working together
FOR CHILDREN
South Dublin Children's Services Committee

Working together for Children

An Interagency Case Working Protocol

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Introduction

a. **Background Context** - The Interagency Case Working Protocol is an initiative of the Interagency Case Working sub-committee, a sub-committee of South Dublin Children's Services Committee. The membership of South Dublin Children's Services Committee (SDCSC) is drawn from a wide range of key statutory, community and voluntary organizations with a remit for children and young people, in the administrative area of South Dublin County Council.

The main objectives of the SDCSC are:

- To develop strong cross-agency working relationships
- To plan together for children and young people
- To secure support for the joint implementation of policy initiatives
- To maximize integration of service delivery at local level

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The Interagency Case Working Protocol is intended to be used in cases of children[1] and families where there are child welfare[2] or child protection[3] concerns and where it is appropriate for more than one agency to be undertaking a significant level of work with the family.

The Protocol is aligned to the vision for children as set out in the National Children's Strategy:
'An Ireland where children are respected as young citizens with a valued contribution to make and a voice of their own; where all children are cherished and supported by family and wider society; where they enjoy a fulfilling childhood and realise their potential.'
Our Children- Their Lives, The National Children's Strategy (2000)

[1] In this document "Child" refers to all children and young people under the age of 18.
[2] A child welfare concern is considered to be any situation where a child is at risk of not achieving their developmental potential
[3] Child abuse and neglect are defined in the Children First - National Guidelines for the Protection and Welfare of Children

The Protocol aims to translate the 7 national outcomes for children to intervention level outcomes appropriate to the local context. The 7 national level outcomes are that children 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
- Included and participating in society

The committee has also produced

- A **Frontline Workers Directory** with detailed information on services for children and families in South Dublin County and how to make referrals to them.
- **Best Practice Guidelines for the Sharing of Information on Individual Children and Families.**

Both of these resources will be of support to staff in the implementation of this protocol.

b. Purpose of Protocol

The purpose of this protocol is to improve outcomes for children and families by providing a practical tool for agencies and professionals working with children and families so that together they can work in a more integrated and outcomes focused way using reflective practice, evidence based practice and a 'rights' based approach in their work with children and families.

c. Key Concepts

Agency: Any organization (statutory, voluntary, private or community which delivers services to children and families

Lead Agency: Any agency who is designated to take a lead role in the co-ordination of services to meet the needs of a specific child or family. (See Section 3)

Inter-agency collaboration or working can be defined as any joint action by two or more agencies that is intended to increase children's welfare by their working together rather than separately. It can involve the exchange of information, altering activities, sharing resources, and actively enhancing of the capacity of other agencies for mutual benefit. (Adapted from *Guidance to Support Interagency working across Irish Children's Services CAAB, 2009*)

An outcome is an articulated expression of well-being of a child or family which provides all agencies with the opportunity to contribute to that outcome with their individual programmes. (Adapted from *Framework for Integrated planning for Outcomes for Children and Families, 2008*)

Outcomes-focused approach: Working towards achieving an articulated expression of wellbeing for children, which provides all agencies, and children and families with the opportunity to contribute. (Adapted from *Agenda for Children's Services, 2007*)

Reflective practice: Checking and changing practice in the light of learning from past Experience (reflection-on-action) through improvisation during the course of interventions with and for children and families (reflection-in-action). (*Agenda for Children's Services, 2007*)

Evidence-based services: Those services and interventions that have been developed on the basis of the best available scientific research evidence. (Agenda for Children's Services)

A rights based approach to working with children and families means that every intervention is planned and completed in a manner that fully takes into account the human rights of those involved, identifies who's duty it is to fulfil their rights, actively seeks to realise their rights and as far as possible to remove any obstacle to the realisation of their rights.

