



working together
FOR CHILDREN

**A review of international evidence on
interagency working, to inform the development of
Children's Services Committees in Ireland**

The author of this report is:

Professor June Statham

Professor of Education and Family Support, Thomas Coram Research Unit,
Institute of Education, University of London

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Department of Children and Youth Affairs

43-49 Mespil Road

Dublin 4

Tel: +353 (0)1 647 3000

Fax: +353 (0)1 667 0826

E-mail: contact@dcya.gov.ie

Web: www.dcya.ie

Published by Government Publications, Dublin

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CENTRE FOR EFFECTIVE SERVICES

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FOREWORD

For the past two years, the Centre for Effective Services (CES) has been supporting the *Working Together for Children* initiative in Ireland by means of a range of activities designed to consolidate current learning relevant to Children's Services Committees (CSCs) and support their further development across the country. These committees were first established on the recommendation of Towards 2016 – Ten-Year Framework Social Partnership Agreement, (Department of the Taoiseach, 2006)), as ways to connect agencies at county level with one another in order to plan and influence the delivery of more joined-up services for children and families.

In early 2009, the Children Acts Advisory Board (CAAB) in Ireland published a review of the evidence on the effectiveness of interagency working, identifying some of the relevant factors that contribute to effective working in this area (Duggan and Corrigan, 2009). Since then, the original 4 CSCs established (in Donegal, Dublin City, South Dublin and Limerick City) have blossomed into 10 and the aspiration is to have 20 or more CSCs by end 2012. Commitment to interagency working – although not new to Ireland by any means – is at an historically high level and there is a keen interest in identifying the active ingredients of effective working that will deliver better outcomes for children and families.

When CES commissioned this review from the Thomas Coram Research Unit on behalf of the Office of the Minister for Children and Youth Affairs (OMCYA, now the Department of Children and Youth Affairs) in order to update our knowledge of the evidence, we began by asking the usual questions: *Does interagency working improve outcomes for children?* and *What are the optimal ways to work to ensure that we maximise our chances of success?* These were supplemented by some more particular questions about specific models for interagency working that were of especial salience to the Irish CSC context (e.g. questions about shared assessment frameworks). We were aware that while there is widespread worldwide acceptance that supporting and promoting interagency working is generally believed to be a worthwhile endeavour, the scientifically robust evidence that conclusively proves that this way of working leads to measurable improvements in the daily lives and circumstances of children and families is elusive. The completion of this review has not changed that situation, but in the course of preparing it, our understanding of the right questions to ask about effective interagency working, and the appropriate expectations to have, has been refined. The question, we have concluded, is probably not *DOES interagency working improve outcomes for children?*, but rather *HOW does interagency working improve outcomes for children?* This review provides some answers to that latter question, although there is much that still remains unknown.

Our reason for reframing the initial question lies in what we mean by, and how we define, 'outcomes' and how we envision them as linked with one another. *Outcomes* are *changes* that occur in a person, group or organisation, or in a condition or environment, which come about as a result of something else having changed or been provided (as a result of the provision of, for example, an intervention, a service or an initiative). Outcomes from intervention can be observed in the form of *learning* (as changes in knowledge or thinking), in the form of changes in *behaviour or actions*, or as changes in *conditions*. They can occur relatively swiftly (short-term outcomes), over a longer time frame (medium-term outcomes) or over a long-term time horizon (long-term or end outcomes). In the case of the relationship between interagency working and outcomes for children, it is important to keep in mind that outcomes are not only 'end points', but can also be prior points along a critical path. In this chain of outcomes, sophisticated intervention planning and evaluation involves understanding exactly at what points on the path the new input can reasonably be expected to produce visible results, as illustrated by Ellen Taylor-Powell (2011) of the University of Wisconsin (see *Figure 1*).

Figure 1: Chain of outcomes

OUTCOMES		
<i>What results for individuals, families, communities ...</i>		
SHORT Learning	MEDIUM Actions	LONG-TERM Conditions
Changes in <ul style="list-style-type: none"> • Awareness • Knowledge • Attitudes • Skills • Opinion • Aspirations • Motivation • Behavioral intent 	Changes in <ul style="list-style-type: none"> • Behavior • Decision-making • Policies • Social action 	Changes in <ul style="list-style-type: none"> • Conditions • Social (well-being) • Health • Economic • Civic • Environmental

CHAIN OF OUTCOMES



Source: Taylor-Powell (2011)

This notion of a critical path is most clearly illuminated by the discipline of logic modelling – a discipline that CES and many other organisations in Ireland are now routinely using to sharpen thinking about the relationship between inputs and impacts, and the route for ‘getting to outcomes’ – or the ‘steps along the way’, as this review puts it. A ‘logic modelled’ approach to mapping out the relationships between inputs and outcomes of interagency working allows us to think more carefully about what it is we expect interagency working to achieve, and hence to understand the research and evaluation literature in this field much more clearly. We can see more clearly the stages on the route from initial inputs, via outputs, through conceptually linked, sequential results.

As this review explains, most evaluations of the outcomes of interagency working do not report substantial measurable impact for service users themselves (i.e. for children and families). They report findings such as positive changes in the accessibility of services to users and an improved experience of service use, but not, in general, changes in the ‘holy grails’ that all enlightened administrations want to see – for example, measurably improved child health and well-being, reduced behavioural and emotional problems, better parenting, reduced child abuse and neglect. What they do find, by contrast, is that when implemented well, interagency working achieves changes in the way agencies – and the personnel within them – work. So, as summarised in Boxes 1-3 (see *Chapter 2*), there are many outcomes for *professionals* (e.g. in terms of improved understanding of each other’s role, greater willingness to share information, better insights into how a wider range of services can be mobilised to support children, and greater job satisfaction) and there are outcomes for *agencies* (e.g. reduction in duplication, achievement of economies of scale, better connection to local communities). But outcomes for *service users*, by contrast, often seem relatively intangible and lightweight.

This may, in some lights, seem discouraging and critics might – and indeed do – argue that public policy initiatives in the human services should not be about making agencies’ lives easier, but changing children’s lives. We would argue that this is the wrong way to interpret the evidence. To return to the concept of the critical path and the logical connections between steps along the way (see *Figure 1*), it is not the actions of agencies working together to plan services that will change the life circumstances of vulnerable children, but rather the actions of the services at the front end – namely, those services (or more importantly, those service workers) in daily contact with children. It is here that we can, and should, look for evidence of better outcomes for service users. Interagency working *by design* should have its most powerful impacts at *earlier points* along the critical path to end outcomes, such as reduced child maltreatment. As shown in *Figure 1*, the outcomes that we can expect to see are rightly primarily located in the sequentially earlier ‘learning’ and ‘actions’ categories of outcome (in the sense of changes in learning and actions for agencies and agency personnel), not in the later ‘conditions’ category, which describes changes in children’s circumstances. Effective interagency working, therefore, acts to create the ‘permitting circumstances’ for better functioning of front-line services and front-line staff. It is a necessary, but not sufficient support condition for effective human services – and ultimately for better outcomes for children.

This review was commissioned with a very specific purpose in mind – to interrogate the international evidence to understand how interagency working can contribute to the endeavour to improve outcomes for children, with specific reference to the development of the *Working Together for Children* initiative in Ireland. We hope that the

work has clarified that interagency working is, indeed, a vitally important part of improving outcomes for children and their families, by means of its potential to improve all the front-line services that support them. In time, it may also be possible to illuminate, by means of rigorous research, how interagency working can specifically contribute to changing outcomes that occur downstream, closer to children themselves. In the meantime, there is still much to learn about how interagency working can be made most effective and what are the necessary conditions that need to be in place to support individual agencies – and most importantly, the people who work in them – to harness the power of working jointly to better serve children and families in local communities.

Deborah Gbate

Former Director

Centre for Effective Services

ACKNOWLEDGEMENTS

I would like to thank Jane Aldgate and Wendy Rose of the Open University in England, David Middleton of the Welsh Assembly Government and Caroline Vink of the Netherlands Youth Institute for providing information on specific interagency developments and approaches. Elizabeth Canavan, Gill Barwise and Marie Dullea from the Office of the Minister of Children and Youth Affairs (now the Department of Children and Youth Affairs) in Ireland provided helpful comments on the draft report and advised on the format of the review.

I would particularly like to thank the CES team – Stella Owens, Katie Burke, Deborah Ghate and Liza Clancy – who supported work on this review from inception to completion, and who have subsequently taken the work forward by assessing the implications of the findings for the development of policy and practice in relation to Children's Services Committees in Ireland. The experience of working together with them on this review has reinforced my belief in the value of combining the expertise of different individuals and agencies, and I hope that the report will prove helpful in promoting interagency working for the benefit of children and young people in Ireland.

June Statham

Professor of Education and Family Support
Thomas Coram Research Unit,
Institute of Education,
University of London

EXECUTIVE SUMMARY

This rapid literature review was commissioned by the Centre for Effective Services (CES) on behalf of the Office of the Minister for Children and Youth Affairs (OMCYA, now the Department of Children and Youth Affairs) as part of work to support the *Working Together for Children* initiative in Ireland.

Children's Services Committees (CSCs) aim to bring together local agencies working with children and their families to plan services collaboratively and to develop ways of improving outcomes for children and young people in Ireland. This reflects a common trend in many jurisdictions towards increased interagency working and towards an outcomes-focused approach to service delivery.

Aims of study

The primary aim of this review is to contribute to the evidence base for developing CSCs in Ireland. It therefore focuses on specific aspects of interagency working that have already been adopted by existing CSCs or are being considered by the DCYA, and within that on models of particular interest, rather than attempting to provide a comprehensive overview of interagency working in general. Specific aims are:

1. to provide a high-level summary of the impact of interagency working on outcomes for children and young people;
2. to undertake a more in-depth analysis of the international evidence for a number of specific approaches to or aspects of interagency working. The following four areas were selected in consultation with the commissioner of the study:
 - ➔ joint planning structures;
 - ➔ methods and tools for joint needs assessment;
 - ➔ the differential/alternative response approach to child welfare;
 - ➔ systems to support information sharing between agencies.
3. to identify key barriers and facilitators to successful interagency working and to implementing each of the above approaches.

Methods

The strategy for sourcing relevant articles and reports was chosen to maximise the likelihood of identifying material that would be useful in the context of developing interagency working through Children's Services Committees in Ireland. Two main methods were used to address the research aims. The first aim required a concise summary of evidence on whether interagency working improves outcomes for children, and the approach here was to draw out overarching messages from 8 good quality existing overviews and syntheses of research evidence, supplemented where necessary by findings from key studies.

More detailed searching was carried out to identify relevant material to address the second and third research aims. This included searches of key bibliographic databases (restricted to material published in English in 2000 or later); use of Internet search engines; browsing of relevant international websites for Governments, agencies and research centres; and contact with experts in the field to identify relevant sources of information and to clarify how particular programmes worked. (The latter was necessary since the picture emerging from published material was sometimes confused and contradictory.)

From a large number of items identified in the initial searches, 121 were selected for inclusion in the review, the majority of them research studies or reviews/syntheses of research evidence. Most of the evidence relates to the UK (all four countries) or the USA since this is where the models and approaches under consideration have been evaluated. But studies are also included from Ireland and New Zealand, and from a wide range of other countries through two international reviews (CfBT Education Trust, 2010 and Léveillé and Chamberland, 2010).

Main findings

This summary of main findings follows the structure of the report.

The impact of interagency working on outcomes (see Chapter 2)

A common theme in the literature is the difficulty of obtaining evidence to demonstrate the impact of interagency working on children and young people. There are several reasons for this, including the many different levels at which interagency working can operate, problems around defining and measuring outcomes, and difficulty in attributing any changes that do occur to the impact of interagency working rather than to something else. Most of the research evidence concerns changes in processes, experiences and practice, such as the introduction of new tools or increases in inter-professional communication, which may lead in the longer term to positive changes for children and families too. It is widely acknowledged that interagency working takes time to become established and that it is not realistic to expect early evidence of a measurable impact on outcomes for children and their families.

However, where evidence for the impact of interagency working does exist, it is mostly positive. Changes have been reported for **service users** (such as improved access to services and a speedier response); for **professionals** (such as enhanced knowledge and skills, better understanding of children's needs, greater enjoyment of their work and more opportunities for career development); and for **agencies** (such as greater efficiency, less duplication and greater involvement of service users). Some negative impacts of interagency working have also been reported, such as increased workload (at least in the initial stages) and increased demand for services as needs are identified earlier.

There is considerable agreement in the literature on what hinders and what helps interagency working. **Barriers** include lack of senior management commitment and buy-in; a climate of constant organisational change; differences between agencies in priorities, systems, culture and professional beliefs; and difficulties with information sharing. **Factors that facilitate** interagency working include a coherent long-term vision; clarity of roles and responsibilities; commitment to joint working at all levels; strong leadership; dedicated posts for developing capacity; and time for strong personal relationships and trust to develop between partners.

Interagency structures for planning children's services (see Chapter 3)

Five planning structures in different countries are covered in this review. They are:

- Children's Trusts (England);
- Children and Young People's Committees (Northern Ireland);
- Children and Young People's Partnerships (Wales);
- Montgomery County Collaboration (USA);
- Strengthening Families and the High and Complex Needs (HCN) Interagency Strategy (New Zealand).

These initiatives share a number of common features (although with some exceptions). Most organise service planning around a small number of high-level outcomes; are supported by a coordinator or facilitator; rely on voluntary cooperation rather than mandate (there is rarely a requirement to deliver specific services, although there may be legislation requiring specific joint planning structures to be established in each local area); and usually focus on strategic planning, not individual case management.

The evidence suggests that such collaborative planning structures take time to become embedded in practice, especially if there is little previous history of interagency working. There is as yet limited evidence on improved outcomes for children and families from this way of working, but there is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for children and families who need it.

Evaluations of these interagency initiatives identify similar 'enablers', such as strong leadership, commitment from all partners, a clear mandate, recognition of the time needed for collaborative planning, and organisational support (such as funding for a coordinator and joint training initiatives). Where planning groups have both strategic and operational responsibilities, as in the New Zealand *Strengthening Families* initiative, separate groups for each of these have helped to ensure that strategic planning does not get swamped by the demands of overseeing individual case management.

Frameworks for assessing need (see Chapter 4)

The review considers evidence for three specific approaches to assessing the needs of individual children:

- Framework for the Assessment of Children in Need and their Families (FACNF), used by social workers when children have a relatively high level of needs;
- Common Assessment Framework (CAF), used by any agency to identify needs at an early stage;
- Getting it Right for Every Child (GIRFEC), used by agencies in Scotland as a framework for assessing needs and delivering services to all children.

As with interagency working in general, it has proved difficult to demonstrate improved *outcomes* for children and young people from using such approaches, but the evidence is reasonably strong that they do improve *processes*, such as leading to a better understanding of children's needs and greater interagency cooperation, resulting in better access for children and families to appropriate levels of support. It has been shown to be important that systems are implemented and used as intended, since adopting just one aspect (such as a common assessment form) without the accompanying framework for integrated working seems to be ineffective.

The experience of other jurisdictions provides many lessons about the factors that promote the adoption of interagency approaches to needs assessment. These include:

- clarity about the purpose of common assessments and when they should be undertaken;
- well-communicated 'vision';
- good organisational support;
- high level commitment;
- sense of ownership at all levels;
- inter-professional training;
- guidance on use of standardised forms;
- time for practitioners to develop trusting relationships across agencies.

Differential Response Model (see Chapter 5)

Differential response (also called alternative response, or 'dual track') is an approach to child welfare originally developed in the USA. It aims to provide two possible routes for dealing with concerns about a child's welfare: a *formal investigation* to determine if abuse has occurred, or alternatively a *non-adversarial assessment* of the services and support that a family needs in order to keep a child safe. The differential response model (DRM) is of particular interest in countries where there is mandatory reporting/investigation of child protection concerns or where family support models are underdeveloped.

The majority of the evidence for the impact of the DRM comes from evaluations undertaken in the USA, where reporting of abuse is mandatory and local legislation is thus required to establish an alternative. This evidence is largely positive. In cases processed through a non-investigative route, children are at least as safe as in traditional practice. Positive impacts reported by participants include greater partnership between families, communities and child welfare agencies; better access for families to services before reaching a crisis point; and improved morale among social workers. Evidence on costs is mixed and depends on the timescale over which this is judged: in the short-term, a differential response appears to cost more, because of increased worker time and the provision of more support services, but in the longer term it is likely to save money through reducing long-term costs, such as the need for subsequent investigations and out-of-home placements.

Challenges that the DRM has had to overcome in the USA include making consistent decisions about which families should receive the alternative response, identifying suitable services to support them (especially in rural areas), providing sufficient training for staff in the new way of working, and allaying fears (among professionals, but also among other agencies and the wider community) that children will be at increased risk of harm if a formal investigation is not undertaken.

Approaches to information sharing (see Chapter 6)

Data sharing is an exchange of data between two or more parties. It can involve sharing information about a particular child or family (individual case level) or sharing aggregate data for planning purposes. The present review describes a range of systems and procedures that have been adopted internationally to facilitate sharing information about children and families, including the 'Named Person' role in Scotland; the national electronic database ContactPoint in England (recently discontinued); the Youth Reference Index in the Netherlands; the Common Client Index in New York; and a co-located 'triage' team in London.

Systems for sharing information, especially about individual children, often face substantial initial challenges in dealing with issues of legality, practitioner resistance and technical problems (especially electronic databases). Where they have been successfully established, however, the evidence suggests that such initiatives improve the quality of information being shared and reduce the likelihood of children with additional needs 'falling through the net'.

The literature highlights the importance of formalising consent processes – establishing clear protocols for information exchange and having clearly defined procedures and structures that are developed jointly by agencies (ideally involving service users too) and that are well documented and supported by training. Ultimately, effective information sharing depends to a significant degree on trust and respect between professionals, and between professionals and service users. Formal procedures therefore need to build on efforts to foster collaboration and a genuine commitment to interagency working.

