that children and young people receive the support they need when they need it is the central challenge for children's services. This requires that formal services connect with and promote the networks of informal support that surround children and young people (see Figure 3). Supporting and complementing the many ways in which the immediate family protects and cares for children is the central function of child health and child welfare services.

This is easier to achieve with some families than others. Social exclusion is a major barrier to effective support and needs to be directly addressed through targeting need and developing and delivering culturally competent services. Effective protection of children and young people at risk or in crisis, as well as the promotion of all children's well-being, requires working in partnership with families. Retaining the trust of families is the key. With regard to children with disabilities, it also requires careful handling of sometimes complex ethical and legal considerations relating to consent. This is particularly important when dealing with those who are most vulnerable and those children and families who are most difficult to engage. In child health and welfare, there is now a clear recognition that effective support for families requires universal provision, plus, within that, the targeting of services to children and families at risk of social exclusion, in line with the NESCS report on the *Developmental Welfare State* (NESCS, 2005).

**Figure 3: A cupped model of family support**







The support that children receive from other informal sources beyond their immediate family also needs to be recognised – the wider family, friends and community. There is strong evidence that for children in adversity it is these informal networks that are the key sources of help and yet they are often overlooked by professionals. Help from these networks can be available on a 24-hour basis in a less stigmatising fashion and can be very cost-effective. They operate in the immediate world of the children and young people. They should always be considered by professionals and services as a major resource for assessment and interventions. This applies in every situation of child health and welfare service provision — whether the aim is prevention, early intervention, community services, hospital services, child protection or out-of-home care.

Services need to identify, understand and optimise the strengths within the informal networks of which children are a part — whilst not ignoring the limitations and the harm that families, neighbourhoods and communities can hold for children. At all levels of policy-making, management and practice, there needs to be an explicit and active commitment towards utilising family, friends and community in working with children. This requires much greater innovative thinking in assessing, using and resourcing informal networks of support so as to benefit from their strengths whilst recognising their limitations.

**Box 5: Reflective questions on (1) Connecting services with family and community strengths**

| <b>Questions about:</b>               | <b>Questions for<br/>POLICY-MAKERS</b>   | <b>Questions for<br/>HSE SENIOR MANAGERS</b>   | <b>Questions for<br/>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>  |
|---------------------------------------|--|--|---|
| <b>Connecting with families</b>       | <ul style="list-style-type: none"> <li>Does the policy for which I am responsible recognise and promote the family as a resource for achieving good outcomes for children, as well as a target for intervention and support?</li> </ul>  | <ul style="list-style-type: none"> <li>Are existing services I am responsible for optimising the potential within families to achieve good outcomes for children?</li> <li>How can I better design family-inclusive services to maximise child and family participation?</li> <li>What can I do in my agency, and in collaboration with other agencies, to identify and overcome barriers, such as ethical and legal issues around consent, in including families in service delivery?</li> <li>What access and supports are available to families who wish to work with professionals in determining how services are delivered?</li> </ul> | <ul style="list-style-type: none"> <li>Do I fully consider the potential, along with the limitations and possible harm, of family-based solutions when assessing need?</li> <li>Do I engage in joint planning of work with children and families in a way that adequately deals with the issue of consent?</li> <li>Am I delivering services to children and families in an inclusive manner?</li> <li>How do I judge the extent and success of my partnership working with families?</li> <li>What strategies are in place to encourage staff working with children and families?</li> </ul> |
| <b>Using informal social networks</b> | <ul style="list-style-type: none"> <li>Does the policy for which I am responsible recognise and promote the importance of combining provision of formal services to families with the facilitation of support to families through informal social networks?</li> <li>How can policy build capacity within social networks to care for children?</li> </ul> | <ul style="list-style-type: none"> <li>Are existing services I am responsible for optimising the potential within informal social networks for families to achieve good outcomes for children?</li> <li>What are the indicators I can access that would assure me that existing services are complementing, and not by-passing, informal networks?</li> <li>How can I design services so as to facilitate the use of informal social networks as appropriate?</li> </ul>   | <ul style="list-style-type: none"> <li>Do I fully consider the potential, along with the limitations, of families' informal social networks in making assessments and planning interventions?</li> <li>Am I delivering services in a way that complements the informal supports that families have?</li> <li>How do I judge the extent and success of my partnership working with families' informal supports?</li> </ul>   |
| <b>Ensuring social inclusion</b>      | <ul style="list-style-type: none"> <li>Is the policy for which I am responsible needs-led, inclusive of all children, regardless of age, gender, income, ability, ethnicity or geographical location, and sensitive to social exclusion?</li> </ul>  | <ul style="list-style-type: none"> <li>What measures have I in place to ensure that services are reaching those families known to be at risk of social exclusion?</li> <li>How can I provide evidence that services are compliant and proactive in terms of social inclusion?</li> </ul>   | <ul style="list-style-type: none"> <li>Is my style of work culturally competent and socially inclusive?</li> <li>How do I judge the extent and success of my efforts to be socially inclusive?</li> </ul>   |

# 2

## Ensuring quality services

All those involved in service development and delivery need to work together towards constantly raising the quality of practice. This requires front-line staff, service managers and others to ensure that the services they provide are matched to **SMART planning\*** for better outcomes, in line with formal quality standards and accreditation requirements where these exist. (SMART is an acronym for activities that are specific, measurable, attainable, relevant and time-based.) This requires ensuring services are effective and efficient in meeting specified outcomes and that needs are clearly matched to appropriate services. Standards need to be applied to both services and to outcomes.

