

Making the Jigsaw Together -

Effective Interagency Collaboration in Responding to the Needs of Children in Complex Cases

Barnardos Limerick North
HSE Limerick
&
Barnardos Ballybeg, Waterford
HSE Waterford

28th February 2012



Good afternoon. Welcome to this workshop which will explore interagency collaboration in responding to the need of children in complex cases. My name is Stephanie Whyte, Assistant Director with Barnardos in the South and I will be presenting the introduction and conclusion; and colleagues involved in the direct work from Barnardos and the HSE will present 2 cases. Our input will be followed by a panel discussion with questions and answers and comments from the floor regarding interagency collaboration. However, before getting into the presentation, we thought it would be helpful to reflect on the Agenda for Children's Services as a backdrop to our input.

Backdrop

5 National Outcomes for Children:

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

Essential Service Characteristics:

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



You will know that in the Agenda, 5 national outcomes have been identified for children in Ireland (formerly 7). They are...

Also in the Agenda, 5 essential characteristics for services have been set out as being required in order to achieve the outcomes for children. They are.... We are zoning in on delivering integrated services in this workshop, as we believe that the cases we are about to present highlight the desired form of interagency working for the purposes of achieving the 5 national outcomes for children.

Purpose

Highlight some examples of an integrated form of interagency working, leading to better outcomes for children.

- 2 Cases
- Common themes
- Conditions required to replicate/mainstream
- Q&A and Panel discussion

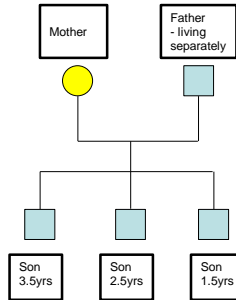


Ok so the purpose of the workshop is to highlight some examples of agencies coming together to adopt a more integrated form of interagency working which we believe has led to better outcomes for children. We will present 2 cases – one from Limerick and one from Waterford. The case presentations will highlight what was new and how it was beneficial to children. We will then draw out the common themes which we believe made them more effective, and will highlight what conditions need to be in place to enable such approaches to be replicated or mainstreamed elsewhere. We will then have a panel discussion with questions from the floor to facilitate a wider discussion on interagency working.

Case 1 – Creative Interagency Approach to Parenting Assessment

HSE West and Barnardos Limerick North

Case Content Family Details



Background Children's Needs Concerns Protective Factors



Case 1 – Creative Interagency Approach to Parenting Assessment - Limerick

The Work

- Context
- Purpose
- Planning
- Framework
- Process
- Outcomes



Context:

So as described in the first slide Barnardos were part of a multi agency child protection plan in respect of the family, following a referral from the HSE in Dec 2010.

The focus of the referral was provision of practical parenting support for the mother...to help her to manage day to day parenting tasks and to support her to link with services involved with her and her children.

Barnardos had developed an effective working relationship with the family and other agencies involved in the child protection plan before becoming involved in the joint assessment so there was an established trust, clear understanding of roles and positive communication structures already in place.

Purpose:

Through the Case Conference and Network Meeting Process it was decided that an up to date assessment of the children's needs and mum's capacity to meet their needs was essential as it was unclear as to whether the parenting difficulties that had presented were due to the impact of stressors or due to capacity issues.

It was agreed that establishing this in a timely way was essential to ensure an appropriate support plan that was needs led rather than event's led.

So why a joint assessment? As you have already seen there were numerous services involved with the family and there was a wish to draw as much as possible on existing relationships and previous work.

Barnardos were seen as a good partner agency within this piece of work as we had a proven skill base in relation to carrying out assessments and establishing parenting strengths and needs.

Planning:

Once the decision to co-work the assessment was made a number of Network Meetings were held. The focus of these meetings was to agree the parameters of the assessment, the methods and resources that would be used.

The children's mother was also met on a number of occasions in order to ensure that she had a clear sense of the purpose and structure of the assessment and to support her participation within it.

Marguerite and I met a number of times before the start of the Assessment in order to agree goals and individual roles within the work. We also completed a co-working agreement exercise outlining who would do what and agreeing our approach to the work.