Conclusions

The overall conclusion of the review is that interagency working is becoming increasingly common in children's services internationally and is widely regarded as improving the quality of services and support offered to children, young people and their families. There is, as yet, limited evidence on improved outcomes for children and families from this way of working, but there is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for children and families who need it.

However, such systems take time to become embedded in practice, especially if there is little previous history of collaborative working between agencies. The literature confirms that interagency working is not easy and suggests that it is not *inherently* a good thing. It is helpful only if it is done properly and implemented well. There is by now a considerable body of evidence about what helps and what hinders the development of good interagency working and this knowledge could usefully inform the planning and development of children's services in Ireland.

1. INTRODUCTION

This rapid literature review was commissioned by the Centre for Effective Services (CES) on behalf of the Office of the Minister for Children and Youth Affairs (OMCYA, now the Department of Children and Youth Affairs) as part of work to support the *Working Together for Children* initiative in Ireland. It was undertaken between September and December 2010, and will be followed by a paper analysing the implications of the review findings for the development and effective functioning of such committees across Ireland.

Background

Two distinct, but linked trends have characterised the development of children's services in many jurisdictions over the past 10-20 years. One is a move towards increased joint planning and delivery of services through different agencies working together, either in respect of specific groups (typically disabled children and pre-school children) or through developing planning frameworks that apply to all children and young people (Barlow with Scott, 2010). For example, a recent international review found that of 54 countries and States examined across the world, 34 had made some moves towards ensuring more coordinated policy, strategy and provision for children, young people and families (CfBT Education Trust, 2010).

The second trend is a move away from service-focused approaches, towards what has been termed an 'outcomes-focused' approach (Utting *et al*, 2001). This aims to encourage managers and practitioners to focus service planning and delivery on the difference that their activities should make to outcomes for children, rather than focusing on inputs and outputs, such as how much service is provided or how it is delivered.

These two trends complement each other because outcomes-based approaches emphasize the importance of interagency working and collaboration, both between different agencies and between agencies and the communities, children and families that they serve. Key features of such an approach are:

- **Outcomes-based accountability** (sometimes also called results-based accountability). This involves deciding what overall outcomes are sought for children and what quantifiable improvements in their welfare and well-being ('indicators') would be required to achieve them.
- **Community collaboration**. This is based on the idea that responsibility for improving the well-being of children and families should be shared between different organisations, services and individuals within a community.
- **Participation** by individual citizens, families and children in deciding on desirable outcomes.
- **Innovative financial strategies**, which may involve pooling resources and using funds more flexibly, rather than funding strictly within agency boundaries.

In Ireland, this outcomes-focused trend is reflected in the development of multi-agency Children's Services Committees (CSCs). These have developed and been influenced by three major Government policy documents: *The National Children's Strategy* (Department of Health and Children, 2000), the 10-year Social Partnership Agreement *Towards 2016* (Department of the Taoiseach, 2006) and *The Agenda for Children's Services: A Policy Handbook* (OMC, 2007). The first four CSCs were established in Dublin City, South Dublin, Donegal and Limerick City in 2007 and other counties are in the process of developing their own committees. Initial Government guidance allowed local areas to develop the initiative in the way that best suited their local circumstances. The experiences of the first four CSCs were reported at an induction and networking seminar organised by the OMCYA in May 2010 (Burke *et al*, 2010). Although there were commonalities, each CSC was operating in a slightly different way and had employed different interagency initiatives, tools and approaches in order to deliver a more joined-up service.

Aims of the review

The overall aim of this review is to contribute to the evidence base for developing Children's Services Committees in Ireland, through a high-level summary of the impact of interagency working on outcomes for children and young people, and a more detailed analysis of the international evidence for the specific approaches to interagency working that have been employed by existing CSCs. The core research questions for the review are:

1. What is the evidence that interagency working improves outcomes for children and young people?
2. What can the international evidence tell us about the effectiveness of specific interagency structures, initiatives, approaches and models in improving outcomes for children and young people?
3. What are the key barriers and facilitators to successful interagency working?

A fourth aim – 'What are the implications of these findings for the future developments of CSCs in Ireland?' – will be addressed in a subsequent phase of this project.

Defining interagency working and scope of the review

The term 'interagency working' is often used interchangeably with other terms such as 'joined-up', 'partnership', 'multi-agency' or 'integrated' working, although there have been attempts to draw clear distinctions between these (e.g. Percy Smith, 2005; CAAB, 2009; Owens, 2010). A useful distinction made by Frost (2005) is between the following four levels of partnership working, starting with the least joined-up:

- **Cooperation:** Services work together toward consistent goals and complementary services, while maintaining their independence.
- **Collaboration:** Services plan together and address issues of overlap, duplication and gaps in service provision towards common outcomes.
- **Coordination:** Services work together in a planned and systematic manner towards shared and agreed goals.
- **Integration:** Different services become one organisation in order to enhance service delivery.

'Interagency working' is usually defined as more than one agency working together in a planned and formal way, and so is closer to a *collaborative* rather than an integrated model of working. This collaborative model also probably best describes what Children's Services Committees in Ireland are trying to establish at the local level, although some elements of 'coordinated working' may emerge as structures and processes evolve (Owens, 2010).

Interagency working can occur in many different contexts and this makes it difficult to draw clear boundaries around what should and should not be included in a review such as this. The various dimensions include:

- Interagency working at **different service levels** – strategic, operational, front-line or with an individual child (case level).
- Interagency working for **different client groups** – for example, disabled children or young people at risk of offending.
- Interagency working at **different levels of need** – for example, all children or targeted on those with additional needs.
- Interagency working with **different age groups** – such as early years or youth provision.

This wide range of variables makes it an impossible task to review all the potentially relevant literature, including international evidence. In general, studies of interagency working with specific groups have not been included in this review, except where they have informed the overviews that are the main source of evidence in *Chapter 2*, *Chapter 3*, on collaborative planning arrangements, mostly draws on studies of interagency working at strategic level, while *Chapter 4* (on needs assessment) explores interagency working at the level of the individual child and family. The Differential Response Model, discussed in *Chapter 5*, represents interagency working at all service levels, but targeted on children and families with additional needs where there are concerns about a child's welfare. Finally, the approaches to information sharing, covered in *Chapter 6*, include those focused on sharing information at strategic level (service planning) and at individual case level.

Methods

This review has been carried out in close collaboration with members of the Centre for Effective Services (CES) and builds on an earlier CES document describing the key terms and interagency initiatives in use in the Children's Services Committees in Ireland (Owens, 2010). Two main methods were used to address the research questions:

- ➔ For Research Question 1 – *What is the evidence that interagency working improves outcomes for children and young people?* – the approach was to draw out overarching messages from good-quality existing overviews and syntheses of research evidence, supplemented where necessary by findings from key studies.
- ➔ More detailed searching was carried out to identify relevant material to address Research Questions 2 and 3 – *What can the international evidence tell us about the effectiveness of specific interagency structures, initiatives, approaches and models in improving outcomes for children and young people?* and *What are the key barriers and facilitators to successful interagency working?* Four topic areas were identified in collaboration with the CES team where it was thought that international evidence on specific approaches would be particularly helpful in informing the development of CSCs in Ireland:
 - ➔ joint planning structures;
 - ➔ methods and tools for joint needs assessment;
 - ➔ the differential/alternative response approach to child welfare;
 - ➔ systems to support information sharing between agencies.

Search strategy

The strategy for sourcing relevant articles and reports was chosen to maximise the likelihood of identifying material that would be useful in the context of developing interagency working through Children's Services Committees in Ireland. A fully comprehensive systematic review was not feasible within the timescale, nor would it have made best use of the available resources. The review also called for several different types of evidence: *descriptive information* on how particular programmes and approaches operate and the circumstances in which they should be used; *evaluative information* about outcomes and effectiveness; and information about the factors that *promote and hinder* their use in practice, to inform decisions about the best way to advance approaches in Ireland. The search strategy and selection criteria for the review were guided by the overarching aim of contributing to the development of policy and practice in relation to specific approaches to interagency working, which have already started to be introduced in some parts of Ireland.

The following combination of methods was used to identify material for inclusion in the review:

- ➔ **Searches of bibliographic databases and Internet search engines**, such as the Applied Social Sciences Index and Abstracts (ASSIA), Social Care Online, International Bibliography of Social Sciences (IBSS), Google and Google Scholar. Search terms included 'interagency working', 'integrated working', 'multi-agency working', 'joint working', 'collaboration', 'needs assessment' and 'information sharing', combined with terms such as 'children', 'children's services', 'families' and 'outcomes'. Specific terms for the approaches and models selected for detailed consideration were also used, such as Common Assessment Framework, Getting it Right for Every Child, Differential Response Model, Children's Trusts and ContactPoint. Searches of bibliographic databases were restricted to information published in English in 2000 or later, although earlier material cited in reference lists has been included in the review if it seemed particularly relevant.
- ➔ **Browsing of relevant Government, agency and research centre websites** in Ireland, the UK, USA, Israel, New Zealand, Canada and Australia.¹ Research dissemination websites were also searched, such as Research in Practice in England and the National Quality Improvement Center in the USA, as well as websites specific to a particular programme, such as the Montgomery County Collaboration (USA) and the High and Complex Needs (HCN) Interagency Strategy (New Zealand). These searches were particularly useful in ensuring that descriptions of initiatives were up to date (some had undergone significant changes since articles and reports about them were published) and in identifying information about what had helped and hindered implementation.
- ➔ **Use of an existing collection of material**, which had been identified by CES in order to produce a description of some of the specific approaches and models included in this review (Owens, 2010).
- ➔ **Contact with experts in the field**, drawing on the author's existing professional networks and on contacts identified by CES in earlier work to support the CSC initiative (CES, 2010). Outside of Ireland, this included experts in England, Wales, Scotland and the Netherlands. They were approached not only

¹ These countries were purposively selected because they were known to have adopted models or approaches to interagency working that had particular relevance to ways of working being adopted in Ireland, and hence maximised the potential for learning from international experience. The same countries were covered in an earlier review by CES of governance arrangements in other jurisdictions, which also aimed to inform the development of Children's Services Committees in Ireland (CES, 2010).

identify relevant sources of information, but also to clarify how particular programmes worked. The picture emerging from published material was often confused and contradictory, reflecting in part the extensive variation in how national or State-wide initiatives have been translated into practice on the ground, and in part the substantial changes that often occur as initiatives develop over time, meaning that descriptions in earlier publications are no longer accurate. Obtaining a clear understanding of how different systems for joint assessment of a child's needs were intended to operate, and how and when they should be applied, proved particularly difficult.

Inclusion criteria

The original criteria for including material in the review were if it:

- was published in English in 2000 or later;
- has the potential for transferability to the Irish context;
- contains information on outcomes and effectiveness (for children and families, services or agencies) of the approach/model in question, or information on barriers and facilitators to the approach;
- is based on published research studies, peer-reviewed as far as possible, or on evaluated local practice.

In practice, the latter criterion was relaxed in order to include information that was judged helpful in advancing thinking about the development of CSCs in Ireland, but did not constitute 'research evidence' as such. This included descriptions of programmes or approaches, opinion pieces and practical/technical reports such as training materials or programme guidance. When considering evidence for effectiveness and outcomes, however, due weight has been given to the strength and quality of the research evidence.

Overview of the evidence

From a very large number of items identified in the initial searches, 121 were selected for inclusion in this review. Over half of these were research studies (60) or reviews/syntheses of research evidence (18); they included large-scale evaluations of national programmes, as well as studies of the implementation of particular models (such as the Common Assessment Framework) in local areas. A further 17 were opinion or discussion pieces, which often referred to research evidence. Another 12 items were policy documents produced by governments or quasi-governmental bodies in the various jurisdictions, and 3 were reports of inspections of children's services. The remaining 11 publications were classified as programme descriptions or practical guidance.

The majority of the individual research studies were undertaken in the UK (all four countries) or in one of the states of the USA. But evidence is also included from Ireland and New Zealand, and from a wide range of other countries through two international reviews (CfBT Education Trust, 2010 and Léveillé and Chamberland, 2010).

Structure of report

Chapter 2 summarises international evidence on the impact of interagency working on children, families, professionals and agencies. The main body of the report (Chapters 3-6) addresses specific approaches and models of interagency working. Each chapter starts with a brief introduction and indication of the relevance to Children's Services Committees in Ireland. Relevant initiatives or approaches are then covered in turn, using a common format: a description of key features and when/how the approach or model is used; evidence for effectiveness; and a summary of barriers and facilitators to implementation in practice. Each chapter concludes with a brief summary.

Chapter 3 covers interagency structures for planning children's services, including Children's Trusts in England, Children and Young People's Committees in Northern Ireland, Children and Young People's Partnerships in Wales, the Strengthening Families and High and Complex Needs Interagency Strategy in New Zealand, and the Montgomery County Collaboration in Maryland, USA. *Chapter 4* examines common approaches to assessing need, including Getting it Right for Every Child, which is used in Scotland both as an interagency planning structure and an approach to needs assessment, the Framework for the Assessment of Children in Need and their Families, and the Common Assessment Framework. *Chapter 5* considers evidence for the Differential Response Model and *Chapter 6* is concerned with information sharing and mechanisms to support this, such as data-sharing protocols, national electronic databases and co-located teams. Finally, *Chapter 7* draws conclusions and outlines the next stage of the project.

2. DOES INTERAGENCY WORKING IMPROVE OUTCOMES?

This chapter provides a high-level overview of international evidence for the impact of interagency working on outcomes for children and families, and the main factors that support or hinder such collaboration. It draws on a number of key overviews of research on interagency (or integrated) working (see *Table 1*).

Much of the information in subsequent chapters on the effectiveness of specific interagency models and processes, and the barriers and facilitators to implementing them, is also relevant here.

Table 1: Key research reviews* used in this chapter

TITLE	DATE	AUTHOR	RELEVANCE
An international perspective on integrated children's services	2010	CfBT Education Trust	Undertaken by National Foundation for Educational Research (NFER) in England, but with specific focus on international literature. Considers evidence from 54 jurisdictions.
Safeguarding in the 21st century – Where to now?	2010	Barlow with Scott	Chapter 5 reviews models of integrated working, barriers and evidence on outcomes. Particularly UK, but also includes international literature (published between 2000 and 2009).
Integrated working: A review of the evidence	2010	Oliver and Mooney with Statham	Commissioned by Children's Workforce Development Council in England and focuses on outcomes of integrated working in children's services in England.
A literature review of inter-agency work with a particular focus on children's services	2009	Duggan and Corrigan	Literature review commissioned by the Children Acts Advisory Board (CAAB) in Ireland to inform guidance to support effective interagency working (CAAB, 2009). Focus on literature from Ireland, but also draws on some international overviews.
Integrated children's services: Enablers, challenges and impact	2008	Robinson, Atkinson and Downing	Based on a literature review by NFER, summarises impact and enablers/barriers of integrated working. UK and international evidence.
Exploring the evidence base for integrated children's services	2006	Brown and White	Commissioned by the Scottish Executive to review the evidence base. Covers UK and some international research.
Professionalism, partnership and joined-up thinking	2005	Frost	Focuses on joined-up front-line working with children and families. Mostly UK research.
Facilitators and barriers for co-ordinated multi-agency services	2004	Sloper	Journal article based on a review to inform development of the children's National Service Framework in England. Summarises evidence from existing reviews on enablers and barriers to integrated working.

* Full details of reviews are provided in the 'References' section at the end of this report.

Defining and measuring outcomes

A common theme in the reviews of research on interagency working is that while there is a considerable amount of information on the *process* of agencies working together (and what helps or hinders this), there is very little evidence on how more joined-up working impacts on outcomes for children and families. There are significant challenges to undertaking research and evaluations in this area, especially linking outcomes to the impact of integrated working (Oliver *et al*, 2010).

An outcomes-focused approach to children's services places great emphasis on achieving measurable improvements in children's lives. However, it is widely acknowledged that the development of new collaborative working arrangements is not easy and takes time to achieve, and that it is unrealistic to expect to see a significant impact – especially at the level of child outcomes – for some time. A common related issue is that new initiatives are often evaluated before they have had time to become embedded in working practice and hence evaluations are often able to describe the process of implementation, and sometimes assess the impact on professionals and agencies, but are rarely able to identify changes in outcomes for children and families.

Because of this, it is important to be able to measure 'steps on the way' to improved outcomes for children, which might include positive impacts on agencies and professionals.

A phased approach

The National Foundation for Educational Research (NFER) in England developed a four-stage model to describe the different levels of impact that the introduction of interagency working processes could be expected to achieve. This was used to evaluate whether change had occurred in local authorities participating in the Local Authority Research Consortium (LARC) project, an action research project on integrated working involving 24 local authorities in England (Easton *et al*, 2010).

- ➔ Level 1: **Changes to inputs/processes**, such as the introduction of new tools and management structures.
- ➔ Level 2: **Changes to routines, experiences and practices** of practitioners and service managers (based on professional perceptions).
- ➔ Level 3: **Changes to outcomes** for children, young people and families.
- ➔ Level 4: **Institutional/systematic embedding** of the changes across organisations.

Most of the 24 LARC authorities regarded themselves as being between Levels 2 and 3 in terms of integrated working, with only a few authorities locating themselves between Levels 3 and 4 (Easton *et al*, 2010). Although many had been moving towards a more integrated approach for some years, and could describe considerable benefits from doing so, few could yet claim that integrated working was well established and leading to widespread measurable changes in outcomes for children.

Collaboration may be the means through which services are planned and delivered, but it is factors such as the quality of the services offered and the skills of the staff delivering them that have a more immediate impact on client outcomes. Thus, assessing the impact of interagency working needs to consider these intermediary stages as well as final outcomes, for example, examining whether arrangements for interagency working have led to the introduction of ways of supporting families that are known to be effective, or have improved practitioners' knowledge, skills and commitment to their work.