Achieving quality child health and welfare services requires that service delivery is based on the accurate identification of need matched to service design and intervention. Thus, before any intervention is made, services need to be able to demonstrate how they have identified the needs of families in particular areas, in particular categories or individually, and that subsequent delivery of services is geared toward the outcome of meeting identified needs. It is also essential that consideration is given to what other services have to bring to the process of assessment, intervention and evaluation. In cases where the child or the family is already engaged with multiple services, clear processes for communication and collaborative working between agencies must be agreed and put into practice. Within this context, it is incumbent on professionals and services to uphold the rights of children and families – in particular, the rights of children as outlined in the UN Convention on the Rights of the Child (*see Box 2*).

As part of developing a needs-led service, professionals must retain a focus on the inclusiveness of children and families as central players in the design, implementation and evaluation of services. This involves working in partnership with service users — i.e. the service users having their say on both their needs and on the services and ways of working that they see as best meeting their needs. Working in partnership must involve children as much as it does the adults who care for them. It also requires front-line professionals exercising their professional judgements and working these into agreements about needs, services and outcomes with service users. This process of engagement, between staff delivering services and families using them, needs to be recorded over time, through the stages of assessment, design, implementation and evaluation of outcomes.

**Box 6: Reflective questions on (2) Ensuring quality services**

| <i>Questions about:</i>               | Questions for<br><b>POLICY-MAKERS</b>  | Questions for<br><b>HSE SENIOR MANAGERS</b>   | Questions for<br><b>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>  |
|---------------------------------------|--|---|--|
| <b>SMART working towards outcomes</b> | <ul style="list-style-type: none"> <li>• Is my policy focused on achieving clear overarching outcomes for children?</li> <li>• What are the outcomes for which my department has lead responsibility?</li> <li>• Are these outcomes achievable and measurable?</li> <li>• What are the structures, processes and timetables that are in place to achieve these outcomes?</li> <li>• Are the policy specifics for which I am responsible consistent with the achievement of the agreed outcomes?</li> </ul> | <ul style="list-style-type: none"> <li>• Are services designed to focus on the achievement of particular outcomes in line with <i>The Agenda for Children's Services</i>?</li> <li>• How and to what extent can it be demonstrated that the desired outcomes are being achieved?</li> <li>• Are services organised so as to encourage and facilitate collaboration with others?</li> </ul>  | <ul style="list-style-type: none"> <li>• What specific outcomes for children is my work currently focused on?</li> <li>• Do I consider the whole child, i.e. the importance of outcomes other than those I am directly seeking to achieve?</li> <li>• How can I measure if the service is achieving such outcomes?</li> <li>• With whom and in what ways am I collaborating with other services to identify and deliver on those outcomes?</li> <li>• In what ways am I working in partnership with families to identify and deliver on those outcomes?</li> </ul> |
| <b>Quality assurance</b>              | <ul style="list-style-type: none"> <li>• What frameworks are in place to inform the development of quality standards, having regard to best practice and international experience?</li> <li>• Does the policy framework for which I am responsible encourage corporate service planners and front-line staff to optimise available resources and promote early intervention?</li> <li>• Is the policy climate I am helping to create encouraging of innovation in supporting families?</li> </ul>          | <ul style="list-style-type: none"> <li>• What are the quality standards against which service design, and the implementation of policy through service delivery, is happening?</li> <li>• In what ways can it be shown that services are working efficiently and effectively?</li> <li>• Does the organisational climate I am helping to create encourage innovation in service design and delivery within an overall framework of a shared style of working and an approach of supporting families?</li> <li>• Do I seek to disseminate such innovation widely?</li> </ul> | <ul style="list-style-type: none"> <li>• What are the quality standards against which I am measuring delivery of services?</li> <li>• Am I making the best use of the resources I have at my disposal?</li> <li>• Do I consider innovative ways of delivering a quality service?</li> </ul>  |