The committee have in place a Critical Incident Response Policy which should be read in conjunction with this document so that children and families who experience a critical incident can experience a smooth transition form a crisis response to longer term interventions.

d. Child protection:
Whenever a concern arises for the protection of a child, it is the responsibility of the agency that identifies the child protection concern to report their concern to the HSE Social Work Service in line with Children First - National Guidelines for the Protection and Welfare of Children 1999.

This protocol is not an alternative to reporting child protection concerns to the HSE.

Under Children First all organisations working with children have a responsibility to report concerns and should be aware that early action by them is often the best way to protect children and to enable a family to stay together.
Having reported concerns, there is an expectation that the organisation will continue to provide services to the child and family to and to work collaboratively with other agencies

The Protection for Persons Reporting Child Abuse Act, 1998 provides immunity from civil liability to any person who reports child protection concerns to the HSE or Gardai.

All agencies participating in the implementation of the Protocol should have a child protection policy and a complaints policy, they should adhere to Children First, Our Duty to Care and to best practice in relation record keeping.

In addition to the HSE's child protection role under Children First, it has a role in prevention and early intervention through the provision of child care and family support services. It fulfils this role by the direct provision of services and by contracting other agencies to deliver services on its behalf. In addition a number of other statutory, voluntary and community agencies deliver services which aim to provide support to children and families.

e. Participation of children and families
Best practice indicates than parents and children should be involved to the greatest extent possible in the processes of

- Identifying their needs
- Identifying the outcomes they which to achieve for themselves and their family
- Identifying the supports which will help them achieve these outcomes

Ideally children and parents should attend and participate in case planning and review meetings. This will require supporting them to prepare for the meeting and to participate fully.

Where children and parents are not in attendance at meetings, the reason should be recorded in the minutes and there should be mechanisms for their opinions to be brought to the meeting (via an agency worker, advocate, letter, tape, etc).

At each meeting there should be clarity about communication arrangements between agencies and with the family.

Consideration should be given to the use of processes including Family Welfare Conferences and Family Meetings, where children and families are supported to come up with their own

solutions to their difficulties. Often the most effective supports can be found within the extended family or immediate community.

Children and parents should be made aware of complaints mechanisms and should be kept aware of their rights so that they can participate effectively.

f. A Child Rights Approach to Inter-agency Working with Children, Young People and their Families