Similarly, impact assessments should consider whether there have been changes in what are sometimes called 'interim outcomes' – factors that are known to be associated with better or worse outcomes in the longer term – rather than only focus on changes in children's behaviour. For example, an evaluation of three *Communities that Care* demonstration projects in England and Wales (Crow *et al*, 2004) distinguished between short-term effects and longer term outcomes for children and young people. While the desired long-term outcomes of the projects were reductions in levels of problem behaviour (such as drug abuse, youth crime, school-age pregnancy and school failure), within the timescale of the evaluation it was only feasible to look for changes in the percentage of children with high levels of known risk factors for such behaviours or low levels of protective factors, such as the presence of a supportive adult.

Difficulties in assessing impact

It can be much easier to identify the impact of agencies *failing* to work together (as highlighted by investigations into cases where children are seriously harmed or killed) than to identify the impact of successfully working together. When positive changes do occur, it is often difficult to attribute these to the introduction of interagency working structures and practices. In most cases, there is a cumulative impact of other changes that are taking place over the same period, for example, in professional practice or in resourcing of different initiatives and services. Interagency working may contribute to and support improvements in outcomes, but it is frequently difficult to disentangle what exactly has made the difference. The best evidence for attributing causality comes from studies that keep other factors constant and compare outcomes for children and families in areas that have introduced a new way of working with comparable areas that have not done so. But while this has been done to some extent in studies in the USA that have investigated the impact of the Differential Response Model (see Chapter 5), and in evaluations of community initiatives such as *Communities that Care* (Crow *et al*, 2004), few studies have been able to apply such scientific methodologies to assess the impact of introducing new structures for interagency working on a wider, more 'whole system' scale.

Impact of interagency working

Although the evidence on improved outcomes through interagency working is not strong, the evidence that exists (mostly based on professionals' perceptions and individual case studies) is generally promising. A range of positive outcomes has been reported in the studies included in the reviews on which this chapter is based (see *Table 1*), although some less welcome impacts have also been described especially by professionals, such as increased workload (at least in the initial stages) and the time and resources needed to support interagency working. Boxes 1-3 summarise the benefits (and perceived disadvantages) of interagency working for agencies, for professionals and for service users, respectively.

However, it is important to bear in mind that this represents a high-level summary of impacts reported in studies that were considering different levels and types of interagency working along the various dimensions described in Chapter 1. It cannot be assumed that introducing changes at one level (such as planning structures) will necessarily lead to improvements, unless there are changes at other levels as well. A common theme in the literature is that interagency working needs to be understood as a process of 'whole system' change, rather than an add-on to existing ways of working.

Box 1: Impact for agencies

- Clearer identification of service gaps and less fragmentation.
- Greater involvement of service users and wider community.
- Ability to harness resources of individual partners.
- Greater efficiency through reduction in duplication and sharing of overheads.
- Building of capacity to resolve policy problems.
- Greater focus on prevention and early intervention.
- Greater reliance on evidence-based practice.

BUT ALSO

- Increased demands and pressures on individual agencies from earlier identification of need.
- Difficulties in engaging some partner agencies.
- Time and resources needed to support interagency planning.

Box 2: Impact for professionals

- Improved enjoyment and well-being in their working lives.
- Enhanced knowledge and understanding of other professionals' roles.
- Better understanding of the needs of children and families, and the availability of services across a range of agencies and sectors.
- More opportunities for personal and career development and skills acquisition.
- Improved information sharing, communication and trust between professionals.
- Greater willingness to take risks and potential for innovation and improved outcomes.

BUT ALSO

- Joined-up working may increase workloads (the evidence is mixed).
- Some practitioners report confusion about professional identity and role.

Box 3: Impact for service users

- Improved access to services and speedier response.
- Better information and communication from professionals.
- Greater consultation over case planning.
- Holistic approach leading to more seamless services.
- Improved outcomes (e.g. child able to remain at home, improvements in attainment).

Enablers and barriers to interagency working

The overarching messages on barriers and enablers to interagency working in general are summarised below. This draws in particular on Robinson *et al* (2008), but similar barriers and suggestions for how to overcome them arise in all the reviews of interagency working (see *Table 1*).

Enablers

Key factors contributing to the facilitation of interagency working include the following:

- **Clarity of purpose/clear recognition of need for partnership working** – a coherent and long-term vision, common aims and collective ownership.
- **Commitment to joint working at all levels** – from senior managers to front-line practitioners.
- **Strong leadership/management** – effective multi-level leadership and effective operational management, plus identified ‘champions’ and dedicated posts for developing capacity.
- **Strong personal relationships/trust between partners** – a realistic timeframe for developing trust, previous history of working together and a positive experience of collaboration.
- **Understanding/clarity of roles and responsibilities** – professional understanding of how their existing role fits with new structures/processes, as well as understanding new roles (e.g. the Lead Professional role²).
- **Good communication** – a variety of communication channels, both formal and informal, at different levels.
- **Opportunities for joint/inter-professional training** – for all those involved in interagency working, including managers, practitioners and committee members.
- **Assessment of children’s needs** – restructuring and development of the types of service required to meet children’s needs and the experience and skills required of staff.
- **Clear procedures for information sharing**, including databases.
- **Secondments between services**, or services co-located in one building.

In addition, the review of international evidence suggests that the following is also important:

- **Sensitivity to the local context and culture**, taking account of existing working practices between services and the needs of particular cultural groups. This can mean local variation in interagency working practices.

Barriers

The barriers and challenges associated with interagency working are many and varied. They can include the local context and political climate, organisational factors, cultural and professional obstacles and differing levels of commitment to working together. Agencies need to accept that interagency working is a learning process, with tensions and difficulties as well as insights and innovation. The main barriers are presented in *Box 4*.

² The Lead Professional role was introduced in England and Wales as part of integrated working arrangements in children’s services. The person nominated as Lead Professional is responsible for coordinating support to a child when more than one agency is involved.

Box 4: Challenges to interagency working

Contextual barriers/political climate

- Changes in political direction.
- Financial uncertainty.
- Agency reorganisation.
- A climate of constant organisational change.
- Local needs at odds with national priorities.
- Agency boundaries not co-terminous.
- Costs of networking in rural areas.

Organisational challenges

- Different agency policies, procedures and systems.
- Agencies have different remits and do not collect the same data.
- Professional, technical and ethical obstacles to information sharing.

Cultural/professional obstacles

- Different professional beliefs.
- Professional stereotyping.
- Differing levels of qualification and experience, leading to conflicting views.

Commitment obstacles

- Lack of explicit commitment to interagency working.
- Differing levels of 'buy-in'; some agencies reluctant to engage.
- Where managers do not experience interagency working as part of core work, it is vulnerable to changes in work priorities.

There is considerable agreement in the literature on what helps (see *Boxes 1-3*) and what hinders (see *Box 4*). In the following chapters of this review, the factors that have been shown to help or hinder particular models, approaches and tools for interagency working are also discussed.

3. INTERAGENCY STRUCTURES FOR PLANNING CHILDREN'S SERVICES

Types of interagency structure

Interagency structures for children's services can operate at different levels, from strategic to front-line. Structures can bring agencies or individuals together for different purposes – for example, to make joint decisions on policies and to plan services (with or without pooled budgets); to organise the delivery of services; or to work with individual children and families (case management). Various attempts have been made in the literature to distinguish different models of interagency working. For example, the Audit Commission (1998), an independent watchdog for local public services in England, described four types of structure for working in partnership:

- A separate legal entity, where the agencies come together to form a new organisation with an identity separate from any of the partners. The new organisation employs its own staff and is particularly suited to large partnerships.
- A 'virtual' organisation, where a separate organisation is formed but without generating a new legal identity. One agency is responsible for employing the staff and managing resources for the new organisation.
- Co-location of staff from partner organisations, where staff from partner organisations are co-located to work together, but are still employed by their own agency.
- Steering groups without dedicated resources, where partners come together as a steering group, but the group does not have its own resources and thus decisions are implemented through the individual partners' own agencies.

This chapter focuses particularly on structures at the strategic planning level, but also includes an example from New Zealand where the focus of the interagency structure is to deliver joined-up services to individual children. The information builds on descriptions in an earlier publication by the Centre for Effective Services (CES, 2010) of national or State-level interagency initiatives in five jurisdictions:

- Children's Trusts (England);
- Children and Young People's Committees (Northern Ireland);
- Children and Young People's Partnerships (Wales);
- Montgomery County Collaboration (USA);
- Strengthening Families and the High and Complex Needs (HCN) Interagency Strategy (New Zealand).

Some of the five collaborative structures described in the rest of this chapter operate at a number of levels, providing both an overall planning framework and mechanisms or processes for interagency working at service or individual family level. As far as possible, the focus here is on the structures for governance (the arrangements for overseeing and regulating interagency working) rather than on the processes for working with individual children or for sharing information, which are covered later in the review. However, evaluations often address multiple aspects of interagency working and it has not always been easy to make these distinctions. Despite this complexity, some common features can be discerned in most of the five planning structures:

- They are usually organised around a framework of pre-identified high-level outcomes (typically 5 to 8), which address different dimensions of children's lives.
- They commonly have a Chair and a Coordinator. Although the latter plays an important role, they are not always mandated or supported as strongly as they could be, and not always paid.
- Most of the structures rely on influence and voluntary cooperation rather than on mandate, although they are sometimes underpinned by specific legislation.
- Where there is legislation, it is usually around the vehicle for delivery of interagency working, not for the specific services to be delivered.
- Most do not focus on the case management level (the New Zealand model is an exception).

Information on each of the five initiatives is presented below in a common format:

- What are they? – a description of how the arrangement works.
- Evidence for effectiveness.
- Barriers and enablers – the factors that have hindered or helped joint working.

Relevance to CSCs in Ireland

Children's Services Committees (CSCs) are the main route through which more joined-up services for children and families are being developed in Ireland. Although initially there was some debate about whether CSCs should focus on the whole child population or primarily focus on disadvantaged groups, they are now firmly established as about improving outcomes for *all* children (not just those at risk or in need) through planning and overseeing more effective integrated services (CES, 2010).

The first four CSCs established in 2007 have adopted different approaches, but all have a central interagency committee chaired by the HSE, a Coordinator (either part- or full-time) and a number of sub-committees or task groups. Their role is to engage in joint planning and interagency collaboration in delivery of services for children and young people, centred around the 7 National Service Outcomes for Children in Ireland, as described in *The Agenda for Children's Services: A Policy Handbook* (OMC, 2007).³ These CSCs map most closely to the steering group model described in the Audit Commission's typology (see above, under 'Types of interagency structure'). However, the first four CSCs in Ireland have also been developing specific approaches and procedures for interagency working, and have thus been concerned with service delivery as well as strategic planning.

Children's Trusts, England

What are they?

The Children Act 1989 in England and Wales placed a statutory 'duty to cooperate' on all relevant partners in local authorities in relation to promoting the welfare of children 'in need'⁴ and the Children Act 2004 extended this to working together to improve well-being and outcomes⁵ for all children and young people in their local area through the establishment of Children's Trusts. Children's Trusts are thus a strategic planning structure for all children. Each has a statutory Board, the purpose of which is to bring all partners together to agree a common strategy on how they will cooperate to improve children's well-being and to help embed partnership working in the partners' routine delivery of their own functions. The 2004 Act specified the relevant partners who were legally bound to cooperate and this list was later extended to include schools, colleges, GP services and job centres (DCSF, 2010a).

At the end of October 2010, the new Coalition Government withdrew the Children's Trusts' statutory guidance and removed the requirement for each Trust to produce an annual Children and Young People's Plan. It announced its intention to remove the duty on schools, colleges and job centres to cooperate through Children's Trusts, as well as the requirement for local authorities to have a Children's Trust Board.⁶ This was presented as part of a general move away from central direction and statutory guidance towards more local flexibility and control, rather than as denying the importance of close interagency working, and was a political rather than an evidence-driven decision: '*The core principle of a shared commitment to improve the lives of children, young people and families – enshrined in the "duty to cooperate" on local strategic bodies – remains as important as it ever was.*' Local authorities are still free to set up a Board and to publish a joint strategic children's plan, but agencies will no longer be under a formal duty to 'have regard' to any such voluntary plan.

Evidence for effectiveness

The Labour Government in England and Wales commissioned a national evaluation of the operation and impact of 35 Children's Trust pathfinders⁷ between 2004 and 2006 (University of East Anglia and National Children's Bureau, 2007; O'Brien *et al*, 2009). The design of this study and the relatively short duration of follow-up meant that it was not possible to demonstrate clearly that Children's Trust pathfinders had improved outcomes for children and young people, but early results were 'promising'.

³ The 7 National Service Outcomes for Children in Ireland are that they should be 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; and included and participating in society (OMC, 2007).

⁴ 'In need' is defined under Section 17 of the Child Care Act 1989 in the UK as a child whose development is impaired or is likely to be impaired or who is disabled and in need of services.

⁵ The 5 National Outcomes specified for children in England and Wales by the *Every Child Matters* framework are that they are healthy; safe; enjoy and achieve; make a positive contribution; and achieve economic well-being.

⁶ For more information, see: www.education.gov.uk/inthenews/inthenews/a0066362/more-freedom-and-flexibility-a-new-approach-for-childrens-trust-boards-children-and-young-peoples-plans-and-the-duty-to-cooperate

⁷ New national initiatives or programmes in England are typically tested out in a small number of local authorities that volunteer or bid to become pilot areas (called 'pathfinders'). They usually receive some funding for implementing the initiative and are expected to participate in an independent evaluation.

There were some encouraging signs of reported local improvements. Over two-thirds of the pathfinder sites were able to provide examples where local Children's Trust arrangements had improved outcomes, either for particular children or young people or for particular groups (especially those with multiple and complex needs). None of the pathfinders reported that such arrangements had led to worse outcomes. Some Children's Trusts claimed that improvements in area level indicators, such as reductions in rates of children in care or of teenage conceptions, were a result of better interagency cooperation. However, the evaluators concluded that this could have been due to other funding initiatives happening at the same time. They also noted that most routinely collected national indicators do not directly reflect Children's Trust activity and so are inappropriate for evaluating the outcomes of such arrangements.

Although there were only 'early indications' of local positive outcomes for children and young people, the evaluation did find evidence that services had changed in ways that could reasonably be expected to increase their effectiveness and so lead to better outcomes. The setting up of the Children's Trust pathfinders was judged by the researchers to have:

- acted as a catalyst for more integrated approaches to the diagnosis and provision of services for children;
- drawn together a variety of statutory and local services with the aim of enabling them to make a difference to the well-being of children and young people;
- begun to develop expertise in joint commissioning of services across traditional organisational boundaries;
- enabled joined-up approaches to workforce development and training;
- facilitated the development of new types of professionals who were able to work across long-standing organisational and professional boundaries.

On the negative side, the Children's Trusts had sometimes found it difficult to engage partners in key sectors, notably where there were funding difficulties or complex accountability frameworks. In most Trusts, there was a resistance to pooling of budgets, except where there was already a history of cooperation or for selected services like Child and Adolescent Mental Health Services (Lorgelly *et al*, 2009). The voluntary and community sectors tended to be under-represented. Trusts had '*learnt a great deal about the complexity of change management in children's service provision*' (University of East Anglia and National Children's Bureau, 2007, p. 1).

Children's Trust arrangements were subsequently set up in all local authorities in England. There has been no further national evaluation, but a recent small-scale study of six Children's Trusts (by OFSTED, the English inspection body for children's services) concluded that the provision they commissioned was improving outcomes for potentially vulnerable children and young people, as measured by national indicators and individual case studies (OFSTED, 2010). However, these were selected as six 'best practice' examples rather than as representative of Children's Trusts in general. A separate review by the Audit Commission (2008) found that while almost all areas had revised the way in which children's services were coordinated, there was still substantial local variation, with little evidence that mainstream funding from social services, education and the National Health Service had been redirected or that joint performance management frameworks had been established.

Barriers and enablers

Despite the limitations of the sample, based on its research OFSTED (2010) identified key features of the six Children's Trusts that were judged to be particularly successful. Leadership in all six was found to be strong and effective; local self-evaluation processes to measure impact and outcomes were robust; and frameworks for coordinating the work of partners and governance were well established. All six had historically good joint working arrangements in place before the creation of Children's Trusts, emphasizing the time it takes to develop strong partnerships.

Children and Young People's Committees, Northern Ireland

What are they?

There are 4 regional Children and Young People's Committees (CYPCs) in Northern Ireland (originally hosted by the 4 Health and Social Services Boards, which have now been replaced by one Health and Social Care Board covering the whole of Northern Ireland). The CYPCs provide strategic, high-level direction for multi-agency planning for all children. This planning is outcomes-focused, based on 6 outcomes as set out in *Our Children and Young People – Our Pledge: A ten-year strategy for children and young people in Northern Ireland, 2006-2016*. The 6 outcomes are that children should be – healthy; enjoying, learning and achieving; living in safety and with stability; experiencing economic and environmental well-being; contributing positively to community and society; and living in a society which respects their rights. The 4 CYPCs are made up of representatives from the statutory, voluntary and community sectors, and are required to produce a Children's Services Plan every 3 years.

Each CYPC has sub-groups or working groups focusing on a particular group or issue, or on services within a particular locality. The Northern Area CYPC, for example, has sub-groups on planning for children suspended or expelled from school; children at serious risk of offending; children with disabilities, long-term or terminal illness who need services; children with severe psychological, emotional or behavioural difficulties; young carers; children in or leaving care; accommodation and support needs of young people; children at risk of significant harm (child protection); a childcare partnership and an information sub-group, as well as 4 locality planning groups⁸.