**Box 6: Reflective questions on (2) Ensuring quality services**

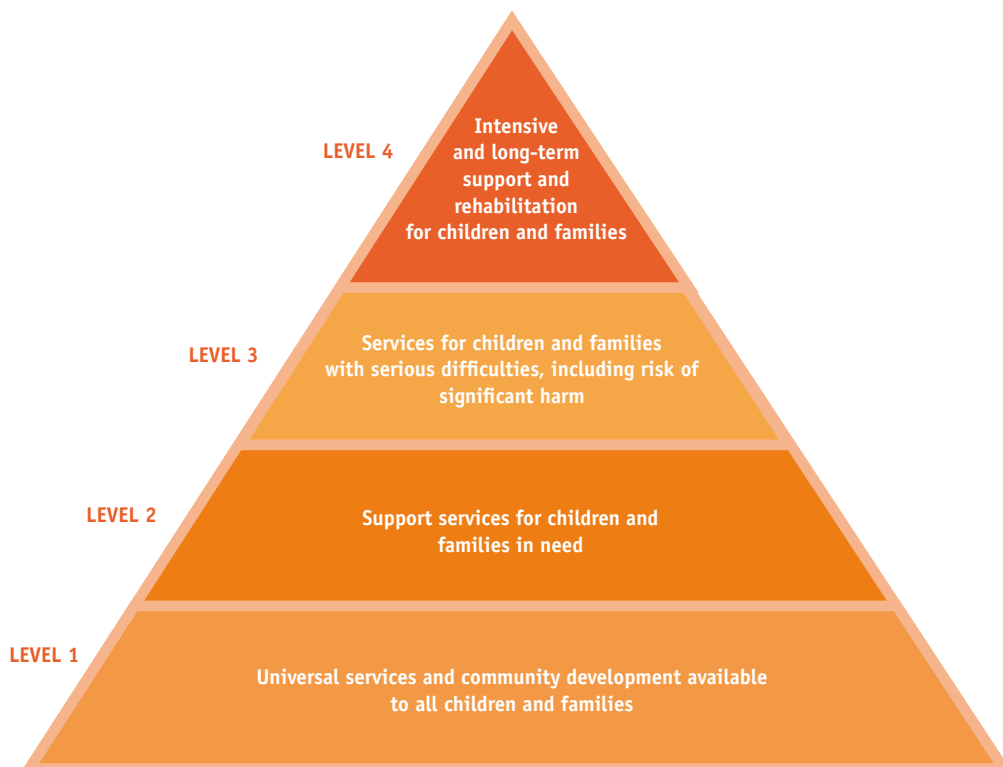
| <b>Questions about:</b>   | <b>Questions for<br/>POLICY-MAKERS</b>  | <b>Questions for<br/>HSE SENIOR MANAGERS</b>   | <b>Questions for<br/>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>   |
|---------------------------|---|--|--|
| <b>Needs-led services</b> | <ul style="list-style-type: none"> <li>• Is the policy framework designed around meeting the identified needs of specific categories of families?</li> <li>• What are the structures and processes in place to facilitate participation by children and families in policy development and implementation?</li> <li>• Are there measures in place by which I can identify the impact of the participation by children and families on the form and nature of policy?</li> </ul> | <ul style="list-style-type: none"> <li>• Are the services designed and organised around meeting the needs of service users in a way that keeps the principle of supporting families in focus?</li> <li>• Are services fully inclusive of the voice and expertise of the children and families who utilise them?</li> <li>• To what extent can I enhance service participation by children and families in terms of assessment, delivery and evaluation?</li> <li>• Is there the capacity for joint needs analysis and planning across services and sectors?</li> </ul> | <ul style="list-style-type: none"> <li>• How do I assess needs and who do I work with to do this?</li> <li>• How do I keep the principle of supporting families as a key consideration in relation to need?</li> <li>• How do I match identified need to planning and delivering service?</li> <li>• In what ways can I measure the effective involvement of children and their families in the process of assessment, planning, intervention and evaluation?</li> </ul> |

# 3

## Opening access to services


Health and social care services for children do not exist as an alternative to the care and concern that generally only families and communities can provide in a sustained and effective manner. Services exist to complement, reinforce and extend the capacity of families and communities. Just as families meet the full range of children and young people's needs (emotional, intellectual, social, cultural and material), so too must there be a wide range of services available to children and those who care for them. These need to be provided at a series of levels of need and matched services, (see Figure 4). Families with more complex needs require more complex services, for which the State must take greater responsibility.

**Figure 4: Levels at which families need support**



Source: Adapted from Hardiker *et al* (1991)

In Figure 4, **Level 1** provides open access support to families (such as public health nurse or GP services) and health promotion and information services (such as advice on good nutrition). By contrast, **Level 2** support, while still provided to families at their request, is targeted by assessment of need and mandated by the State as part of its responsibility towards supporting family life. At **Level 3**, support is better described as intervention to



indicate that the voluntary element is gone because severe and established difficulties placing children at risk have been assessed and work with the family is mandated by law, often through the Courts. At **Level 4**, the need within a family is so acute or the coping capacity so weak that children and young people have to be placed in medium or long-term out-of-home care. Work at Level 4 is also about lowering the level of need and/or improving coping so that re-engagement with services at the lower levels can become sufficient.