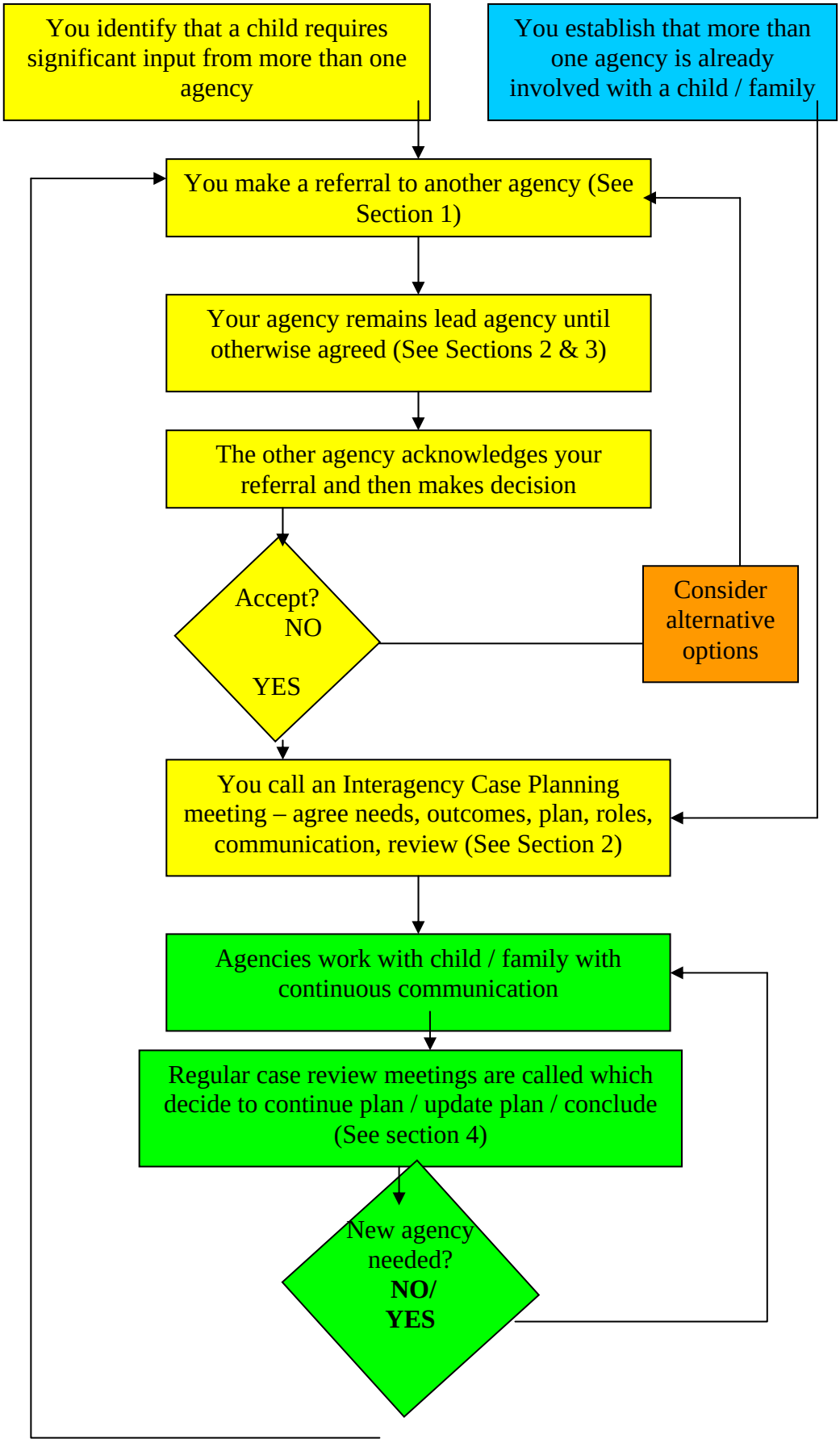
Ireland ratified the UN Convention on the Rights of the Child in 1992 which identifies a wide ranging number of rights. However, four guiding principles of the UNCRC should underpin legislative, policy, service developments and each practitioners practice when working with children, young people and their families.

- An express recognition of the right of the **child's voice to be heard** in all matters affecting the child in accordance with age and maturity *(UNCRC Article 12*)
- The same level of protection and care is afforded **equally to each child** without discrimination of any kind (*UNCRC Article 2*)
- The **principle of the best interests** of the child should be seen as having paramount importance in all matters of welfare and protection of the child (UNCRC Article 3)
- The principle that each child should be entitled to **support in order to achieve their developmental potential** (*UNCRC Article 6 as well as articles dealing with education, health and disability Articles 23, 24, 26, 27, 28, 31 and 39*)

Implementing a child rights approach to practice involves thinking about children and young people as individuals with rights and responsibilities and as active participants in all matters concerning them. It also means consciously promoting, protecting and realising the rights of the child in everything we do.

This can be achieved by consciously reflecting on each intervention you are involved in and asking whether the rights of the child or young person, as expressed in the UNCRC, are being promoted, protected and realised by the particular intervention. In practice this can mean not doing anything to violate the rights of the child/young person but also actively seeking to remove any barriers to the realisation of their rights and actively facilitating the child or young person to participate effectively, in the most empowering way possible.

Interagency Protocol Flowchart



1. Interagency referrals

This protocol comes into effect when it is established that more than one agency is undertaking a significant role with a family or where one agency, fulfilling a significant role, decides to make a referral to another agency.