Evidence for effectiveness

According to Godfrey (2003), the multi-agency children's services planning structure in Northern Ireland took some time to become established. Members of the working groups and sub-groups were mostly operational managers who were used to managing front-line services, but were less familiar with the concept of longer term strategic planning and who needed considerable support with this. The cultures of the organisations of the participants in the planning process were very different and there were the well-known difficulties of cross-agency and cross-sectoral working, including lack of trust, not listening to each other, the pushing of pet projects, internal tensions and funding conflicts (Godfrey, 2003). However, after 3 years of children's services planning, the Southern Area Board was reporting greater trust and interagency working (Southern Area Children's Services Plan 2002–2005, reported in Godfrey, 2003).

The first annual review of children's services planning in Northern Ireland was published in 2009 (Health and Social Care Board, 2009). This described the indicators being used to measure progress against outcomes, but no information was provided on how well the CYPCs were doing.

Barriers and enablers

Analysis of the Southern Area children's services planning process in the early stages (SHSSB, 2000, quoted in Godfrey, 2003) indicated that in order to succeed, the people involved needed:

- to be clearly mandated by their own organisations;
- to be supported by their organisations, with time allowed in their workloads for the planning task;
- to be provided with training and development opportunities to help them develop expertise in strategic planning;
- to be helped with the task of communicating with their own colleagues and other agencies about the new planning process;
- to be supported in working with others across sectoral, agency and disciplinary boundaries (including help with joint decision-making);
- to be provided with resources, such as research assistance and information support;
- to be given facilitated time and support to stand back at intervals to review their work.

Reflecting some years later on the experience of children's services planning in the Western and Southern Health Boards, McTernan and Godfrey (2006) concluded that it had proved possible to develop integrated planning frameworks based on rights and needs, which include all agencies, all sectors, parents and young people; and to collect and share data across agency and sector. 'Lessons learnt' included (*ibid*, p. 236):

- the importance cannot be overemphasized of the process of agencies, sectors, children and young people, and parents and carers all learning to work in partnership;
- the effectiveness of the multi-agency planning at local level is severely limited by the absence of similar approaches at the departmental level;
- for planning to be successful for children with additional needs, there must be integrated planning for all children at all levels.

Children and Young People's Partnerships, Wales

What are they?

Since 2002, there has been a Children and Young People's Partnership (CYPP) in each of the 22 local authorities in Wales. These partnerships bring together all local partners who provide services for children and young people. They oversee strategic joint service planning and commissioning at local authority and regional levels across Wales and assume a capacity to integrate new initiatives. Their core purpose is to provide a more coordinated approach to planning and delivering services. Since 2008, the CYPP in each local authority has been required to produce a Children and Young People's Plan covering all services for those aged 0-25.

⁸ For more information, see: www.northernchildrenservices.org/sub-groups-locality-groups.php

The CYPPs in Wales are also responsible for administering the Cymorth Fund (the Welsh word *cymorth* means 'support'). This funding stream was established in 2003/04 by bringing together 5 separate Welsh Assembly Government grants for supporting children and young people (including Sure Start, the Youth Access Initiative and Play Grant). It was decided that this new combined fund should be administered through the newly established CYPPs. The budget allocation is relatively small, amounting to £60 per head of the eligible population of 0-25 year-olds in 2006/07 (less than 3% of total Government spending on this group) and is distributed in the form of grants, mostly to voluntary bodies and with a proportion reserved for early years services (McCrinkle and White, 2010).

Evidence for effectiveness

An early evaluation of the arrangements for partnership working found that it was taking considerable time for the CYPPs to become established (York Consulting, 2006). Most were focused on distributing Cymorth funding and had not moved on to wider strategic planning. While over 80% of stakeholders in partnerships thought that there had been improvements in outcomes for children and young people through partnership working, few could demonstrate any tangible substantiated outcomes.

A more recent evaluation of the Cymorth Fund administered by the CYPPs was similarly unable to demonstrate that the fund had had any discernable impact on outcomes for children and young people as measured by changes in national statistics (McCrinkle and White, 2010). The evaluators argued that this was not surprising since the budget was relatively small compared to overall spending on this group and was distributed by the CYPPs between a multitude of small and varied projects. However, the Cymorth Fund had been an important catalyst in strengthening partnership working between agencies involved in the CYPPs. The overall conclusion of this 2010 evaluation was that Cymorth had achieved its role in improving local partnership working in support of services for disadvantaged children and young people, helped to put preventive services in place and introduced innovative ways of working.

Barriers and enablers

At the time of the 2006 evaluation, the 'drivers' that had enabled some CYPPs to become better established included clarity of purpose; commitment from senior agency representatives; a manageable size to reach consensus decision-making while still being inclusive; and support for partnership activities from an effective coordinator (York Consulting, 2006). CYPPs were more sustainable and had a greater sense of ownership by members when the coordinator *facilitated* the CYPP's work (such as preparing the strategic plan) rather than taking on the bulk of the work themselves.

One of the key barriers to developing effective partnerships was a perceived lack of clarity on the part of Government about where CYPPs should fit alongside wider community planning structures.

As described above, responsibility for administering a joint budget had facilitated the development of effective partnership working between agencies involved in the CYPPs. This did not require agencies to pool any of their own resources, but represented a Government decision to allocate grant funding to voluntary children's organisations through the CYPPs.

Montgomery County Collaboration Council, USA

What is it?

The State of Maryland has enshrined in State law the requirement to establish and maintain a local management board (LMB) within the differing Counties within the State, to ensure the implementation of a local interagency service delivery system for children, young people and families. These LMBs aim to provide a family- and child-oriented continuum of care that emphasizes prevention, early intervention and community-based services.

Montgomery County Collaboration Council within the State of Maryland has acted as the local management board since 1993. Working with the local community, it has developed its own *Children's Agenda*, which has identified and agreed 8 community outcomes⁹ to be achieved through collaborative partnerships. The Montgomery County Collaboration Council plans, coordinates, funds and monitors specific interagency services, such as out-of-school projects and wrap-around services for children and young people who need support from multiple agencies, including those with behavioural and emotional needs, developmental disabilities or who are involved in gang activity.

⁹ The 8 broad community goals are: healthy children; young children ready for school; success for every student; young people prepared for the workplace; young people making smart choices; stable and economically secure families; children safe in their home, school and community; and communities that support family life.

The Collaboration Council's main Board has members representing public agencies, families, elected officials, business and community advocates. This governance and policy-making body is supported by 5 sub-committees, the most important of which is the Child Well-being Committee and its 3 work groups, each focusing on one of the priority areas – early childhood, youth development and children with intensive needs. Board members, service providers, parents and community advocates serve on these committees and work groups.

Evidence for effectiveness

The Montgomery County Collaboration Council uses a Results-based Accountability framework to set goals (the 8 broad *Children's Agenda* outcomes, see above) and then monitor success against these goals over time. This monitoring is done in two main ways: through measuring progress at a county level against agreed indicators, published at regular intervals as a 'data book' (e.g. MCCC, 2007), and through expecting all funded services to assess their own performance (e.g. How much did we do? How well did we do it? Is anyone better off?). Results reported by Lally (2010) indicated that in the area of youth development, since 2007/08 there had been both improvements and setbacks in outcomes as measured by county-level indicators – for example, a reduction of 9% in juvenile crime and an improvement in reading and maths scores, but also an increase in teenage pregnancies.

Barriers and enablers

Significant reductions in State-level funding for Local Management Boards from 2010 have meant that although the Montgomery County Collaboration Council's status as a local management board has been renewed, it has lost approximately half of its income and has had to make adjustments that are likely to impact on progress towards at least some of the 8 *Children's Agenda* outcomes. For example, there has been a reduction of Council staff and services in one of the priority areas (early care and education) will no longer be funded.¹⁰

Strengthening Families and the High and Complex Needs (HCN) Interagency Strategy, New Zealand

What are they?

In contrast to the previous examples, the Strengthening Families programme in New Zealand is a structured process for coordinated working on individual cases.¹¹ It brings together Government agencies and community organisations and is focused on 'at risk' families, with a child under the age of 17, who are already working with a number of agencies. The aim is to improve outcomes through providing better coordinated support. Strengthening Families was piloted in 1996 and by 1999 it had been rolled out across all areas of New Zealand. Defining features are that it is community-based (tailored to local needs and circumstances, with a local management group) and has a strong input from families, focusing on their strengths and involving them in identifying the coordinated services they need. Strengthening Families meetings only occur with the consent of parents or caregivers.

Participating Government agencies include:

- Accident Compensation Corporation;
- Child Youth and Family;
- Department of Corrections;
- Department of Internal Affairs;
- District Health Boards;
- Inland Revenue;
- Ministry of Education;
- Ministry of Health;
- Ministry of Justice;
- Ministry of Social Development;
- New Zealand Police.

The Strengthening Families programme is administered by the Family and Community Services Unit within the Ministry of Social Development. In each area, the programme is overseen by a local management group (LMG). This typically includes front-line workers from the health, education, welfare, justice, housing and employment

¹⁰ For more information, see: www.montgomerycountymd.gov/content/council/pdf/agenda/cm/2010/100701/20100701_HHS1-2.pdf

¹¹ For more information, see: www.strengtheningfamilies.govt.nz/about/

sectors, as well as community and voluntary family support organisations. These groups are responsible for identifying service provision gaps, providing strategic leadership and facilitating information sharing. The LMG oversees the work of a Strengthening Families Coordinator, who manages the day-to-day process of coordinated case management – organising the meetings where the family and agencies discuss the issues, helping to develop a single case plan and identifying a lead agency to take the work forward. Coordinators are employed by Government agencies or community groups on behalf of the LMGs.

The New Zealand High and Complex Needs (HCN) Interagency Strategy was originally part of the Strengthening Families programme, but later developed separate governance arrangements. Whereas Strengthening Families works with families where there is a low to medium level of needs, the HCN Interagency Strategy focuses on support for children with multiple and complex needs, and through a national HCN Unit provides access to additional funding for these children, as well as a suite of tools and resources to encourage interagency collaboration and to measure outcomes.¹² The HCN Unit supports staff and managers across health, disability, education and Child, Youth and Family (CYF) services. There are 24 Interagency Management Groups across New Zealand focusing on children with high and complex needs, supported by regional HCN advisors. To access HCN funding, two or more agencies need to be involved and agree they cannot meet the needs of the child within local services. The funding is designed for a small number of children and young people with particularly complex needs that cannot be met by the normal interagency support. It was offered to 92 children and young people in financial year 2009 (HCN Unit, 2009).

The HCN Interagency Strategy has a governance Board with representatives from 4 Government ministries (Child, Youth and Family; Education; Health; and Social Development). The Board provides leadership for the strategy, formalises the involvement of the partner agencies, supports interagency collaboration in their agencies, sponsors the work programme and advises the hosting agency (Child, Youth and Family Services, part of the Ministry of Social Development) about funding.

Evidence for effectiveness

A Government review of Strengthening Families in 2005 reported that the approach had become very well established and accepted in communities. Most participating families viewed the integrated case management process positively. However, little information was collected by Local Management Groups on outcomes and what there was tended to focus on processes (such as how many families were referred) rather than impacts on children and families (Ministry of Social Development, 2005). Monitoring of outcomes of the work of the Local Management Groups themselves was even more variable and many practitioners said that it was difficult to form an objective assessment of the degree to which general collaboration at a management level had enhanced outcomes. The review recommended the development of a standardised outcomes measurement framework and a longitudinal impact analysis for selected sample groups of families, but it is unclear whether this has been carried out.

The HCN Unit reviews all cases where funding has been provided once they are closed to see if the goals set in the original plan have been achieved. Of the 47 children's plans closed and reviewed in 2008, 60% had 'very clear' or 'some evidence' that more than half of their goals had been achieved. Teams commonly believed that it was collaboration that had made the difference and that the progress made for the child would not have happened without agencies working together as they did (HCN Unit, 2009 and 2010).

Barriers and enablers

When the review of Strengthening Families was undertaken in 2005, there was considerable variation in how Local Management Groups operated and how well they were perceived to work (Ministry of Social Development, 2005). Coordinators (employed by local areas with national Government funding) were critical to the success of the programme, but their terms and conditions of employment varied considerably and not all received adequate support. Many local managers and front-line staff noted that the work they carried out for Strengthening Families was not formally recognised or valued as core work by their agencies – for example, in job descriptions or performance agreements. Local Management Groups often spent all their time overseeing the case management process for individual families and had little time or opportunity to address broader strategic issues.

¹² For more information, see: www.hcn.govt.nz/strategy-and-governance/index.html

One way of overcoming this problem, which had been adopted in a few regions, was to separate the operational and strategic demands of the Strengthening Families process by setting up operational management groups to provide governance of the local collaborative case management process, and another group (comprising more senior managers with budget decision-making authority) to concentrate on strategic issues. The 2005 review found that this kind of split had generally been beneficial, enabling greater focus on both main functions of the Local Management Groups.

Summary

Many countries have developed structures for promoting an interagency approach to planning children's services. Such systems take time to become embedded in practice, especially if there is little previous history of collaborative working between agencies. There is, as yet, limited evidence on improved outcomes for children and families from this way of working, but there is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for children and families who need it. Much is known about what helps and hinders the development of interagency working, although translating these messages into practice is not always easy.

4. FRAMEWORKS FOR ASSESSING NEED

Whereas Chapter 3 dealt with interagency working at a structural level, this chapter considers specific frameworks and tools that such structures might adopt in order to identify need and plan services.

Levels of assessment

Seden (2007) distinguishes between two different types of needs assessment in relation to children:

- assessment of the needs of an *individual child* within the context of their family and environment, to inform case planning;
- assessment of the needs of a particular *child population*, to inform service planning.

Across jurisdictions, there is an increasing emphasis on the importance of interagency working at both these levels. In this chapter, the focus is on assessment of individual children's needs and the evidence for interagency approaches to this, in particular the Common Assessment Framework (CAF) and Framework for the Assessment of Children in Need and their Families (FACNF) in England, and the Getting it Right for Every Child (GIRFEC) approach in Scotland, incorporating the My World Triangle. The second type of needs assessment, for service planning, is referred to in Chapter 6 on information-sharing systems.

Relevance to CSCs in Ireland

Good assessment of children's needs is a core component of providing an effective service (Seden, 2007). In Ireland, two local areas have adopted systems for early identification of need, based on those developed in other jurisdictions: the Common Assessment Framework (CAF) in England and the Getting it Right for Every Child (GIRFEC) system in Scotland. Like the CAF, the Identification of Need (ION) process operating in Sligo, Leitrim and part of Donegal aims to identify children with additional needs before they come into contact with Social Services. The Limerick Assessment of Need System (LANS) is based on both CAF and GIRFEC, and aims to assess families at all levels of need. Both are subject to ongoing independent evaluation. An evaluation of the ION process has recently been published (Forkan and Landy, 2011).

Approaches to needs assessment

The assessment frameworks outlined below are described in more detail in Owens' (2010) report entitled *An introductory guide to the key terms and interagency initiatives in use in the Children's Services Committees in Ireland*, published by the Centre for Effective Services. The brief summaries here focus on identifying the differences between the approaches and the circumstances in which they are designed to be used. All the models build on what has been described as 'progressive universalism', the principle of providing universal services to all children combined with increasing amounts of extra or specialist support for those with additional needs. They also all recognise that children will often move between levels and thus systems have to be able to respond to such changes.

When using particular assessment tools, it is important to understand where they fit within frameworks for delivering services in order that they can be used appropriately. The Hardiker Grid was originally developed to provide a tool for planning children's services with an increased emphasis on intervening early to support families, rather than waiting until they had developed severe problems and children's safety was seriously at risk (Hardiker *et al*, 1991). This model has been extensively used by local authorities in England, Ireland and elsewhere to facilitate partnership working, including with the voluntary and community sectors, by clarifying which services are needed for children at each level and how each agency can contribute to providing them (Hardiker, 2002). It is the basis of the 'Understanding the Needs of Children in Northern Ireland' approach to planning children's services in Northern Ireland (UNOCINI, 2009). The Hardiker model distinguishes 4 levels of intervention (described in more detail in Owens, 2010):

- **Level 1** – Universal and preventative services.
- **Level 2** – Support and therapeutic services targeted at those with additional needs.
- **Level 3** – Specialist services for children and families with severe difficulties.
- **Level 4** – Intensive long-term support and protection when the family has broken down and children are living in care, in custody or in in-patient health settings.

There is no specific link in the Hardiker model to arrangements for interagency working, although it encourages the development of new partnerships and multi-agency initiatives in order to provide support services that meet needs at each of the different levels. In the needs assessment approaches described below, however, there is generally an indication of the stages at which single-agency and interagency working are appropriate, and when different assessment tools should be used. For example, the ‘windscreen model’ developed by the Department for Children, Schools and Families in England (see Figure 3) indicates when a common assessment should be undertaken and when a Lead Professional¹³ should be appointed; the Getting it Right for Every Child service delivery model used in Scotland (see Figure 4) similarly indicates the point at which interagency working becomes necessary and clarifies the roles of the Named Person¹⁴ and Lead Professional.

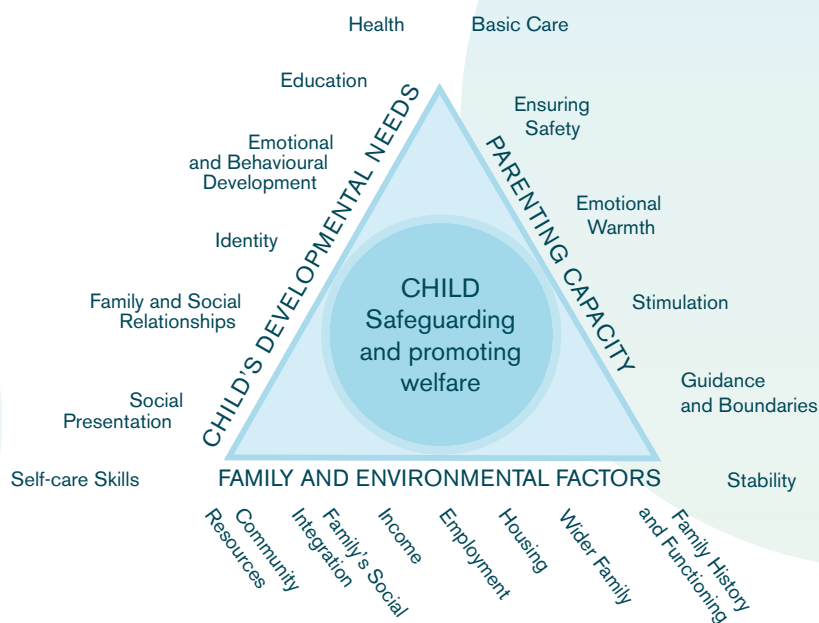
Framework for the Assessment of Children in Need and their Families, England and Wales

What is it?