The closer services are to providing for the self-assessed needs of families and children, the more likely they are to be accessed. Services need to be primarily focused at Level 1 and be provided on an open access basis as part of community development. Not every family will want to use these services, but should have access to them. Services, just like families, must meet children's need for protection from harm as well as for promoting their well-being and development (e.g. education, play/leisure, built environment, child protection). Services must also be able to meet different levels of need and have a special responsibility where the level of need is greatest (e.g. acute illness, disability, school refusal, law breaking, homelessness, rural isolation, ethnic/cultural difference and poverty). Every effort should be made to provide easy access to services through outreach to individual children, their families and their communities. This requires making available non-stigmatising, multiple access points. Services also need to make full use of collaborative cross-referrals.

**Box 7: Reflective questions on (3) Opening access to services**

| Questions about:   | Questions for POLICY-MAKERS  | Questions for HSE SENIOR MANAGERS   | Questions for FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS   |
|--|--|---|---|
| <p><b>Targeting in combination with universal services</b></p> | <ul style="list-style-type: none"> <li>Does the policy for which I am responsible promote a combination of targeted services within universal services?</li> <li>Is a 'levels of need and service' model (see Figure 4) explicitly promoted by policy?</li> <li>Is there a strong community development foundation to policy and planning?</li> </ul>                      | <ul style="list-style-type: none"> <li>Is a 'levels of need and service' model operationalised in planning and service design?</li> <li>Are standard services, including those that give emphasis to early intervention, available in all geographical areas and to all communities?</li> <li>Is there a focus on targeting support to those most at risk by means of area needs assessment which gives due consideration to the needs of families?</li> </ul>  | <ul style="list-style-type: none"> <li>How is information about existence of services conveyed?</li> <li>What universal early intervention services are available?</li> <li>What outreach activities are there promoting universal services to hard-to-reach and at risk groups?</li> <li>Am I involved in constructing and delivering individualised packages of care to meet complex needs which take due account of the need to support the family?</li> </ul>   |
| <p><b>Ease of access</b></p>                                   | <ul style="list-style-type: none"> <li>Does the policy framework enable the linked/joint funding arrangements necessary to encourage single service access points being made available to children and families?</li> <li>Is flexibility in the use of resources encouraged to enable integrated service delivery in pursuit of specific outcomes for children?</li> </ul> | <ul style="list-style-type: none"> <li>How are services designed to achieve optimal ease of access?</li> <li>What provision is made for 'one stop' accessing of both universal and specialist services which is family-friendly?</li> <li>Do service agreements specifically address ease of access with children and families in mind?</li> <li>Is there 24-hour access to services where appropriate for children and their families?</li> <li>Are services designed to facilitate ease of access and outreach through being culturally, age and gender appropriate?</li> <li>Are services community-based and delivered locally to the greatest extent possible, consistent with best practice?</li> </ul> | <ul style="list-style-type: none"> <li>Do multiple points of access exist using both community- and service-based referrals?</li> <li>In my experience, how collaborative are disciplines and sectors in cross-referrals and outreach activity?</li> <li>Do I have, or have access to, the skills and knowledge necessary to ensure services are delivered in a culturally competent fashion, recognising cultural differences associated with families?</li> </ul> |



# 4

## Delivering integrated services

Most Government departments and their agencies have children among those who benefit from their services. Many children will receive a range of these services and often their needs will cross departmental boundaries. Children need to be seen as at the centre of these services. There is now widespread recognition that just as children live their lives 'in the round', so too must the services be holistic in their orientation and fit together in an integrated fashion. This **whole child/whole system\*** approach ensures that the effectiveness of any particular service benefits from being reinforced and complemented by other services working together, for and with children. Each agency has a responsibility to articulate and act on its own goals in regard to the shared outcomes and be clear as to how it can demonstrate that this is being done.

Working together can ensure a clearer focus and more accurate targeting of services. It can also make for more cost-effective delivery through avoiding duplication, combining impact and getting synergy through the sharing of information and the cross-fertilisation of ideas. Confusion and duplication can be reduced and more impact achieved to ensure good outcomes for children. Integration needs to occur at the policy, planning and commissioning levels, so that opportunities are provided for conjoint interagency working, including delivering specific packages of care.