Some agencies have their own referral forms while others will accept a referral in any format. At minimum all referrals to another agency should include the following information:

- Name, address, family and household composition, ages of family members, ethnicity (highlight if interpretation is necessary)
- Other services involved currently
- Agency's assessment of the needs of the child / family
- Specific purpose of the referral: outcomes sought / services requested
- Level of priority / risk
- Parents' / child's awareness of and attitude to referral and outcomes sought
- Name of link person in referring agency
- Highlight if there are any staff safety issues involved in working with the family

Referrals should be made with the consent of the family wherever possible. (See Best Practice Guidelines for Sharing Information about Children and Families (SDCSC 2010)

Agencies receiving referrals should acknowledge them and then make a decision within a reasonable timeframe.

Where the agency referred to is refusing a referral or will have a significant delay in providing a service, they should suggest other service options to the referrer.

Due to referral procedure and waiting lists for services, it is not always possible for agencies to open new referrals as quickly as they would wish to. In these circumstances, it may be possible for Team Leaders / Managers in key services to attend meetings in a consultative capacity pending referrals being offered a service.

The original agency making the referral will be the lead agency until the Case Planning Meeting where the lead agency will be agreed. The only exception to this is where there are current child protection concerns, where the HSE will take the role of lead agency. (See section 3 below).

2. Case Planning and Management

Following the involvement of more than one agency there should be a Case Planning Meeting which should:

- Agree need
- Agreed outcomes sought
- Agree plan for supports / services to be provided
- Agree a lead agency / worker and named workers in other agencies
- Agree timeframe for review (See appendix 1 for Inter-agency meeting template)

Each agency involved with a family should have a named worker.

When a number of agencies are working with a family, there should be a nominated lead agency and lead worker. According to the needs, this can be a shared role or can be agreed to be moved between agencies at review meetings as the work progresses.

If an agency is considering ceasing their involvement in a case, this should first be discussed at a review meeting.

See appendix 2 for Case Planning Meeting Checklist, Agenda and Minutes template.

3. Role of Lead Agency

The role of the lead agency is:

- To convene (and if necessary cancel or reschedule) and chair case planning and review meetings
- To arrange for meetings to be minuted and for minutes to be circulated to all agencies
- To manage the plan and coordinate the interventions
- To act as the key point of contact for the child, family and for other agencies
- To ensure that information is shared appropriately

The H.S.E. Social Work Service will be the lead agency when there are current child protection concerns. In emergency situations this can be agreed by phone.

4. Case review Meetings

At the Inter-agency Case Planning Meeting an agreed timeframe for reviewing progress will have been agreed.

The child, parents or any agency can request the Lead Worker to convene an earlier review if they believe that the circumstances warrant it. If the Lead Worker does not agree with this request, they should explain their reason and offer an alternative strategy to meet the request.

The lead agency is responsible for convening the case review meeting.

The meeting should:

- Review the operation of the plan to date
- Consider any significant changes – positive and negative – since the last meeting
- Review the needs, the outcomes and the supports / services.
- Agree to continue, update or conclude the plan
- Agree if other supports / services are needed
- If necessary agree any change in Lead Agency
- If necessary discuss any agency's proposal to cease their involvement with the child / family
- Agree the date for the next review

See Appendix 3 for Review Meeting Checklist, Agenda and Minutes template.

5. Closure to Process

The use of this protocol ceases in any particular case when work with the family progresses to the point that there is only one agency with significant continuing involvement with the family.

This point sought be identified and agreed at a Case Review meeting.