The Framework for the Assessment of Children in Need and their Families (FACNF) was introduced in England and Wales in 2000 to provide a systematic and consistent way of collecting and analysing information about children who were thought to be ‘in need’ under Section 17 of the Children Act 1989 (Department of Health [UK], 2000). It was later merged with procedures for assessing and reviewing the needs of children in care, to form the Integrated Children’s System (ICS). The FACNF is intended to be used as a specialist assessment, when children are likely to need targeted support (Levels 2 to 4 of the Hardiker model). It is thus a procedure designed to be used by social workers when children have a relatively *high level of need*. By contrast, the Common Assessment Framework (CAF, see below) is designed to be used by practitioners in *all* agencies to identify needs at an earlier stage. However, both the FACNF and the CAF use the same Assessment Triangle – covering the three domains of the child’s development, parenting capacity and family/environmental factors – as a way of making sure that all the areas important to a child’s development are considered in the assessment (see Figure 2).

Figure 2: Assessment Triangle

Source: Department of Health [UK] (2000)



¹³ A Lead Professional is a person in a single agency who is allocated responsibility for coordinating work with an individual child or family when more than one agency is involved.

¹⁴ A Named Person is a professional in Scotland working in a universal service (health or education) who is the first point of contact if there are concerns about a child’s well-being. Every child in Scotland has a Named Person, whereas a much smaller number (receiving targeted support from more than one agency) have a Lead Professional. The Named Person role is described in more detail in Chapter 6.

The Framework for the Assessment of Vulnerable Children and their Families is a version of the FACNF developed in England. It was refined for use in the Republic of Ireland through consultation with 600 practitioners and managers in commissioning health boards and related organisations (Buckley *et al*, 2007).

Evidence for effectiveness: Assessment Framework

The Framework for the Assessment of Children in Need and their Families (FACNF), or a close adaptation of it, has been used in at least 15 different countries, including Australia, New Zealand, Canada, Finland, Norway and Ukraine, as well as in Ireland. A review by French Canadian researchers identified 50 documents examining the use of FACNF across the world, but found few had addressed the impact of the model on the welfare of children (Léveillé and Chamberland, 2010). However, this meta-analysis concluded that there was some evidence of a positive impact on the kind of processes and interim outcomes that should lead to better outcomes for children in the long run. For example, the results suggested that professionals who use the framework ultimately make better assessments of the complex situations they face, have a more holistic and child-centered point of view, and consequently plan better interventions. The model was found to increase inter-professional and inter-organisational collaboration, and also to increase the participation of children and parents in the provision of services intended for them, although not to the extent that had been expected.

Enablers and barriers: Assessment Framework

Features common to successful implementation of the FACNF included:

- strong leadership;
- organisational arrangements to promote interagency collaboration;
- professional training;
- ownership of the approach;
- recognition that implementation will take time;
- good use of information technology and communication;
- time for practitioners to reflect.

The experience of the 5 health boards piloting the Framework for the Assessment of Vulnerable Children and their Families in Ireland (Buckley *et al*, 2007) suggested that a particular challenge was to analyse and make sense of the information on children and their families once it had been collected. It was at this final stage of the process that training and support was particularly needed, to help practitioners integrate the evidence they had gathered with theory in order to make good decisions about the actions that were likely to achieve the best outcomes for children in each case.

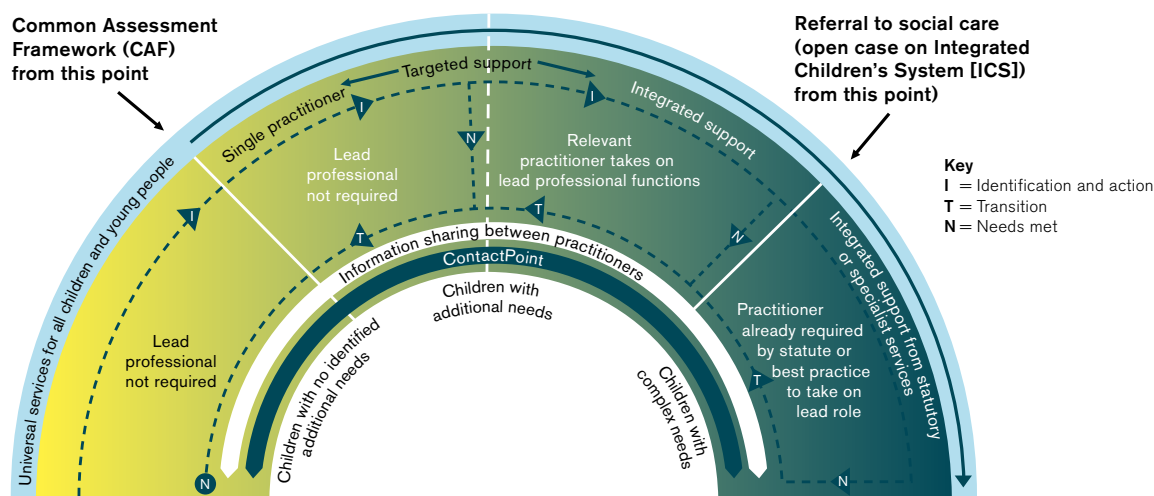
The Common Assessment Framework, England and Wales

What is it?

The Common Assessment Framework (CAF) is a standardised approach to conducting assessments of children's additional needs. The intention is that it should be used by *all* agencies to identify *any* child or family who may need extra support at an early stage of their difficulties and to promote coordinated service provision to meet their needs (DCSF, 2010). The CAF consists of a pre-assessment checklist to help decide who would benefit from a common assessment; a standard form for undertaking and recording the common assessment (based on the 3 domains of the 'Assessment Triangle', see *Figure 2*); a procedure for delivering integrated services; and a review process (CWDC, 2010a). The CAF also introduced the role of Lead Professional, which comes into play when more than one agency needs to be involved. This person is responsible for coordinating the actions identified in the assessment process and organising a multi-agency team (called the Team Around the Child) to provide the necessary support.

Figure 3 illustrates how these different components are expected to fit together. A CAF is not needed when children are progressing as expected within universal services. It is only undertaken when current service provision is failing to meet their needs. The pre-CAF checklist may be used to help practitioners judge if this is the case. Often, these needs can be met by additional services within the practitioner's own agency, but if a multi-agency response is required then a Lead Professional is appointed (*top of the diagram*). At this stage, it is still not always necessary for statutory or specialist services to be involved. However, if a CAF has been completed and has been unsuccessful, or if a child has complex immediate needs, a specialist assessment will be needed, such as the Framework for Assessment of Children in Need and their Families (*marked on the diagram as the point of 'referral to social care'*).

Figure 3: Continuum of Needs – The windscreen model



Note: ContactPoint (the dark green band in the diagram) is an information-sharing system that has since been discontinued by the English Government (see Chapter 6).

Source: CWDC (2010a)

Evidence for effectiveness: CAF

Although all local authorities in England were expected to introduce the CAF by March 2008, the extent to which it is used by all agencies, and the way in which it has been implemented, has been very variable, often depending on the level of senior management commitment and support (Brandon *et al*, 2006; White *et al*, 2009; Pithouse *et al*, 2009; Rees *et al*, 2010). The majority of CAFs are undertaken by professionals in schools (Dagley *et al*, 2007; Norgate *et al*, 2009; CWDC, 2010b).

Where the CAF has been implemented and used appropriately, the evidence is fairly strong that its introduction and the Lead Professional role have strengthened and improved interagency working (Brandon *et al*, 2006; Holmes *et al*, 2010; Easton *et al*, 2010). It is also generally seen as a positive development by managers and practitioners in agencies working with children and young people, despite some reservations and concerns about its implementation in practice (see below, under 'Barriers and enablers'). Overall, there is far more evidence on the process of implementing the CAF and its impact on professional working practices than there is on its impact on outcomes for children and families. One council (Bristol) has, however, recently introduced a tool to use with parents and children alongside the CAF, with the aim of obtaining feedback on which services provided through a CAF assessment have led to improvements for service users (Garboden, 2010).

Studies that have identified positive benefits for children and families associated with the use of the CAF also often rely on the perceptions of professionals rather than direct measurement. In an early evaluation of the CAF and Lead Professional activity in 12 areas piloting these processes ahead of the national roll-out in England, over half of managers and professionals reported that the new approach promoted better and speedier multi-agency working and delivery of services (Brandon *et al*, 2006). Even at this early stage, three-quarters of professionals believed that the CAF and the Lead Professional would result in improved outcomes for children and families, and some reported that they could already identify evidence of positive impact on families. Some years later, the Local Authority Research Consortium (LARC – a group of local authorities across England that are conducting action research on integrated working with support from the National Foundation for Educational Research) was able to cite many examples to illustrate the benefits of using the CAF (Easton *et al*, 2010). Although not systematically substantiated, these included improvements in the emotional health of children and families; improved parenting; improvements in school attendance and learning; better relationships between families and schools; and enhanced transition arrangements between early years' settings, primary and secondary schools.

Some small-scale and local evaluations have also identified positive benefits associated with the use of the CAF. Ward and Peel (2002), drawing on an evaluation of an early piloting of a common assessment form in one English local authority, identified improvements to the quantity and quality of information collected. All cases referred by external agencies to Social Services in this authority in the 12 months before the new tool was introduced were compared with all cases referred by agencies in the 12 months after the pilot began. The common form was judged to have not only improved the information provided by referring agencies, but also to have led to a drop in referrals to Social Services as other agencies decided they could meet the needs of families themselves or that no further action was needed. This suggested that other agencies were not only becoming more involved in the work of initial screening, but also providing services to children and families at the first and second levels of intervention.

An evaluation of the impact of the CAF and Lead Professional role in South Gloucestershire, based on interviews with parents, children, Lead Professionals and other professionals, concluded that the CAF was beginning to make a positive difference to the delivery of children's services (Lin Whitfield Consultancy, 2008). Professionals reported an increase in their knowledge of available services and that they had been able to successfully deliver two-thirds of the interagency plans made for children. Outcomes for children and families were said to include improved access to other services or support, better family relationships and improved school attendance and behaviour.

Despite these positive reports, there have also been a number of studies reporting a negative impact of the CAF, mostly on practitioners rather than on children and families. These include an increased workload for professionals (see *below*) and a perception among some social workers that the constraints of the standard form make it more difficult to 'tell the story' about the children and families they work with, and hence weaken rather than strengthen assessment of their needs (White *et al*, 2009; Broadhurst *et al*, 2010; Munro, 2010). The majority of negative reports emanate from a detailed ethnographic study of the use of the CAF in 4 local authorities, which found that in practice workers often found ways around recording tools that they felt took them away from direct work with children and families (White *et al*, 2009; Broadhurst *et al*, 2010).

Brandon *et al* (2009a) report 'mixed views' about the success of the CAF. When the process works well, it produces the anticipated benefits for children and families, namely: a decrease in unnecessary assessments; a decrease in the need to ask children and families for the same information time and time again; more focused referrals; more prompt service delivery; the ability to draw out child and parent capacities and strengths as well as difficulties; and a shared language to help assess needs (Brandon *et al*, 2006; Cleaver *et al*, 2004a; Pithouse, 2006; Oliver *et al*, 2010). When the CAF works less well, there are common problems and inconsistencies: these include misunderstandings about the purpose of the CAF and whether it is a mechanism for referral on to Social Care or for shared working and responsibility (Brandon *et al*, 2006). The interface between the CAF and other specialist assessments (e.g. in education, youth justice and health) has also been a source of confusion, although a recent study suggests that progress is being made by some local authorities in clarifying how the different assessments fit together (CWDC, 2010c).

Enablers and barriers to implementing the CAF

Case studies of the introduction of the CAF in individual local authorities generally find that it takes some time to become established, often with only a handful of CAFs undertaken in the first year or so (Gilligan and Manby, 2008; Brandon *et al*, 2009a; Griffin, 2010). The approach requires time for professionals to get to know and trust each other, for systems to become established and for a 'critical mass' of expertise to develop (Brandon *et al*, 2009a; Centre for Excellence and Outcomes, 2010). Rural areas can face particular challenges due to a lack of regular contact with other agencies, resource issues and a lack of skills/confidence, but on the other hand may find it easier to involve families in processes and be more aware of their difficulties at an earlier stage (Adamson and Deverell, 2009).

The Children's Workforce Development Council in England commissioned researchers to investigate the obstacles to practitioners' engagement with the CAF process and the Lead Professional role (CWDC, 2010b). Based on consultation events and interviews carried out in the second half of 2009, this study found that the main barriers were:

- ➔ lack of relevant skills, e.g. in undertaking an assessment or in organising and chairing a meeting as the Lead Professional;
- ➔ confusion over when a CAF should be undertaken;
- ➔ a perception that the forms were overly bureaucratic and complex (especially when local adaptations had added to their length);
- ➔ insufficient organisational support;
- ➔ concerns about additional workload.

Another reason that practitioners appear reluctant to complete the CAF form is if they know that additional resources are unlikely to be available to support the needs uncovered. In the study by Gilligan and Manby (2008), the children selected for CAF assessments were usually those whose behaviour caused agencies (typically schools) the most concern and who already had a relatively high level of problems, leading the researchers to conclude that the CAF was not being used as intended (i.e. as a tool to identify unmet need at an early stage).

Similar barriers to those identified by the Children's Workforce Development Council (CWDC, 2010b) have been reported in other studies, including Brandon *et al* (2006), Norgate *et al* (2009), Rees *et al* (2010), Holmes *et al* (2010) and Munro (2010). The extra work involved in completing the CAF and/or taking on the Lead Professional role appears to be of particular concern to teachers, but also to health service staff. Although they supported the principle of common assessment, both groups reported that CAF work was not sufficiently recognised or rewarded within their own agency's performance management systems (CWDC, 2010b). Similarly, a study of safeguarding young people (Rees *et al*, 2010) found that education professionals were the group most likely to express concerns about the CAF increasing their workload, despite thinking it a positive approach. The opposite view was also expressed, however – that following CAF procedures actually saved time, by getting everyone around a table to agree the services and support that a child needed.

In spite of the challenges, if a number of positive factors are in place (especially a well-communicated 'vision', clear processes, good support and ongoing training), significant hindrances can be overcome (Brandon *et al*, 2006). The availability of support to help practitioners when they are beginning to use the CAF seems to be particularly helpful in encouraging its use. In one study, this took the form of one-to-one mentoring by a local Information Sharing and Assessment Coordinator (Jones, 2007). In another, it was a social worker based in a children's centre who played a particularly important role in supporting early years' workers to carry out CAFs for children they were concerned about (Boddy and Wigfall, 2007). In a third example, the support for practitioners did not occur at the stage of completing the form, but involved a multi-agency panel of professionals (called a Service Allocation Meeting) that practitioners who had completed a CAF but who were not confident to identify needs and services could consult. This panel was found to be an important resource for practitioners, particularly those working in schools, since it offered regular opportunities to seek advice and guidance from a range of agencies (Centre for Excellence and Outcomes, 2010).

The experience of introducing the CAF in Wales provides a number of useful lessons about the barriers and enablers to embedding this approach. Four local authority areas were selected by the Welsh Assembly Government to pilot the model, but one other area had established CAF independently as part of a larger, well-established process of integrated working. The pilots were launched in 2006, but by October 2008 an independent evaluation found that only a handful of common assessments (36) had been undertaken (Brandon *et al*, 2009a). Reasons for the slow start included lack of clarity over whether the CAF was to replace existing assessments, lack of commitment and strategic ownership, and no clear procedures to follow. Each area developed its own arrangements for common assessment, which did not match the original CAF model. There were no set multi-agency meetings to discuss the assessment, no Lead Professional role and the practitioner who initiated the CAF largely carried out the work alone and was responsible for finding any additional services (from their own or another agency) that might be needed. There were also significant problems with the electronic database system that the pilot authorities were expected to use and for which they had received training (Cleaver *et al*, undated); the database was thus perceived as hampering progress rather than acting as a support as intended. Because use of the CAF developed in the pilot sites in Wales in an *ad hoc* fashion, it often duplicated other assessments and this was a significant disincentive for practitioners because it involved them in additional work.

In the fifth local authority area that implemented the CAF independently, the process worked much better. This authority had adopted a clearly structured way of working, where the CAF was one part of a broader model of integrated working, as originally intended. Crucially, there were clear procedures and support from other agencies. A multi-agency meeting to discuss the CAF was built into the structure and attended by the child and family, a well-supported Lead Professional was selected to steer the process and support the family, and reviews were held.

Overall, Brandon *et al* (2009a) identified a number of 'start' and 'stop' factors that seemed to either encourage or discourage successful early implementation of the CAF in Wales (see *Table 2*). These factors combined to produce interacting 'start' or 'stop' cycles. It seemed easier to overcome problems with mostly 'start' factors than to turn around a negative 'stop' cycle.