**Box 8: Reflective questions on (4) Delivering integrated services**

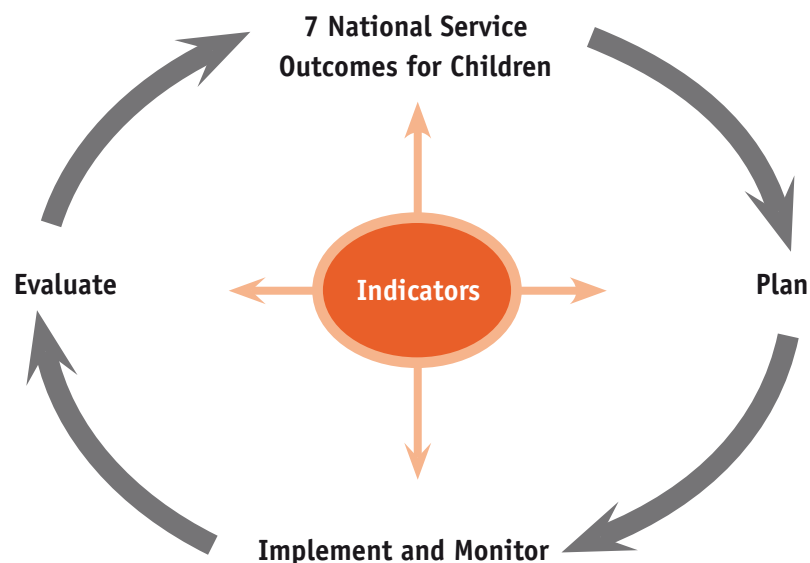
| <i>Questions about:</i>                  | Questions for<br><b>POLICY-MAKERS</b>   | Questions for<br><b>HSE SENIOR MANAGERS</b>  | Questions for<br><b>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>   |
|--|---|--|---|
| <b>Strategically integrated services</b> | <ul style="list-style-type: none"> <li>Does my department's policy explicitly support integrated service planning and design?</li> <li>Do I collaborate with partners in other departments in providing a 'whole child/whole system' policy framework?</li> </ul> | <ul style="list-style-type: none"> <li>Do my organisational structures and processes encourage joined-up working across services and sectors based on parity of esteem?</li> <li>What incentives, including financial, are in place to promote joint planning, service design and delivery?</li> <li>Are lead agencies identified to deal with key issues?</li> </ul>  | <ul style="list-style-type: none"> <li>Are services delivered in a way that reflect a commitment to the basic values and strategic objective of a 'whole child/whole system' perspective?</li> <li>Is there an accessible local register of the range of available services – educational (school, colleges), medical (primary care units, hospitals) and social care (after-school schemes, family centres, social services) – which professionals can use to assist families to access services?</li> <li>Do forums exist locally for bringing together staff from across services and sectors to share knowledge and expertise, so as to encourage cooperative working with an emphasis on families in the community?</li> </ul> |
| <b>Integrated case management</b>        | <ul style="list-style-type: none"> <li>Does my department's policy promote integrated case management at the level of service delivery?</li> </ul>  | <ul style="list-style-type: none"> <li>Is there an integrated human resources framework (including training) to support the integration of services, which includes utilising the resource of family and communities for assessment and interventions?</li> <li>Do information and communication systems facilitate cross-service and sector communication?</li> </ul> | <ul style="list-style-type: none"> <li>Do case management procedures and processes bring together all those people who have something to contribute to understanding and responding to the needs of particular children?</li> <li>What are the barriers to integrated case management and how can they be overcome?</li> </ul>  |

# 5 Planning, monitoring and evaluating services


This document is about how policy and services can result in the achievement of outcomes for children. It implies an iterative, rational cycle involving planning, implementation, ongoing monitoring and evaluation. As Figure 5 shows, policy-makers and service providers must start with the desired outcomes for children and then build planning, implementation, monitoring and evaluation processes from there.

A fundamental requirement for this approach is to establish an agreed set of indicators by which the achievement of outcomes for children can be assessed. In addition, indicators are required to assess the strategies, inputs, processes and activities that are used in achieving these outcomes. Critically, indicators are required at both policy and implementation levels within an integrated framework. Higher level policy outcomes and indicators frame and are formed by outcomes and indicators at the implementation level (as illustrated in Figure 5).

**Figure 5: Monitoring and evaluation cycle**



Inevitably, such a simplified model as shown in Figure 5 masks the complex reality of deciding and agreeing outcomes and indicators, at policy and implementation level, either within a single policy domain or in relation to multi-sector outcomes. To help with that, this document sets the overall framework in the 7 high-level National Service Outcomes for Children. The next task is for departments, agencies, services and projects to work out what are the most appropriate indicators of outcomes for which they are responsible, either solely or in partnership with others. Implicit in this is the need to find a way to work effectively in partnership, in the wider context of ‘joined-up government’.



In all this, robust information systems are a key ingredient — in helping define outcomes and making plans to meet them; for monitoring the implementation of policies, programmes, services and projects; and for asking clear evaluation questions about whether or not the intended outcomes have been achieved. All recent national policy documents relating to children reflect a commitment to quality information systems. Clear information based on relevant indicators allows for progress to be monitored over time and an evaluation to be made of whether things are getting better for children or not. Such information requires the establishment of baselines, where none exist, and the routine collation and evaluation of information generated in the course of service delivery, along with commissioned strategic research.

Some of the criticisms of information systems and data requirements in the past were that there was no clarity as to why particular information was needed and for what it would be used. Perhaps more significantly, there was no transparent process of giving feedback on the analyses of data provided or the implications of such analyses. For information recording to be meaningful locally, such practical usefulness, locally 'on site', regionally and nationally must be readily apparent to service managers and practitioners. Information systems and recording must be supportive of reflective services and reflective practitioners, as well as meeting national planning and accountability functions.

A further criticism of information systems is their tendency to be 'just about numbers'. Approaches to planning, implementing, monitoring and evaluating services need to be underpinned by a value commitment to listening to what children and their families think about the services they receive and what these services mean to them. The important role of such *qualitative data* must be acknowledged alongside appropriate quantitatively based judgements. The two types of information need to be combined in both routine administrative data systems and commissioned strategic research in order to achieve useful monitoring and evaluation of the achievement of outcomes for children.