Framework:

So from the start we had a shared understanding of what it was that we wanted to assess and how we would go about this

It was agreed that the Social Work 'Triangle' Framework (which assesses 1. Children's Developmental Needs, 2. Parenting Capacity and 3. Environment) would be the assessment model that would be used

Process:

Key reports and the social work file were reviewed, along with relevant literature and research. Relevant professionals were also consulted throughout the process.

The assessment was to be completed over five sessions as follows: 3 full days plus one overnight and 2 half day sessions (however the last two sessions which were due to take place in the family home were cancelled due to health and safety concerns) During these sessions mums parenting capacity and parent/child interactions were observed and natural home routines (including night time) were re-created.

There was a midpoint reflection and feedback session with mum during the assessment...in order to get her perspective on the process and to identify strengths and areas of concern

Marguerite and I shared the workload within all stages of the assessment. We worked closely during the observations and met after each session to analyse information gathered and to document our findings.

Outcomes:

While the assessment found that mum had the ability and understanding to respond to a number of her children's needs the risks associated with her ongoing relationship with the children's father and a further deterioration in her mental health meant that the children's safety could not be assured if they returned to her care.

It was decided that full care orders would be sought in respect of the children and these were granted; we are confident that this decision was made based on a comprehensive, fair and accurate assessment of the family's circumstances.

It is now possible for 'permanency planning' to take place in respect the children and appropriate supports sourced to ensure their healthy development, safety and security.

Case 1 – Creative Interagency Approach to Parenting Assessment - Limerick

What was new/different in this approach?

- Shared Ownership/Shared Solutions
- Permissions
- Planning
- Theoretical Framework
- Environmental Impact
- Residential Component
- Organisational Culture



Case 1 – Creative Interagency Approach to Parenting Assessment - Limerick

How did children benefit from this approach?

- Child Focused
- Evidenced Based
- SMART
- Common Language
- The Quality Chain
- Improve Outcomes
- Keep it Real



Feadhneannacht na Seirbhíse Sáinte
Health Service Executive



Case 2 – Effective Interagency Working to Prevent Children Entering Care System
HSE Waterford and Barnardos Ballybeg, Waterford

Case Content

- 1 child in care, and 1 in relative care.
- Mum pregnant again
- History of sibling sexual abuse and neglect in mothers family of origin
- Concerns re failure to thrive for Mum's children and inconsistent explanations re physical abuse of these children by her partner
- Poor maternal mental health
- Pregnancy & new relationship were positive factors



Family circumstances at the point of referral: (Joanne)

Sam (3) Alisha (5) in care due physical abuse by mothers partner and Anne (Mother) denied seeing any abuse and gave inconsistent explanations as to signs of physical abuse. Anne expecting 3rd child with a new partner. Anne suffers from depression.

Goals identified by mother and social worker at initial meeting

(Una): Family Support package to prevent new baby from coming into care. This is based on the fact that Mom's new partner showed evidence of good parenting practice. And also the positive outcome of his parental capacity assessment. This work also would explore the possibility reunification for Alisha. Sam is very settled with his father who has custody of the child. Mom had attachment difficulties with her son.

Case 2 – Effective Interagency Working to Prevent Children Entering Care System – Waterford

The Work:

- Assessment of the children's needs was undertaken that factored in and managed the risks in the case
- Clear plan made that identified needs, outcomes and a plan for how each could be achieved (SMART)
- Barnardos – parenting skills work, parent & child work, practical support, supporting access
- HSE– Core group was essential element of Child Protection Conference plan, Triple P parenting, HSE psychology service, HSE Family Support Worker, Play therapy
- What Mum did herself – engaged fully in process, completed all tasks required



Barnardos used our own assessment framework to look at the developmental needs of each child and agree achievable outcomes and a plan for how this could be achieved

Sam needs his mother to develop a positive attachment with him

Mother needs support to build her confidence to positively parent her children

Mother needs to understand when her mental health was starting to deteriorate and to look after her mental health and link with appropriate services

Mother needs to develop attachment with new baby- responding to crying , cuddling , physical contact

Mother understanding of their developmental needs was limited , unable to use initiative as parent around the basic care tasks such as routines , setting boundaries , play and stimulation

Alisha and Sam need increased access time together in order to develop a positive brother sister relationship

Alisha and Sam needed access time with their mother to be positive and child focused, balanced between the two siblings and directed by her

Level of Need according to Hardiker: 3/4

Service offered by Barnardos : (Una)