Table 2: Factors in implementing the CAF in Wales

START FACTORS	STOP FACTORS
<ul style="list-style-type: none"> • Strategic join-up • Ownership and enthusiasm • Clear CAF structure and process • Accessible support • Good multi-agency working • Good practitioner skills • No database yet • Help for families 	<ul style="list-style-type: none"> • Weak strategic join-up • Confusion/lack of enthusiasm • No clear CAF process • Support only from training • No multi-agency working within CAF • Agency problems • Database problems • No extra services for families linked to CAF

Source: Brandon *et al* (2009a, p. 5)

Getting it Right for Every Child, Scotland

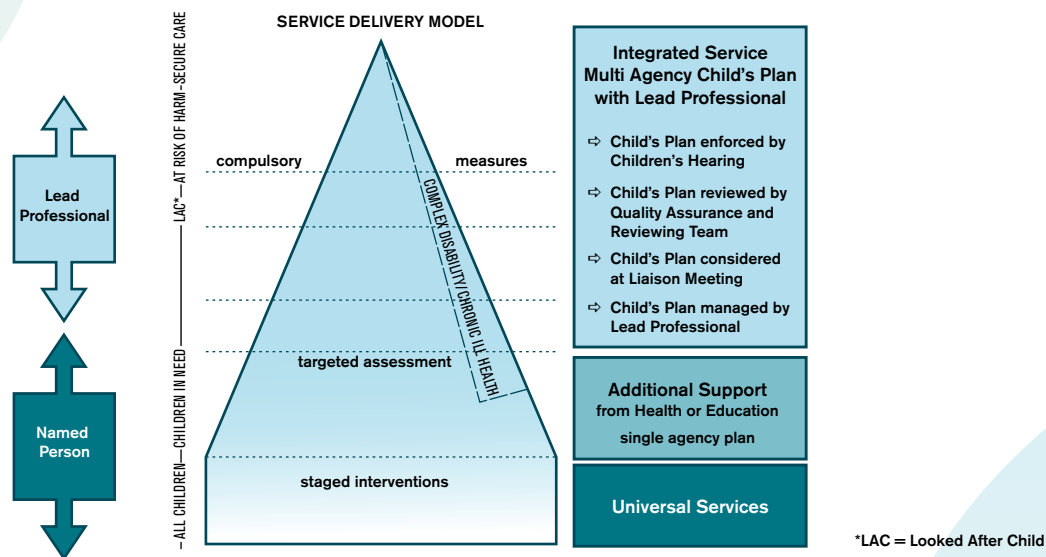
What is it?

Getting it Right for Every Child (GIRFEC) is an outcomes-led approach to delivering children's services in Scotland, based around a common coordinating framework for assessment, planning and action across all agencies working with children and young people (see *Figure 4*).¹⁵ Like the CAF and the FACNF, the GIRFEC uses the 'Assessment Triangle' (see *Figure 2*), renamed the 'My World Triangle' (see Owens, 2010, p. 23) and adapted to present information from the child's perspective. The GIRFEC differs from the CAF in explicitly focusing on all children, not just those with additional needs (this is reflected in the title 'Getting it Right for *Every* Child'), and in framing assessment and service planning for all children around 8 well-being indicators, namely: safe; healthy; achieving; nurtured; active; respected; responsible; and included. All practitioners, when recording the progress of children in universal services, are encouraged to structure their recording around these indicators so that they can contribute to more detailed assessments where needed. If a concern is identified about a child or young person, this is recorded on a Child Concern Form, which is also organised around the well-being indicators.

A unique and important feature of the GIRFEC is the 'Named Person' (Stradling and MacNeil, 2010a). Every child and young person in Scotland should have such a person, who is a professional working in universal health services (the midwife pre-birth up to 10 days, health visitor for pre-school children) or in education once children have started school. This person is responsible for making sure that the child gets the right support across each life stage from the appropriate services and for maintaining their universal record of progress. If a concern about a child or young person is identified, the Named Person is responsible for formally recording these concerns in the child's record. They have to consider whether the child's needs can be met by universal services and if not, what additional information and help may be needed. At this point, a 'My World Triangle' assessment is undertaken and need/risk analysed. This may result in a single-agency plan to provide additional support or the designation of a Lead Professional to coordinate a multi-agency plan if it is decided that support is needed from other agencies. This multi-agency plan will incorporate any single-agency plans (such as a Personalised Education Plan for a child in care) so that each child has a single plan that all relevant agencies can access.

¹⁵ For more information, see: www.scotland.gov.uk/Topics/People/Young-People/childrenservices/girfec/programme-overview

Figure 4: Service Delivery Model – Getting it Right for Every Child (GIRFEC)



Source: *The Shetland Guide to GIRFEC* (2009), see www.shetland.gov.uk/socialwork-health/documents/1GuidetoGIRFEC.pdf

Evidence for effectiveness: GIRFEC

The GIRFEC programme was first launched in Scotland in 2006 in the Inverness area. This pilot project became known as the Highland pathfinder. A comprehensive evaluation was undertaken by the University of Edinburgh, including an analysis of the cases of nearly 100 children who were tracked through the system (Stradling *et al*, 2009). In general, the findings reflect process or interim outcomes rather than actual changes in children’s well-being. Such outcomes could be expected to take a long time to be fully achieved, especially for the most vulnerable children, and the GIRFEC model had only been operating for two years at the time data was collected for the evaluation. However, promising findings included:

- ➔ More children and young people with concerns or unmet needs were receiving appropriate and proportionate support within universal services, or were receiving targeted intervention for shorter periods of time.
- ➔ Teams of social workers for children and families were receiving fewer general referrals from universal services. Their caseloads were smaller and there were no unallocated cases, which left them with more time to focus on core business and address the concerns of children in need of care and protection. The rate of children being placed on the child protection register had fallen by half over three years.
- ➔ Families reported feeling that ‘one team’ was supporting them and their children rather than many different teams. Some families were more involved in finding solutions to their needs and had a better understanding of what was happening, when and why.
- ➔ A Single Child’s Plan was becoming the norm rather than different plans being developed by different services, often functioning in parallel.
- ➔ Better quality information was being collected, shared and understood across the various local agencies, so children at risk and their families were less likely to be missed.
- ➔ The evaluation found that the Named Person role was key to helping to identify children’s needs at an earlier stage and enabling Lead Professionals to get the necessary support in place much more quickly. In particular, the input of the Named Person was proving to be critical in facilitating the transition from single- to multi-agency support.

A shift in professional culture was beginning to emerge, such as a move away from the use of agency-specific labels, like ‘pupil’, ‘young offender’ or ‘looked after child’ (meaning a child in care) towards seeing the child in the round. While some practitioners initially thought that the *Getting it Right* approach might impact negatively on their professional identities, in practice this fear seemed to diminish through training and with experience of using the new approach. However, the Highland pathfinder area had already made significant progress towards integrated children’s services before GIRFEC was introduced, so it was building on a solid foundation of interagency working. Areas without such a history may well need significantly more time before such cultural changes occur.

Cost-effectiveness of GIRFEC

A specific issue addressed by the GIRFEC evaluation was its impact on the use of resources (Stradling and MacNeil, 2010a). A full cost-benefit analysis was not feasible since the necessary data on outcomes for children were lacking. As described above, the evaluation therefore focused on progress towards positive outcomes, such as whether the streamlining of processes had led to a better use of resources; freed up front-line staff to spend more time working with and for children and families; reduced demand for targeted and specialist services; and reduced paperwork and time spent attending meetings, writing reports and contacting people for information about a specific child or family. The findings on whether the integrated approach produced cost savings were mixed. There had actually been an increased demand for scarce resources as professionals in universal services became more aware of the importance of identifying concerns and needs at an early stage, although this was expected to reduce as more front-line professionals became competent and confident in using the new approaches to assessment and planning.

Some savings in time had occurred because of fewer meetings and reports to write, but at this early stage it seemed that the savings were often being partially offset by professionals' new responsibilities and tasks. The evaluation concluded that the changes that had been introduced were enabling staff to '*achieve more for the children and young people allocated to them with the same level of resources*'. However, it was judged too early in the implementation process to be able to identify substantial cashable savings, i.e. savings that could be recycled. The potential for real savings in time and possibly in the use of other scarce resources is most likely to appear once the greater emphasis on early intervention (particularly by services working with the early years) impacts on those professionals in the universal services who work with older children and young people (Stradling and MacNeil, 2010a, p. 6).

Enablers and barriers to implementing GIRFEC

The following facilitators were identified by the evaluation (Stradling *et al*, 2009) as supporting implementation of the GIRFEC approach:

- support from the Scottish Government to fund a small team to facilitate, coordinate and monitor the implementation process;
- championing of GIRFEC by senior strategic and operational managers in the pathfinder area, fostering a sense of ownership of the approach among professionals;
- a communications strategy that spelled out the vision behind GIRFEC, as well as the specific changes to systems and practice that would be needed;
- support from elected members (councillors);
- the provision of opportunities for feedback from front-line staff;
- organisational changes, e.g. the establishment of multi-agency strategic planning groups around priority themes, local Service Managers Groups and Integrated Service Officer posts to oversee the interface between universal and targeted services;
- training and guidance in the use of the new records;
- the development of quality assurance and self-evaluation processes to benchmark the new practices and identify where practitioners may be using the new tools and pathways inappropriately;
- opportunities for professionals to meet periodically to reflect on practice, in both single-service and multi-agency groups.

Key factors that contributed to positive outcomes for individual children when using the GIRFEC approach included:

- a good ongoing working relationship between the Named Person and Lead Professional;
- a solution-focused approach to planning;
- realistic timescale for measuring progress;
- the Named Person and Lead Professional building a trusting and sustained relationship with the child or young person, and involving them in decisions about their plan.

Several challenges for the future development and roll-out of GIRFEC across Scotland were also identified by the evaluation. One was adapting the approach to work in rural areas, where there is usually less co-location of multi-agency teams and families have less easy access to services. Another challenge was to maintain a focus on outcomes for children when increasing budget constraints were putting pressure on service managers to focus on more immediate inputs and outputs. The third main challenge was to develop the use of information technology, so that information could be shared electronically rather than through paper records.

Summary

This chapter has covered assessment systems designed to be used by social workers when there are serious concerns about a child's welfare (such as the Framework for the Assessment of Children in Need and their Families/FACNF) and assessment systems designed to be used by practitioners in any agency to identify at an earlier stage possible concerns that a child's needs are not being met (the Common Assessment Framework/CAF). The CAF may or may not lead to the involvement of social workers and a more detailed assessment subsequently being undertaken.

Although there is as yet little hard evidence of improved outcomes for children and families, the evidence is reasonably strong that systems such as the CAF in England and Getting it Right for Every Child (GIRFEC) in Scotland have strengthened and improved interagency working, resulting in better access for children and families to appropriate levels of support. It is important that systems are implemented and used as intended since adopting just one aspect (such as a common assessment form) without the accompanying framework for integrated working seems to be ineffective.

The experience of other jurisdictions provides many lessons about the factors that both promote and hinder the adoption of interagency approaches to needs assessment. Findings from studies of the FACNF, CAF and GIRFEC highlight similar barriers and enablers to implementation (see *Table 3*).

Table 3: Barriers and enablers of systems for identifying and assessing need

BARRIERS	ENABLERS
<ul style="list-style-type: none"> • Forms that are too long or inflexible • Lack of strategic support and encouragement • Perception that it is not 'core' work and not recognised in time allocations • Database and information-sharing problems • Duplication of existing assessments • Concerns about additional workload • No resources to meet the needs that are identified 	<ul style="list-style-type: none"> • Clarity about the purpose of common assessments and when they should be undertaken • Well-communicated 'vision' • Good organisational support • High-level commitment • Sense of ownership at all levels • Inter-professional training • Guidance on use of the new forms • Time for practitioners to develop trusting relationships across agencies

5. DIFFERENTIAL RESPONSE MODEL

What is it?

Differential response (also called alternative response or 'dual track') is an approach to child welfare that attempts to deal with criticisms of traditional approaches to protecting children at risk of abuse and neglect. Such approaches tend to alienate families and have high thresholds for accessing services (Waldfoegel, 1998). Developed originally in Minnesota, USA, it is now being implemented in at least 18 American States and has also been taken up internationally, for example, in Australia, Canada and New Zealand (Connolly, 2005; Stanley, 2007).

The differential response approach was developed in jurisdictions where reporting of concerns about child abuse or neglect is mandatory. Where there is a duty to report and investigate all accepted concerns, it requires a State mandate before cases can be 'diverted' to a non-investigatory route. This helps to explain the particular interest in differential response in countries like the USA, which is the source of most of the evidence on this approach. In countries such as England and Wales, legislation already provides for both a family support route (through Section 17 of the Children Act 1989) and an investigative route (through a Section 47 enquiry and child protection conferences). However, concerns are often expressed that investigations into whether abuse has occurred can take precedence over support for families and this is the case in Ireland too.

The differential response model emphasizes the need to respond differently to different types of cases. It typically involves two or more 'tracks' or pathways in response to reports of child abuse or neglect:

- ➔ **Investigation:** This pathway involves gathering forensic evidence and requires a formal determination regarding whether child maltreatment has occurred or the child is at immediate risk of abuse or neglect. In a differential response system, this track is generally used for reports of the most severe types of maltreatment or for those that are potentially criminal.
- ➔ **Assessment (alternative response):** This form of response, usually applied in low- and moderate-risk cases, involves assessing the family's strengths and needs, and offering services to meet those needs and to support positive parenting. Although a formal determination or substantiation of child abuse or neglect may be made in some cases, it is typically not required. However, families can move from one track to another if this is thought necessary as contact with the family continues.

The differential response model employs a non-adversarial family assessment process that avoids determination of fault and identification of 'victims' and 'perpetrators'. Family assessments still have the central goal of establishing child safety, but they also focus on a broader array of family needs and involve family members in making decisions about the services and support they need (Child Welfare Information Gateway, 2008). The key features distinguishing the differential or alternative response model from a more traditional approach have been summarised as follows (Kaplan and Merkel-Holguin, 2008):

- ➔ family engagement *versus* adversarial;
- ➔ services *versus* surveillance;
- ➔ labelling as 'in need of services and support' *versus* 'perpetrator';
- ➔ encouraging *versus* threatening;
- ➔ identification of need *versus* punishment;
- ➔ continuum of response *versus* 'one size fits all'.

Another review (Child Welfare Information Gateway, 2008) identifies common characteristics of the differential response model as:

- ➔ less adversarial;
- ➔ more focus on understanding the conditions that could jeopardize the child's safety and the factors that need to be addressed to strengthen the family;
- ➔ approaches and services tailored to fit a family's strengths, needs and resources;
- ➔ emphasis on engaging parents to recognise concerns that affect their ability to parent and to participate in services and supports;
- ➔ tapping into community services and the family's natural support network;
- ➔ offering services on a voluntary basis.

It is important to note that the differential response model (DRM) is not a service in itself, but rather a particular approach to child welfare. It has been described as 'more a philosophy than an intervention' (Conley, 2007, p. 1455). The particular services offered within a DRM approach will vary depending on the family's needs and preferences, as will the mechanisms for service delivery. To give an example: the 'Another Road to Safety'

programme in California is a differential response approach that uses intensive home visiting by paraprofessionals as its service delivery mechanism. The home visitors offer concrete forms of help (such as referrals and access to a 'basic needs' fund), but the main intervention tool is the therapeutic relationship that they develop with the family (Conley, 2007). Other DRM programmes may develop different kinds of support and provide these through professionals from a variety of agencies. What this means is that evaluations of DRM are assessing the overall ability of the model to achieve particular outcomes (compared to single-track investigative approaches to child abuse or neglect) rather than assessing the effectiveness of particular types of service.

Relevance to CSCs in Ireland

In Ireland, the differential response model (DRM) is being piloted in the HSE Dublin North health area through the National Directorate of Children and Families Social Services, with a view to supporting a national roll-out. A small local area has also been piloting a version of the DRM during 2009/10, under the auspices of the South Dublin CSC. Both are being evaluated by the Child and Family Research Centre at the National University of Ireland, Galway.

The DRM has particular relevance to interagency working and CSCs because it requires the mobilisation of a range of services, often provided by different agencies. The model involves connecting families to local formal and informal resources, so the ability of agencies to form connections with other service providers and neighbourhood institutions is a key element of programme success (Conley, 2007).

An effective needs assessment (as described in Chapter 4) is an important component of DRM since this approach to responding to child protection concerns relies on the ability of practitioners to make a comprehensive assessment of risk and safety, as well as to identify an appropriate range of support services.

Evidence of effectiveness of differential response

The majority of the evidence for the impact of the differential response model (DRM) comes from evaluations undertaken in the USA in the context of mandatory reporting of child abuse. A substantial number of 'local' evaluations have been undertaken in US States that have adopted the model, implementing it either State-wide or in particular counties. These include Washington State (English *et al*, 2000), Missouri (Loman and Siegel, 2004a), Minnesota (Loman and Siegel, 2004b; Siegel and Loman, 2006), North Carolina (Center for Child and Family Policy, 2006), California (Casey Family Programs, 2007), Nevada (Siegel *et al*, 2008) and Kentucky (Huebner *et al*, 2009). The most commonly used method for assessing outcomes was to conduct a 'natural experiment' by comparing cases that were referred to the non-investigation pathway with those that were not, on a range of administrative data. Very few evaluations involved random allocation, which is the strongest research design. Additional data were often collected from interviews with a sample of workers and families.

A review drawing together findings from these and other evaluations has been undertaken by the body charged with developing effective differential response approaches in the USA (National Quality Improvement Center, 2009). This reached a number of overall conclusions about the effects of participating in the non-investigation pathway on child safety and permanency, family well-being and agency functioning.

A key, consistent finding from the evaluation synthesis was that, regardless of evaluation methodology, differential response does not result in increased harm to children. It must be noted, however, that differential response is used with children who have been assessed as less at risk of future maltreatment. There was some evidence of a modest benefit to safety, as indicated by fewer re-reports of abuse or neglect. Several studies, such as the evaluations of Missouri's Family Assessment and Response programme and Minnesota's Alternative Response programme, found modest reductions in subsequent removal from the home, while other evaluations did not.