The Department of Health and Children is currently preparing draft legislation to give a statutory framework to the Health Information Strategy.

**Box 9: Reflective questions on (5) Planning, monitoring and evaluating services**

| <i>Questions about:</i> | Questions for<br><b>POLICY-MAKERS</b>   | Questions for<br><b>HSE SENIOR MANAGERS</b>   | Questions for<br><b>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>  |
|-------------------------|---|---|--|
| <b>Planning</b>         | <ul style="list-style-type: none"> <li>• What research and information on children's needs and outcomes do I use in policy planning processes for which I am responsible?</li> <li>• What approaches do I use to ensure successful joint policy planning processes with other departments, recognising the needs of families in the community?</li> <li>• Are the policy planning processes inclusive of the voice of children and families?</li> </ul> | <ul style="list-style-type: none"> <li>• What research and information on children's needs and outcomes do I use in the service planning and design for which I am responsible?</li> <li>• What research and information do I have to assist me in service planning and design?</li> <li>• Have I put in place clear rationales, practice guidelines and quality standards for existing projects and services?</li> <li>• What approaches do I use to ensure successful joint service planning processes with other agencies, which include measures to support families?</li> <li>• Do these approaches take account of the value of early intervention measures?</li> <li>• Are my service planning processes inclusive of the voice of children and families?</li> </ul> | <ul style="list-style-type: none"> <li>• What research and information on children's needs do I use in planning the work of my service/project?</li> <li>• Do I engage in joint planning work towards common outcomes with services/projects in different service domains to my own?</li> <li>• Do I engage children and families in planning for my project/service?</li> </ul>   |
| <b>Indicators</b>       | <ul style="list-style-type: none"> <li>• What are the set of indicators against which I measure the achievement of high-level outcomes?</li> <li>• How do I use these indicators in developing policy for my department or in collaboration with others?</li> <li>• What systems do I have to feedback the aggregate information and data analyses to the service planning and implementation levels?</li> </ul>  | <ul style="list-style-type: none"> <li>• What are the set of indicators against which I measure the achievement of outcomes for which I am responsible?</li> <li>• What indicators am I responsible for reporting on, either on a single agency or multi-agency basis?</li> <li>• How am I measuring the implementation of my policies (activity, staffing, financial indicators)?</li> <li>• What systems do I have to feedback the aggregate information and data analyses to the regional and local delivery systems and to ensure that these are used as part of the management of services?</li> </ul>   | <ul style="list-style-type: none"> <li>• How am I measuring the achievement of outcomes for each child with whom the project/service works?</li> <li>• What data do I record for use with other agencies and services in assessing outcomes for which we are jointly responsible?</li> <li>• What data do I record in order to reflect on and improve the work of the project/the individual practice of staff?</li> </ul> |

**Box 9: Reflective questions on (5) Planning, monitoring and evaluating services**

| <i>Questions about:</i>          | Questions for<br><b>POLICY-MAKERS</b>   | Questions for<br><b>HSE SENIOR MANAGERS</b>  | Questions for<br><b>FRONT-LINE SERVICE MANAGERS AND PRACTITIONERS</b>  |
|----------------------------------|---|--|--|
| <b>Information systems</b>       | <ul style="list-style-type: none"> <li>• How does the policy framework support and resource the development of research and information systems at the service planning and implementation levels?</li> <li>• Does the policy framework include support and resources for research and information systems?</li> <li>• Does the policy framework offer concrete support for the effective use of information technologies in planning?</li> <li>• Is my policy framework linked to a research strategy?</li> </ul>  | <ul style="list-style-type: none"> <li>• What use is made of information technology in the mapping of need and planning of services?</li> <li>• Are there integrated electronic information systems in place that allow regional/local indicators to be aggregated?</li> <li>• Do my systems allow for comparative analysis on a geographical basis/analysis of progress over time?</li> <li>• Have I the information required for effective planning and monitoring at policy level?</li> </ul>   | <ul style="list-style-type: none"> <li>• Do I have information systems in place to record outcomes and activities that can both inform case management and feed into regional and national-level systems?</li> <li>• Is the balance between service delivery activities and data recording at the right level?</li> </ul>  |
| <b>Monitoring and evaluation</b> | <ul style="list-style-type: none"> <li>• Does the policy framework emphasise monitoring and evaluation as critical components, with proper recognition for their resource implications?</li> <li>• Does the policy framework incorporate the participation of children and families in the evaluation of services?</li> <li>• What mechanisms are in place to research, monitor and evaluate policy implementation, including the implementation of <i>The Agenda for Children's Services</i>?</li> <li>• How do the results of research, monitoring and evaluation inform the ongoing policy development process?</li> </ul> | <ul style="list-style-type: none"> <li>• What organisational structures and processes are in place for both the ongoing monitoring of policy implementation and the commissioning of strategic research?</li> <li>• What are the 'products' of my service monitoring processes and how are these used?</li> <li>• Have I a research and evaluation strategy in place based on clear priorities derived by reference to <i>The Agenda for Children's Services</i>?</li> <li>• Are my evaluation processes inclusive of the voice of children and families?</li> </ul> | <ul style="list-style-type: none"> <li>• Do I have formal processes in place to analyse and review the data that I collect?</li> <li>• How are these processes linked to decision-making within my project/service?</li> <li>• Has my project/service been evaluated with reference to <i>The Agenda for Children's Services</i>?</li> <li>• Does my project/service need to be evaluated?</li> <li>• Do I engage children and families in evaluating my project/service?</li> </ul> |