One to one Parenting Support to develop skills and confidence, Mum was open to being reflective, her questioning was viewed positively by the staff – Some of the work needed to focus on Mum looking after herself better but it was always connected to what her children needed her to be able to do . This involved practical sessions calming exercises,

Parenting work including a coaching approach to praising, positive behaviour mgt, flexibility in discipline, opportunities for fun – key factors was a home based, accessible programme,

Parent and child work to strengthen attachments eye contact, holding, time for mum, singing, playing, developmental support, weaning

Baby massage classes 3

Practical budgeting advice, referral to MABS

Increased supervised access sessions allowing sibling relationships to grow(started as 1 per week both child, p

problems re Sam, moved to 1 per week and 3 weeks, and then with support back to joint sessions weekly

Services offered by HSE: (Joanne) Allocated social worker, Regular CPCs and a very active core group made up of professionals involved. Child care review meetings. Psychological support for Ann. Linking in with other services and ensuring regular core group meetings. Support to foster carers and to Sam's father and grandparents. Play therapy for Alisha. Individual support for Ann and ensuring / encouraging her participation and understanding of issues involved and work that needed to be done.

Core Group: Barnardos project coordinator, HSE social worker, HSE psychologist, HSE fostering link worker, HSE family support worker.

Case 2 – Effective Interagency Working to Prevent Children Entering Care System – Waterford

What was new/different in this approach?

- Active case management meant work was focused and kept under review. This meant positive developments were noted & new issues/ risks identified early
- There was trust & expectation that decisions & commitments would be followed through by everyone involved
- The plan was supported formally through the case conference arena and the core group set up from this– this helped the staff to feel supported in managing risk
- Mum was actively involved at all stages in the process



Regular line management supervision.

Active case management – basically meant that the plans made were regularly reviewed to make sure they were working towards the identified outcomes and changed / added to when necessary. Positive change was acknowledged and this to keep Mum focused and she felt motivated when her social worker noticed positive change as well as areas the outstanding areas that needed to change

Mum knew that she couldn't work with Barnardos on a separate track - that the work needed to involve her social worker. Initially started with contact with SWTL, benefited staff as now know that work was appropriate and family had potential for change, as agreed with mum.

Una: Direct contact with SW from very start helped keep it focussed

SW shared parenting capacity assessment and notes with staff with consent and support work done with mum to help mum understand. We usually think about shared language between professionals but also

need to include parents in this e Barnardos shared assessment with SW and service plans agreed

trust from the beginning and respect in each others roles – that was led by management in both services

SW and PC very conscious of each other roles -

Very good communication between services, HSE, Barnardos, psychology, fostering, extended family

Joanne:Pre birth cpc, further case conference review and another plan agreed, care plans.

Case 2 – Effective Interagency Working to Prevent Children Entering Care System – Waterford

How did children benefit from this approach?

- The baby did not go into care and is forming strong positive attachments with both parents
- The baby is reaching developmental norms – this impacts positively on Mums confidence and she is pro actively involved in a plan for one of the older children to return to her care
- Attachment between Mum and Sam improving.
- Supervised access is no longer required for the older child, so she can experience contact with her Mum in a more relaxed , normal way.
- Sibling access was increased and relationship sustained.



Una: Sam and mum have become closer, as previously mum had described a discomfort and fear of connecting with Sam.

Joint planning with SW and PC and support from SW to link with grandmother, enabled valuable attachment insight and a plan agreed and to develop attachment and relationship

Joanne Trust seen by family in how statutory and voluntary agencies were able to work together to achieve the same outcome for the children

Common Themes

1. Joint professional competence & understanding
2. Good relationship between partners
3. Senior level support for joint working
4. Managing risk
5. Clarity of roles
6. Efficient use of resources
7. Combined independence of voluntary org with statutory remit of social work dept.
8. Significance of timing of intervention
9. Evidence of positive outcomes



Having heard the cases, we would now like to highlight what we thought the common themes were which contributed to more integrated services leading to better outcomes for the children:

- 1) Direct workers had professional competence and joint understanding – they had a good skill base with a shared understanding of needs, thresholds. This led to good assessments, leading to more accurate assessment which was more responsive to children’s needs, and led to better outcomes for the children.
- 2) A good relationship was established between the partners. This enabled more creative approaches to cross agency working – that we were open to it in the first place. This meant that we could bring critical analysis of each other’s perspectives to the discussion, and it led to an openness to giving time to discussion.
- 3) Senior level support for joint working gave formal support for an integrated approach. This led to a joint commitment to prioritising interagency working which is planned work which doesn’t always sit well alongside crisis driven work. Senior support permitted setting aside time to build the relationship, permitted the opening up internal systems to an external agency, and permitted being open to challenge.
- 4) All of these factors meant that both frontline line and the two agencies involved were able and willing to manage the risk involved - particularly in the Waterford case where reunification was being attempted in a situation of intergenerational problems with poor parenting, mental health issues etc. Without the support of management and the conditions created for interagency collaboration, it may have been easier to take a more risk adverse approach to the case.
- 5) Clarity of roles – direct workers were clear about their respective roles, and their line management and case management arrangements. Parents and children involved were clear about the roles of respective professionals and clearly understood the process embarked upon, and fed back that it was a positive and transparent process and experience, even in the case where the outcome was the children remaining in care.
- 6) Efficient use of resources – more timely approach, avoided duplication, and led to more efficient decision making processes.
- 7) The approach combined the independence of the voluntary organisation with the statutory remit of the social work department in a way which benefited children. The voluntary agency was prepared to be seen as part of the landscape of child protection in the eyes of the child and family; and the statutory agency saw the voluntary agency as having a role in safeguarding children – saw them as a resource rather than a drain on HSE resources.
- 8) Timing – workers in both situations were able to take advantage of a window of opportunity when it presented itself, because the relationships and conditions to facilitate it were already established
- 9) Evidence of positive outcomes for children – discussions in both situations were firmly rooted in establishing evidence of positive outcomes for children, and in our view this approach must inform decision making.

Replicating/Mainstreaming these Approaches

1. Formalise/acknowledge roles of range of agencies
2. Invest in developing interagency relationships
3. Invest in building shared understanding
4. Culture of openness



We acknowledge that these approaches of close interagency work happen in other parts of the country. We do know that this kind of work does happen elsewhere. However, we do think that there are **still many missed opportunities for interagency working**.

We think the context within which these interventions took place is significant. We believe that there are certain things required to create the conditions to enable such an approach to be moved into the mainstream:

- 1) Formally acknowledge roles of range of agencies as part of the response to children's needs at senior level – children's services committees, local interagency structures with senior managers... We think that the endorsement of such approaches in a more formal way, rather than being dependent on local relationships would greatly assist in delivering better outcomes for children in a more sustained way. We think this would greatly influence the allocation of resources for this purpose – most specifically time.
- 2) Invest in developing interagency relationships in order to build trust and confidence, and that this has to be led/endorsed by senior management. What this looks like is regular meetings among senior managers; regular meetings between local managers; team-to-team meetings; participation in each others reviews etc; informal meetings; acknowledge power dynamics (funder/funded and statutory/voluntary)
- 3) Invest in building shared understanding on a day-to-day basis in the direct work – assessment, needs, outcomes, thresholds, roles, training. This means working closely in the day to day and building up that knowledge bank of joint understanding. Some areas have done this in a formal way through training, but it can also be done through joint case work, team-to-team meetings etc.
- 4) Finally creating a culture of being open. This has to be led from senior management. We are saying - be open to new ways of working including using an evidence base, and possibly stopping what you're doing in the face of evidence; be open to sharing practice, be open to meaningfully including children and parents in the joint ownership of processes in order to create positive experiences for children and families; be open to owning the process jointly with other professionals.

**Q&A
and
Panel Discussion**

MC: Catherine Joyce – Assistant Director Barnardos South East

Gerry Maley – Principal Social Worker HSE Waterford

Joanne Ryan - HSE Waterford

Una Conroy – Project Leader Ballybeg Waterford

Joanne – Social Work Team Leader HSE Waterford

Mick Parry – Principal Social Worker HSE Limerick

Marguerite Clifford – Senior Social Work Practitioner HSE Limerick

Laura Keane – Project Leader Barnardos Limerick North

Elaine Doran – Project Worker Barnardos Limerick North

Stephanie Whyte – Assistant Director Barnardos South