In most studies, parents in the non-investigation pathway had a more favourable attitude toward child protective services, were more likely to report being positively engaged and were more likely to receive services earlier in the process. An important finding was the consistency on key measures related to family engagement across the evaluations in different States, in spite of the great cross-site variations in geography and implementation, which suggests that the differential response approach is tolerant of operational and circumstantial variances. Only the evaluation of Minnesota's programme examined family economic hardship: it found that families participating in the non-investigation pathway were less stressed regarding their economic well-being a year after receiving services than were their counterparts who had received investigations.

Among the evaluations that looked at agency staffing issues, most found greater worker satisfaction under the non-investigation pathway than under the investigation pathway. This is an important finding given the difficulties that are experienced by many jurisdictions in recruiting and retaining social workers. Workers also reported that participating in the non-investigation pathway was an effective strategy for meeting client needs. However, contrary to the expectations of some jurisdictions, workload reduction was not found and the non-investigation pathway actually increased the workload of social workers in a few jurisdictions. Another common finding was a reported increase in cooperation between child protective services and partner agencies following the implementation of differential response.

Additional evidence on outcomes from alternative response approaches to child maltreatment in the USA is provided by a national study utilising case-level data reported to the National Child Abuse and Neglect Data System (Shusterman *et al*, 2005). This examined data on over 300,000 children from 6 States (Kentucky, Minnesota, Missouri, New Jersey, Oklahoma and Wyoming) that offered both alternative response and traditional investigation. Key findings included:

- The proportion of cases diverted to an alternative response varied greatly across States (20% to 71%).
- Children and families who were referred for an alternative response were similar in demographics (gender, race, ethnicity, family structure) to those who received traditional investigations, although they tended to be older.
- In-home services were provided more often for children and families in the alternative response track.
- The rate of re-referral within 6 months was lower for the alternative response cases in one State (Oklahoma), but was comparable for both groups in the other 5 States.

The study by Shusterman *et al* (2005) concluded that children's safety was not compromised by using the alternative response track, although with the caveat that there should be clear guidance for workers on how to make the decision about which track children should follow.

Cost-effectiveness of differential response

Several evaluations have included a cost analysis, comparing cases allocated to the traditional investigative route and to the assessment route. They aim to assess whether differential response has reduced or increased spending on children and their families, or altered the balance between short-term and longer term spending or between direct costs (such as bought-in services) and indirect costs (such as worker time). Two of the more robust studies, using an experimental design with random assignment (of cases judged to be low or moderate risk) to experimental or control groups, were carried out in Minnesota and Ohio. Both came to similar conclusions.

Minnesota's cost-effectiveness study (Loman and Siegel, 2005) suggested that the costs of alternative response in the early stages of a case, including worker time during case opening, were greater than in traditional child protection interventions. However, costs for case management and other services following the closing of the initial case through the end of the follow-up period were lower. Savings achieved later more than offset investment costs early on, so that total costs were less for the alternative response (experimental) cases than the control cases. Subsequent tracking of the families showed that these savings continued: after 3 years follow-up, costs were still greater for families that had been allocated to the traditional investigative route (Siegel and Loman, 2006).

The most recently published evaluation, of the Ohio Alternative Response pilot project (Loman *et al*, 2010), found that there was little difference in cost between the two routes by the end of an 18-month evaluation period. However, there were clear differences in the pattern of spending during this period. The experimental families (those provided with an alternative response) were more expensive than control families (those following a traditional investigative route) in relation to short-term indirect costs, which mostly reflected increased worker time spent with the alternative response families and more provision of bought-in services. But the control group families were more expensive in relation to long-term costs, such as the need for subsequent investigations and provision of out-of-home placements. Combining direct and indirect costs for the entire period from initial report through the follow-up on each family, mean costs of \$1,325 were found for experimental cases compared to \$1,233 for control families in traditional investigative assessments. The two routes were thus fairly comparable in cost over an 18-month period, but as the Minnesota study showed (*see above*), it is likely that relative costs would increase for the control group over time due to the alternative response reducing the number of child removals and out-of-home placements. The authors conclude that: 'Under a steady state scenario, with new child abuse/neglect reports being received at the same rate as in the past, the overall cost of child protection/child welfare activities might be expected to be reduced. This is based on the trend apparent in the present data and on findings in the longer term Minnesota evaluation. This would involve a shift of resources from the back end of the child welfare system (longer term cases and foster care cases) to the front end, where families can be approached in a more preventative manner' (Loman *et al*, 2010, p. 154).

One shortcoming of existing differential response cost-effectiveness studies is that they are limited to a comparison of the costs to child protective services of the investigation and non-investigation pathways. However, since service provision in the non-investigation pathway often includes services from other agencies (some of which may not be paid for by Child Protection Services), it would be useful to know whether differential response decreases or increases costs among affected service agencies as a whole. Partnerships between CPS and other agencies are an important part of the differential response strategy and future partnerships would be made easier if there were solid evidence that it ultimately reduced costs to partners as well as to CPS. So far, such data are not available (National Quality Improvement Center, 2009).

Another limitation is that information on the cost-effectiveness of differential response is limited to studies undertaken in the USA. Other evaluations are due to report in the near future, such as a clinical trial in Canada comparing costs and effectiveness of 'usual services' with a regional Differential Response and Wraparound Prevention Service for Children.¹⁶ The literature on cost-effectiveness of early intervention (supporting children and families with additional needs *before* problems become severe) also suggests that this approach can save money in the long run, although the evidence is not always robust (Karoly *et al*, 2005; Centre for Excellence and Outcomes, 2010). This is partly because of a lack of good studies that include both cost and outcomes data, especially tracked over time and with a comparison group, and also because the concept of 'earlier intervention' is a complex one (Statham and Smith, 2010).

Barriers and enablers

Various challenges and difficulties in implementing the differential response model (DRM) were reported in a national survey of 15 American States (or counties within States) that had implemented the model (Shusterman *et al*, 2005). Some had been using this approach for 30 years, while others had only developed it very recently. Although based on the views of key participants rather than independent evaluation, these accounts of where problems had arisen are useful in highlighting areas that need attention if the DRM is to be successfully established. Across the 15 US States, the following issues were most commonly reported:

- changing the mindset of front-line workers to understand the different approach;
- educating the public and other agencies (including the Courts and community providers of services) about the new model;
- finding sufficient providers of family support services, especially in rural areas;
- making consistent decisions about which families should receive the alternative response;
- providing sufficient training for staff (e.g. in working with families, assessment processes);
- worker resistance to 'over-complicated' new assessment forms;
- the 'fear factor' among workers – of being blamed if a case is assigned to the assessment track and something happens.

The factors that helped the differential response approach to become accepted and widely implemented were those that addressed these issues. They included:

- gaining 'buy in' from all relevant agencies to the approach;
- providing clear guidance and training on the criteria for deciding between assessment and investigation routes;
- identifying sufficient preventive services to offer families where an investigation is not undertaken.

Summary

The evidence from the USA on differential (or alternative) response is generally positive. Evaluations have demonstrated that in cases processed through a non-investigative route, children are at least as safe as in traditional practice. Positive impacts reported by participants include greater partnership between families, communities and child welfare agencies; better access for families to services before reaching a crisis point; and improved morale among social workers. Evidence on costs is mixed and depends on the timescale over which this is judged: in the short term a differential response appears to cost more, but in the longer term it may save money.

¹⁶ For more information, see: <http://clinicaltrials.gov/ct2/show/NCT00559208>

6. INFORMATION SHARING AND MECHANISMS TO SUPPORT IT

What is it?

Information sharing is an exchange of data between two or more parties. It can involve sharing information about a particular child or family (individual case level) or sharing aggregate data for planning purposes. A data-sharing protocol is a formal agreement between organisations setting out what data can be shared, by whom and how. The agreement can cover either personal or aggregate data, or both. In Ireland, data-sharing protocols are being developed by all of the Children's Services Committees (Owens, 2010).

A particular manifestation of data sharing is the creation of a database, usually electronic, containing information either on all children (such as ContactPoint in England, now discontinued) or on a subset of children such as those receiving support from children's social services (such as the Integrated Children's System in England and Wales).

Data-sharing mechanisms and protocols developed in each jurisdiction need to take account of the data protection legislation in place in that country. Data sharing is an aspect of interagency working that has often been noted to be particularly problematic (Atkinson *et al*, 2002; Percy-Smith, 2006).

Relevance to CSCs in Ireland

Interagency working requires information to be shared between different organisations in contact with children and their families in order to build up a full picture of needs and risk, as well as to deliver the most appropriate combinations of services. An adequate information system is a crucial element of collaborative practice (Horwarth *et al*, 2004; Cleaver *et al*, 2004b). Where children have been seriously harmed or killed by their parents or carers, enquiries almost always identify a failure among those working with the family to communicate and share information that might have prevented the tragedy (Brandon *et al*, 2009b). Sharing information at case level also needs to operate at an earlier stage, to identify where support could be offered to prevent such problems arising. The various systems for joint needs assessment (e.g. the Common Assessment Framework and the 'My World Triangle', see *Chapter 4*) all depend on effective mechanisms for information sharing.

There have been a number of developments in Ireland that are particularly relevant to information sharing. One is the creation of data-sharing agreements, such as the Young People at Risk (YPAR) Protocol for Coordinating Interagency Services for 0-18 year-olds, launched in April 2010 in the North East Inner City of Dublin (see *below*, under 'Data-sharing protocols').

Another development relates to sharing aggregate data for planning purposes. The cross-border Outcomes for Children project was set up in 2004 to jointly assess need, share information and support cross-border planning of services for children and young people. The project is led by Cooperation and Working Together (CAWT), a partnership of health and social care services within the Health Service Executive (HSE) in the Republic of Ireland and the Health and Social Care Board in Northern Ireland. In addition to providing a framework for integrated planning based around an agreed set of outcomes for children and families (CAWT, 2008), the project has developed an interactive web-based information system that is populated with aggregate-level data on children and families from participating agencies. This allows progress to be monitored against the outcomes and comparisons made over time and between areas.¹⁷ The steps necessary to develop such a multi-agency performance management model to inform children's services planning were described by Atkinson and Maxwell (2007). They emphasize the importance of 'people' factors, such as leadership and commitment, trust and communication, as well as practical issues such as technical expertise to harmonise data sources and create mapping tools.

There is currently no national database in Ireland containing details of all children. Information about the experience of implementing such systems in other jurisdictions, and the reported benefits and difficulties, is included below to inform future debate.

¹⁷ For more information, see: www.outcomesforchildren.org/about.htm

Evidence of effectiveness of information-sharing systems

There is very little research evidence focused specifically on children's services that examines whether information-sharing systems lead to improved outcomes for children and families. At an individual case level, the views of practitioners suggest that common assessment systems do lead to a better understanding of children's needs and reduce the burden on families of duplicate assessments (see *Chapter 4*). At the level of service planning, interagency outcomes-based performance measurement frameworks (such as CAWT's cross-border Outcomes for Children, see above) have been shown in the USA to be effective in improving outcomes for children and families, for example in Vermont (Conway *et al*, 2007) and in Montgomery County in Maryland (MCCC, 2007). 'Partnership for Results', a similar model established in Cayuga County in New York in 1999, has been able to demonstrate greater improvements in measures than neighbouring counties over the period since the partnership has been established; these improvements are seen in reduced levels of juvenile violence, criminal offending, risk-taking behaviour and admissions to foster care (Uninsky and Carrier, 2010).

Findings from a broad study of front-line information-sharing systems across a range of service areas from around the world (Accenture Institute for Health and Public Service Value, 2009) identified the following advantages that agencies have derived from information-sharing systems:

- learning and insights that will help to improve processes and outcomes;
- less duplication in information storage and processing;
- reduction in cultural barriers between partner agencies.

However, it was also noted that sharing information was rarely easy and that the first step was for partner agencies to take stock of their current information systems and determine how compatible they were, as well as deciding what information would actually improve the service to clients if it were shared ('Sharing everything is rarely the right approach'). Agencies also needed to balance privacy concerns (with reference to data protection legislation in respective jurisdictions) and the risk of data loss against the benefits of information sharing and also to find ways of building public support. The Strengthening Families programme in New Zealand was cited earlier (see *Chapter 3*) as a positive example of an information-sharing system that works on a consent basis, with all clients informed by the lead worker what information will be shared and with whom; clients are then able to give full or partial consent.

In the USA, guidelines for establishing and maintaining effective interagency information-sharing systems were prepared by the Office of Juvenile Justice and Delinquency Prevention (Slayton, 2000) and include a 20-step procedure for developing a successful information-sharing programme. Key steps are summarised in Box 5. The research evidence underpinning these recommendations is not made explicit, but they appear to be based on practice wisdom and learning from experience.

Box 5: Key steps in developing an information-sharing programme

- Appoint an Information Management Committee, composed of representatives from all relevant agencies and parents.
- Determine the information collected by all agencies and decide where there are overlaps and gaps.
- Evaluate agency goals and clarify reasons to share information.
- Identify what specific information is to be shared and who needs access to each item.
- Draft an interagency agreement.
- Designate an Information Management Liaison Person in each agency.
- Fund and build the system.
- Train staff.
- Review regularly and revise the system as needed.

Next, we consider information and evidence (where available) about particular systems and procedures for sharing information about individual children and their families. These include data-sharing protocols, electronic databases (such as ContactPoint) and co-located teams.

Data-sharing protocols

Evaluations of interagency working consistently identify the importance of agencies making formal agreements (protocols) about what information can be shared, with whom and in what circumstances. These agreements help to avoid ambiguity and confusion among practitioners by specifying the procedures to be followed and the principles underpinning these (Frost, 2005; Percy-Smith, 2006).

In the USA, the key role of data-sharing protocols in facilitating information sharing was highlighted in a study of the Differential Response Model in California (Casey Family Programs, 2007). The evaluation found that the issue of *confidentiality* was the single most significant barrier to developing the model because it prevented information about families' needs being shared between agencies. Initially, many US counties thought this problem was insurmountable. However, several counties had successfully overcome this through developing a 'Universal Release of Information Form', which allowed information to be shared across a number of systems and agencies with families' informed consent. Key to the success of this form by the counties involved was the extensive involvement of all stakeholders (including families and front-line workers) in its development and the testing and amending of it over several years on the basis of feedback and experience. In one example (Glenn County), the form authorised information sharing among schools, probation, child welfare services, adult services, employment and benefit services, public and mental health services, alcohol and drug services, non-profit organisations and the Courts. Each client had choices about what level of information to release and to which bodies. The 'Universal Release of Information Form' was reported to have dramatically improved the ability of agencies to provide appropriate services and supports to families, although quantitative data was not provided to back this up. The evaluators concluded that 'because the community participated in the development of the form and rules for using it, there is less miscommunication around information sharing' (Casey Family Programs, 2007, p. 70).

An example in Ireland of a protocol that addresses data sharing at both an aggregate level (for service planning) and an individual case level is the Young People at Risk (YPAR) Protocol for Coordinating Interagency Services for 0-18 year-olds in the North Inner City of Dublin. This was established on a pilot basis in 2008 and formally launched in April 2010. Although not formally evaluated, the development and operation of the protocol follows what the (limited) literature suggests is likely to be most effective. For example, it has a steering group composed of representatives from local statutory and voluntary services; involved the local community to a significant extent; took time to test out and refine the protocol before making it widely available; has reached agreement on the purpose of sharing information (to promote the well-being of children); and has a 'champion' to keep the initiative moving forward. The YPAR protocol is a formal, but voluntary agreement between agencies to share information and to act cooperatively. It does not limit or interfere with the statutory obligations of the HSE (to protect children) or of An Garda Síochána (to investigate crime), and acknowledges that there may be circumstances in which these statutory obligations prevent the agencies sharing particular information.

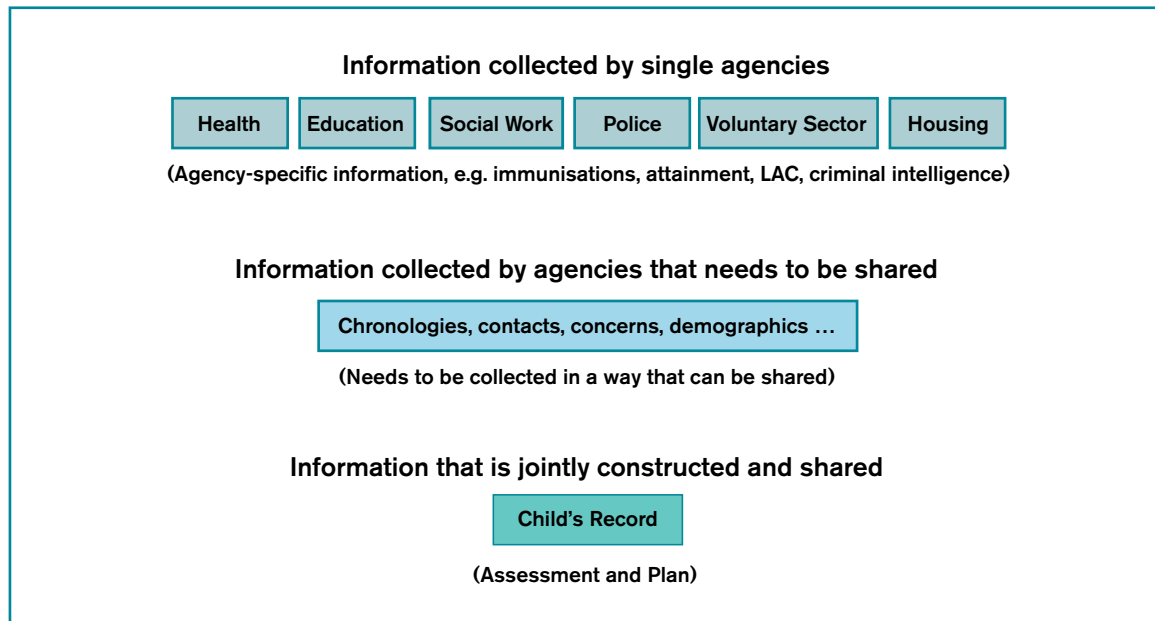
In Wales, a new initiative by the Welsh Assembly Government is aiming to develop corporate data-sharing protocols, which would incorporate procedures for sharing information about children and families within a common approach to sharing personal information about all vulnerable groups (including adults and those with multiple needs). Although the work began with a focus on child protection issues, it was subsequently decided that such agreements would be far more effective if they were part of a broader approach applied to the whole public sector. The initiative will build on the Wales Accord for the Sharing of Personal Information (WASPI) and involve setting up local Information Sharing Communities in each area, bringing together representatives from all the key agencies, alongside the development of a national system to govern the sharing of personal information. There is an emphasis on the need for informed consent to be obtained from those about whom information will be shared.¹⁸

In Scotland, an important part of the Getting it Right for Every Child (GIRFEC) framework is a procedure for sharing information between agencies, based on the principle of informed consent. As described in Chapter 3, every child is allocated a Named Person working in universal services (health or education) who is responsible for making sure that they have the right support across each life stage from the appropriate services. The Named Person is responsible for ensuring that children and families give their consent to sharing any information about them, informing them when information is shared and ensuring that core information within their own agency on that child is kept up to date. The Named Person is the midwife pre-birth up to 10 days old, the health visitor until school age and then an education professional (head teacher or deputy head teacher or pastoral support staff) while the child is at primary and secondary school. If a concern about a child or young person is identified, the Named Person has to consider whether the child's needs can be met within their own agency, and if not, what additional information and help may be needed from other agencies. The Named Person is responsible for making sure that this information is appropriately recorded and stored, and that other practitioners access it only when they need to.