# Section 4



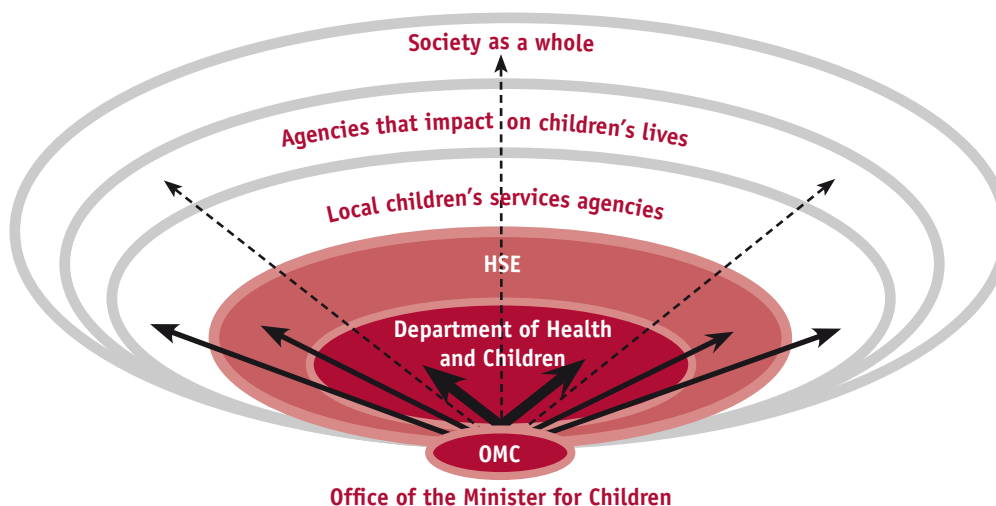
# Getting there together

## Concentric circles of responsibility and delivery

The direction of services outlined here cannot be achieved without clear assignment of Departmental responsibilities. Recognition must be given to the specific requirements and differences between those services that are universal and those that are tightly targeted, between those that are supportive and those that are custodial. Each will have its own policy and organisational focus and concerns. However, these must be supplemented by partnership structures and a shared pursuit of the whole child/whole system approach (see Figure 6).

The Office of the Minister for Children (OMC) will direct these partnerships in the areas that it has direct responsibility for and promote them in other areas that are relevant to its work. The OMC has responsibility to ensure that priority is given to those most in need, while at the same time ensuring that children and families with less pressing needs are also able to access appropriate support and services.

Figure 6: Spheres of responsibility



The OMC will ensure that there is a coordinated business plan for children's services, based on the strategic plans and annual business plans of various Government departments and agencies providing services to children. This will be used to direct action towards achieving the 7 National Service Outcomes for Children, to monitor progress towards their achievement and to seek solutions to identified barriers and unresolved issues. This will require the promotion of a 'common language'. At the same time as providing specific direction, the OMC (in line with the NES's concept of a **Developmental Welfare State\***) will follow the principle of **subsidiarity\***, respecting the contributions made by the variety of stakeholders at their different levels in the system and in ways that fit their particular policy and organisational focus and concerns. The key goal of the OMC is to engage all those who have a contribution to make.



## Shared style of working

In order to implement any policy in the field of human services, it is essential to be aware that uniformity in the design of interventions does not equal uniformity in the practice of workers. Just as individual services can differ according to differences in location and the nature of the target population, so too can individual work practices differ, with the personal practice style of some workers managing to achieve more than others, irrespective of training or resources. In order to address this aspect of delivering better services, a shared style of working needs to be promoted. Underpinned by core practice values and implemented through a set of principles, such shared working can be applied among professionals on an interdisciplinary and interagency basis and, more importantly, between professionals, children, families and communities.

Also within this context, there is a need for greater partnership between State services and the voluntary and community child care sectors. Moving away from a pure 'purchaser provider' model to joint working on a reciprocal basis of accountability and joint management will help lead toward the goal of better services for children and families. This requires agencies and staff to develop and maintain audits of practice through **self-appraisal\*** processes, combining agreed practice standards and methods to measure compliance with them. Although these will be specific to different agencies and to different staff, there is a set of 10 practice principles that can act as a common underpinning of a shared style of working for everyone contributing to achieving the 7 National Service Outcomes for Children. These principles are:

- Working in partnership with children, families, professionals and communities.
- Needs-led and striving for the minimum intervention required.
- Clear focus on the wishes, feelings, safety and well-being of children.
- Reflects a strengths-based/**resilience\*** perspective.
- Strengthens informal support networks.
- Accessible and flexible, incorporating both child protection and out-of-home care.
- Facilitates self-referral and multi-access referral paths.
- Involves service users and front-line providers in the planning, delivery and evaluation of services.
- Promotes social inclusion, addressing issues of ethnicity, disability and rural/urban communities.
- Measures of success are routinely built into provision so as to facilitate evaluation.