¹⁸ Personal communication with David Middleton, Welsh Assembly Government, October 2010.

The GIRFEC approach encourages all practitioners, when recording the progress of children in universal services, to structure their recording around the 8 well-being indicators that underpin the GIRFEC model (i.e. to be safe; healthy; achieving; nurtured; active; respected; responsible; and included). Although these single agency records are not normally shared, if there are concerns about a child's progress or well-being, this common format makes it easier to exchange relevant information and subsequently to prepare a joint plan for the child (see *Figure 5*). The intention is that the sharing of information will be done electronically, through a Multi-Agency Store (Scottish Government, 2009), but so far this has been done through face-to-face meetings, by telephone, secure e-mail or exchanging paper documentation (Stradling and MacNeil, 2010b).

Figure 5: Information-sharing model – Getting it Right for Every Child (GIRFEC)



Source: Highland Pathfinder Programme 1 Manager Training

Evaluation of GIRFEC in the Highland area, where the approach was piloted, found that although there were some concerns at the outset about the sharing of sensitive information, these tensions reduced as staff became more used to the new approach to interagency working. Any disputes over consent and confidentiality that could not be resolved through informal contact were referred to a Data Sharing Partnership for formal arbitration. This partnership had representation from all agencies and had developed the data-sharing agreement that the agencies signed up to, which was based on the principle of informed consent. The evaluation found that the quality of information being shared across children's services improved markedly as the GIRFEC approach was implemented. Professionals reported that the systematic information sharing across agencies was reducing the likelihood of families 'going off the radar screen' and helping to identify the needs of children with substance-misusing parents.

National databases

Information-sharing pilots in England

In England, between 2002 and 2004, the Government invested £10 million in 15 'trailblazer' local authorities or groups of authorities to spearhead the development of electronic information-sharing systems. Originally, these were named Identification, Referral and Tracking (IRT) projects, but were later renamed Information Sharing and Assessment (ISA). The overall aim was to improve communication and information sharing between health, education and social care services, although other agencies (such as youth justice) could also take part. All other local authorities in England were granted smaller amounts of funding to assist in their own development of an ISA system, with support and advice from the trailblazers.

Two independent reports were commissioned on the early progress of these trailblazers (Cleaver *et al*, 2004b) and non-trailblazers (Cleaver *et al*, 2004c). Clear messages emerged both about the challenges (e.g. the size and complexity of the task, insufficient resources and support, differing agency cultures, uncertainty over the legality of sharing information and pressure to get the system up and running too quickly) and also about the factors that

helped some authorities make good progress. These included:

- a history of good collaborative working arrangements;
- involving all levels of staff and the public in the development of the database;
- strong leadership from a knowledgeable and dedicated member of staff or team;
- having clear information-sharing protocols and privacy statements in place.

It was too soon for these early progress reports to ascertain whether having an ISA system improved outcomes for children and families, such as leading to a more rapid response to situations of risk or better access to services (Payne, 2004).

ContactPoint

A key development within the ISA programme in England (see above), legislated for in the Children Act 2004, was the creation of a national database to support better communication among practitioners across education, health, social care and youth offending. This was originally called the Information Sharing Index, but then became ContactPoint. It was an online directory of *all* children and young people (up to the age of 18), containing basic identifying details of the child and parents/carers, plus information on what universal provision they were using (such as school, health visitor and doctor) and contact details of any staff providing additional support above basic universal services. The aim was for authorised practitioners (who had been trained and had a Criminal Record Bureau check) to be able to access the database to identify and contact others already working with the child, although no case information or assessments would be held on the system.

The proposal for a national database of all children was controversial and faced many criticisms, not only in the media but also from children's organisations and academics. They were concerned that it might breach confidentiality, undermine relationships between practitioners and parents, and make it harder rather than easier to identify abused children because of the volume of information (see, for example, Munro, 2005; Anderson *et al*, 2006; Goodman *et al*, 2008). The Government, however, described ContactPoint as 'a modern 21st-century tool designed to help practitioners working with families across agencies'; it estimated that by speeding up communication between different people working with the same child, it would, according to Baroness Delyth Morgan, 'save at least 5 million practitioner-hours a year, freeing up time for front-line services' (DCSF, 2010b). Little research evidence is available to support or refute either of these positions, although one study, using an ethnographic approach in a single 'trailblazer' local authority, found that practitioners often subtly resisted using the system and believed it created extra work rather than saving them time (Peckover *et al*, 2008).

In a phased approach to rolling out ContactPoint across England, the Department for Children, Schools and Families (DCSF) selected 18 local authorities and 2 national children's organisations as 'early adopters' of the system (some of which had already set up local databases in their role as ISA trailblazers). Their progress was monitored between January and October 2009, so that lessons could be learned before the system became operational across the whole of England (DCSF, 2010b). This national roll-out had barely begun, however, before ContactPoint was discontinued by the new Coalition Government in July 2010.

The experience of the 'early adopters' was reported by the DCSF (2010b) and focused on the positive messages and 'headline achievements'. Lessons for practice included:

- There needs to be a flexible approach to arrangements for managing the system, to take account of differences in size and structure between areas.
- Data administration is time-consuming and needs to be properly resourced.
- Guidance and documentation needs to be easy to use and not over-lengthy.
- Engaging all partners so that they support use of the system is crucial.
- Data quality is important (data was loaded into the system from various national data sets and there were problems where personal information did not match up as it should, or records were duplicated. Another problem was a child's pre- and post-adoption identities being linked in some cases).

The Government report (DCSF, 2010b) noted enthusiasm among managers and practitioners for using the system and included case examples and feedback provided by the 'early adopters' to illustrate a positive impact, for example in supporting more joined-up service delivery and helping to identify children who would otherwise have slipped through the net (e.g. children missing from education). However, little independent evidence is available on the extent to which the national database was able to improve outcomes before it was discontinued.

The Youth Reference Index in the Netherlands

Although ContactPoint no longer operates as a national database in England, a similar system has recently been developed in the Netherlands. Described as a 'reference index' or 'signalling system', it is an electronic database containing basic information about *all* children and young people up to the age of 23 in the population. If a professional worker (in, for example, health or social services) has a concern about the well-being of a particular child or young person, they can make a report to the reference index (guidelines are provided on the circumstances in which this can be done, based on assessment of risk). If there are two or more reports on the same child, the professional receives an e-mail that there is a message waiting which they can access by logging on to the reference index and then contact the other professional(s) involved for further information. No case information is held in the system. Every person in the Netherlands has a Citizen Service Number, which is the key to the reference index linking. The system was piloted in 2007 and is now becoming available across the country, but no information could be found for this review on how well it is working.

The Common Client Index in New York

In New York City, an integrated web-based system called Worker Connect has been developed to improve how caseworkers serve their common clients. Previously, each individual health and human services agency had its own case management system, unable to connect with any other. This resulted in repetitive data entry, missed opportunities to collaborate and in families not always getting the services they needed. The new system provides online access to demographic and case/programme-specific data from 5 City agencies: Children's Services; Human Resources; Department of Homeless Services; Department for the Aging; and the Housing Department. It relies on a Common Client Index, which uses algorithms to standardise and match client records from different agency or source systems based on demographic data. This enables caseworkers to identify clients who are being served by more than one agency and to gain a more complete view of the services they are receiving. In recognition of potential resistance, the Mayor of New York issued an executive order requiring all agencies to share all information that was legally allowable. The development of the shared system is still at a relatively early stage, but it is claimed that specific benefits have included:

- ➔ improved efficiency and decision-making through access to consistent records across agencies;
- ➔ improved quality and timeliness in administering services and programmes;
- ➔ reduced paperwork and duplication;
- ➔ enhanced ability of agencies and providers to fulfil their mission.

However, these claims are made by the developer of the system (Accenture, 2010) and no independent evaluation could be found. The Common Client Index is included here as an example of an attempt to develop a fully integrated system for sharing information and planning services across a range of agencies.

Co-located teams

Rather than providing practitioners with access to a national or local database in order to find out more about a child who is a cause for concern, another approach is to co-locate professionals from different agencies in a team whose members can access relevant information from their own agencies. One example is the Partnership Triage Unit in Hackney, London, which was set up to provide a multi-agency response to police notifications (Government Office for London, 2010). The Metropolitan Police had adopted a new policy of contacting local authorities about all children who came to their notice when, for example, attending any incident of domestic violence, resulting in a significant rise in such referrals and contacts, with consequent concerns about the impact on the workload of social workers. The Triage Unit was set up in the Children and Young People's Service, but with staff from Education, Children's Social Care, the National Health Service and the Metropolitan Police. This co-located team receive all police reports and then interrogate their own agency's IT systems to identify other members of the family, determine who is already working with them, make a preliminary assessment of risk and need based on the pooled information, and determine who is best placed to offer support. The 'case' is then quickly passed on to the appropriate agency to take the lead on coordinating any multi-agency support that might be required. In its first year, a number of soft and hard outcomes were reported, including a reduction in inappropriate referrals to Children's Social Care and ensuring that any new referrals were clearly child protection cases; in addition, the system promoted increased transparency and better understanding and dialogue about thresholds and agency roles (Munro, 2010, p. 28).

Young people’s views about information sharing

Two studies were identified that asked young people for their views about professionals sharing information about them. Researchers from the University of Durham investigated what young people thought about the proposals in England for an Identification, Referral and Tracking (IRT) project: findings were that the young people were positive about the overall concept, but did have concerns about consent and security issues. They appreciated that it would save them having to recount their story to each new worker; however, they wanted to know what information was being stored about them and to have a say over who had access to it (Pain *et al*, 2004). The National Children’s Bureau consulted with groups of young people in urban and rural areas of England, who, like the Durham study (see above), acknowledged the need for professionals to share information about them through the Common Assessment Framework, but felt that not everyone needed to know everything. They wanted some veto over certain information being passed on. Older young people felt that there should be a clear and unequivocal statement about information sharing for them to read before they divulged information (Newvell, 2004).

Barriers and enablers of information sharing

Although this chapter has focused on formal procedures for information sharing, such as data-sharing protocols and electronic databases, an extensive literature exists highlighting how effective information sharing and communication between professionals is not just about systems and protocols, but depends on relationships of trust and respect between professionals. These crucial factors can be undermined by territorialism and differing professional cultures, status and power, together with competition for resources (Reder and Duncan, 2003; Richardson and Asthana, 2006; Frost, 2005; Percy-Smith, 2006; Moran *et al*, 2007). Evaluation of the Children’s Trusts partnerships in England found that the development of trust and cross-sectoral knowledge about the expertise of other professionals were the most critical factors in promoting information sharing (University of East Anglia and National Children’s Bureau, 2007). It is thus important that any mechanisms for information sharing also pay attention to these less tangible aspects of interagency working and foster the conditions that encourage professionals to make use of the systems and procedures that are developed.

Common factors that help and hinder the development of effective information-sharing systems are summarised in Table 4.

Table 4: Barriers and enablers of information-sharing systems

BARRIERS	ENABLERS
<ul style="list-style-type: none"> • Lack of trust • Differences in agency cultures, goals, vocabularies and frames of reference • Different ways of collecting and recording information • Incompatible IT systems • Insufficient funding and resources • Confusion over legal requirements and confidentiality 	<ul style="list-style-type: none"> • Clear data-sharing protocols agreed by all relevant agencies • Voluntary sharing of information • Common understanding of the purpose of information sharing • Technical assistance, especially for computerised information-sharing systems • An information ‘champion’ in each agency

Summary

This chapter has described a range of mechanisms to support information sharing, including data-sharing protocols, national databases, co-located teams and the ‘Named Person’ role in Scotland. Systems for sharing information, especially about individual children, often face substantial initial challenges in dealing with issues of legality, practitioner resistance and technical problems (especially with electronic databases). Where they have been successfully established, however, the evidence suggests that such initiatives improve the quality of information being shared and reduce the likelihood of children with additional needs ‘falling through the net’.

The literature highlights the importance of formalising consent processes – establishing clear protocols for information exchange and having clearly defined procedures and structures that are developed jointly by agencies (ideally involving service users too) and that are well documented and supported by training. Ultimately, effective information sharing depends to a significant degree on trust and respect between professionals, and between professionals and service users. Formal procedures therefore need to build on efforts to foster collaboration and a genuine commitment to interagency working.

7. CONCLUSIONS

This review has drawn on a wide range of international evidence to describe approaches to interagency working in children's services and evidence for their effectiveness. Following a high-level overview of research findings on the outcomes of integrated working, and what helps and hinders this, the review has focused on four topics with a particular relevance to current developments in Ireland: interagency structures for planning services; common assessment of needs; providing multi-agency support to children at risk through a differentiated or 'twin track' response to concerns; and sharing information about children and their families between agencies.

The overall conclusion is that interagency working is becoming increasingly common in children's services internationally and is widely regarded as improving the quality of services and support offered to children, young people and their families. There is, as yet, limited evidence on improved outcomes for children and families from this way of working, but there is promising evidence from many countries on the benefits of a more joined-up approach in improving professional practice and providing better support at an earlier stage for children and families who need it.

However, such systems take time to become embedded in practice, especially if there is little previous history of collaborative working between agencies. The literature confirms that interagency working is not easy and suggests that it is not *inherently* a good thing – only if it is done properly and implemented well. There is by now a considerable body of evidence about what helps and what hinders the development of good interagency working and this knowledge could usefully inform the planning and development of children's services in Ireland.

Common frameworks for assessing the needs of individual children, such as the Common Assessment Framework (CAF), are being introduced in a number of jurisdictions. As with interagency working in general, it has proved difficult to demonstrate improved *outcomes* for children and young people from using such approaches, but the evidence is reasonably strong that they do improve *processes*, such as leading to a better understanding of children's needs and greater interagency cooperation, resulting in better access for children and families to appropriate levels of support. It has been shown to be important that systems are implemented and used as intended, since adopting just one aspect (such as a common assessment form) without the accompanying framework for integrated working seems to be ineffective.

The experience of other jurisdictions provides many lessons about the factors that promote the adoption of interagency approaches to needs assessment. These include:

- clarity about the purpose of common assessments and when they should be undertaken;
- well-communicated 'vision';
- good organisational support;
- high-level commitment;
- sense of ownership at all levels;
- inter-professional training;
- guidance on use of standardised forms;
- time for practitioners to develop trusting relationships across agencies.

A differential response or 'twin track' model of responding to concerns about a child's welfare is particularly prevalent in the USA, where reporting of suspicions of abuse is mandatory and local legislation is thus required to establish an alternative. This evidence is largely positive, showing that children's safety is not compromised by adopting a family support approach rather than an investigative approach, and that there can be positive benefits both for families (such as better access to services) and for professionals (such as increased job satisfaction). However, it is important that there are sufficient services available to offer families following the alternative response track and this can be a problem, especially for rural areas.

Systems for sharing information, particularly about individual children, often face substantial initial challenges in dealing with issues of legality, practitioner resistance and technical problems (especially electronic databases). Where they have been successfully established, however, the evidence suggests that such initiatives improve the quality of information being shared and reduce the likelihood of children with additional needs 'falling through the net'.

The literature highlights the importance of formalising consent processes – establishing clear protocols for information exchange and having clearly defined procedures and structures that are developed jointly by agencies (ideally involving service users too) and that are well documented and supported by training. Ultimately, effective information sharing depends to a significant degree on trust and respect between professionals, as well as between professionals and service users. Formal procedures therefore need to build on efforts to foster collaboration and a genuine commitment to interagency working.

Although the concept of agencies working more closely together is easy to grasp, the many ways in which this can be translated into practice, and the different levels at which it can occur, mean that there can often be considerable confusion about what interagency working should look like in practice. Models and approaches developed at a national or State level may be interpreted and used quite differently in local areas, which makes it difficult to gather consistent evidence about 'what works'. A good understanding of the different dimensions of interagency working, and how tools to support this (such as common needs assessment and information-sharing protocols) fit into the overall framework, would help Children's Services Committees in Ireland to adopt a strategic approach to their work.

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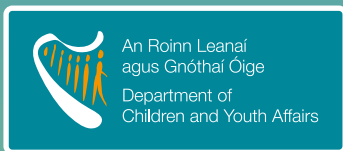
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Department of Children and Youth Affairs
43-49 Mespil Road
Dublin 4
Tel: +353 (0)1 647 3000
Fax: +353 (0)1 667 0826
E-mail: contact@dcya.gov.ie
Web: www.dcya.ie