These principles have currency at individual and agency level, and across front-line management and policy contexts. They provide the last piece of the shared approach being promoted in this document as a means of ensuring that all staff involved in developing and delivering children's services are able, by acting together, to maximise their individual contributions to *The Agenda for Children's Services*.



# Section 5

# Key concepts for a shared language

One aspect of ensuring that everyone involved in children's services is pulling in the same direction is to develop a shared language, one that can be used across the wide range of occupations and professions involved. This shared language is not in opposition to the particular perspectives and specialist terms associated with the different occupations and professions. It is a basic language for sharing and reflecting on how the goals and activities set out in this document are being developed and implemented.

The terms below have been highlighted throughout the main text of this document as key to understanding the way in which Government policy requires services to be developed. Brief explanations are provided for each, outlining how they are to be understood in the context of children's services.

**Developmental Welfare State:** A perspective that sees the goal of State provision as the development of capacity within individuals, families, communities and the economy.

**Evaluation:** The systematic investigation of the effectiveness of services using social research methods.

**Evidence-based services:** Those services and interventions that have been developed on the basis of the best available scientific research evidence.

**Family support:** Activities for families that are developmental (e.g. parenting for the first time), compensatory (e.g. helping a child cope with a disability) and/or protective (e.g. ensuring safety of a young person).

**Interagency and cross-sectoral working:** Proactive coordination of services between agencies that have their own specific focus (e.g. health, social care, education or social welfare) and that are located within different service sectors, i.e. the statutory, voluntary, community, not-for-profit and commercial sectors.


**Monitoring:** The ongoing assessment of services to ensure that they are reaching the populations they aim to serve and that they are being implemented according to their original design and to quality standards.

**Needs-led:** An approach to service development and delivery in which the primary focus is always on the physical, intellectual, emotional or social development needs of children.

**Outcomes-focused approach:** Working towards achieving an articulated expression of well-being for children, which provides all agencies with the opportunity to contribute.

**Participation:** An approach which sees those accessing services as having the right to a significant role in the planning, implementation and evaluation of such services.

**Partnership working:** The negotiation and decision-making processes and practices required by service users and professionals to achieve full participation by service users and which ensure the full cooperation between agencies in meeting the needs of service users.



**Progressive universalism:** A perspective that combines universalism with the targeting of resources on those that have special needs for support or protection; in other words, help to all and extra help for those who need it most.

**Reflective practice:** Checking and changing practice in the light of learning from past experience (reflection-on-action) through improvisation during the course of interventions with and for children and families (reflection-in-action).

**Resilience:** Good outcomes for a child and/or for his or her family in spite of serious threats to adaptation or development.

**Self-appraisal:** A process to self-audit and monitor worker style and intervention processes against a set of service/agency standards.

**SMART planning:** Scheduling work activities that are specific, measurable, attainable, relevant and time-based.

**Social inclusion:** Overcoming barriers and reducing inequalities between the least advantaged groups and communities and the rest of society by recognising the potential of those who are marginalised and opening up opportunities for that potential to be realised.

**Subsidiarity:** The decentralised organisation of services with the aim of ensuring that resources, authority and responsibility are kept as close to the point of their use as possible.

**Targeted services:** Those services that are developed for use by specific subgroups within a general population or towards a particular area of social need.

**Universal services:** Those services that are accessible to all members of a population.

**Whole child/whole system approach:** Provision of services in ways that recognise the extent of children's own capacities, the multiple interlinked dimensions to their lives and the complex mix of informal and formal supports that they draw upon.



# Useful publications and websites



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| <a href="http://www.hse.ie">www.hse.ie</a>                             | Health Service Executive   |
| <a href="http://www.omc.gov.ie">www.omc.gov.ie</a>                     | Office of the Minister for Children<br>Department of Health and Children |
| <a href="http://www.orygen.org.au">www.orygen.org.au</a>               | ORYGEN is a specialist youth mental health service in Australia          |
| <a href="http://www.childrensdatabase.ie">www.childrensdatabase.ie</a> | Office of the Minister for Children                                      |
| <a href="http://www.mhcirl.ie">www.mhcirl.ie</a>                       | Mental Health Commission   |
| <a href="http://www.nda.ie">www.nda.ie</a>                             | National Disability Authority  |
| <a href="http://www.camhsnetwork.co.uk">www.camhsnetwork.co.uk</a>     | Child and Adolescent Mental Health Services in UK                        |
| <a href="http://www.youngminds.org.uk">www.youngminds.org.uk</a>       | National charity in UK   |







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