The closure to this process should be used as an opportunity to:

- Provide feedback to the child and family on work done and progress achieved
- Receive feedback from the child and family on services received by them – what they found helpful / unhelpful
- Provide an opportunity for agencies to review their experience of working together with the family and to identify learning – positive and negative – to be taken into account in work with other families
- Provide agencies with an opportunity to identify any service or procedural gap which can be made known to the relevant agency / agencies and, if appropriate to the Children's Services Committee

Appendix 1 Supporting Documentation for Interagency Case Planning Meeting

A. Checklist for Interagency Case Planning Meeting

Prior to the meeting:

- Purpose of the meeting
- Who should convene the meeting – referring agency or lead agency
- Who should attend the meeting – agencies? Which agencies / individuals are essential so the meeting should be scheduled to match their availability?
- Who can minute the meeting?
- Should the family attend the meeting? If so, what support / preparation requirements are there?
- If the family are not attending the meeting, what is the mechanism to ensure their views are available to the meeting?
- What information needs to be circulated prior to the meeting and / or needs to be available at the meeting?
- Are there any staff safety issues to consider?

At the meeting:

Preliminary:

1. Introductions
2. Outline the purpose of the meeting
3. Are the correct agencies / individuals present? Record apologies and absences.
4. Are the family members present? If not, record the reason and explore how their views can be made available to the meeting.

Needs assessment

- What are the needs of this child / family?
- What are the key factors which are contributing to these needs?
- What are the strengths and resources available within the family (including extended family network)?
- Taking account of the above three points, what are the risks if nothing changes? (i.e. What might happen? How likely is this?)

What are the family's views about the needs and what they would find most helpful?

Outcomes:

- What realistic achievable outcomes would make a significant difference to this child / family?

Action Plan for Services:

What inputs from agencies and from family members are needed to achieve these outcomes?

Who	What	When

- What is the contingency plan required if the plan is not working?
- Record any dissent to the plan

Communication and monitoring

- Each agency should indicate a named worker responsible for the delivery of their element of the plan
- The meeting should agree a lead agency and individual responsible for receiving information from other agencies and ensuring effective communication between agencies.
- If the family are not present, it should be agreed who feeds back to the family and when this will happen
- Arrangements should be agreed for monitoring the implementation of the plan

Review

- What is a reasonable timeframe to review this plan?
  Date:
  Time:
  Venue

- It should always be open to any agency to request an earlier meeting of the lead worker it they feel it is warranted.

After the meeting:

Minutes:

- As soon as possible after the meeting, the minutes of the meeting should be reviewed by the chair and the lead worker and circulated to all attended and to invitees who did not attend.

- If anyone disagrees with the minutes, they should communicate this immediately to the lead worker.

- The minutes should be agreed at the start of the next review meeting.

B. Agenda Template for Interagency Case Planning Meeting

1. **Preliminary:**
    - Introductions
    - Purpose of the meeting
    - Attendance
        - Are the correct agencies / individuals present?
        - Apologies and absences.
    - Family participation: If not present, record the reason and explore how their views can be made available to the meeting.

2. **Needs assessment:**
    - Needs of this child / family
    - Key factors which are contributing to these needs
    - Strengths and resources available within the family
    - What are the risks if nothing changes
    - Family's views about the needs and what they would find most helpful

3. **Outcomes:**
    - Agree realistic achievable outcomes

4. **Action Plan for Services:**
    - Detail inputs from agencies and from family members needed to achieve outcomes (Who / What / When)
    - Review evidence base for intervention
    - Highlight any obstacles to realising the rights of the child.
    - Contingency plan (if required)
    - Dissent to the plan (if any)

5. **Communication and monitoring**
    - Named worker from each agency
    - Lead Agency and Lead Worker
    - Arrangements for feedback to the family (if not present)
    - Arrangements monitoring the implementation of the plan

6. **Review**

    - Timeframe to review the plan

C. Minutes Template for Interagency Case Planning Meeting

Details of child / family: **Name:**
Address:

Date:
Time:
Venue:
Chair:
Minute taker:

1. **Preliminary:**

Purpose of the meeting:

Attendance:

Name of invitees	Title / role	Agency / relationship	Present	Sent apologies	Absent – no apologies	Report submitted

Family participation

2. **Needs assessment:**
   - Needs of this child / family
   - Key factors which are contributing to these needs
   - Strengths and resources available within the family
   - What are the risks if nothing changes
   - Family's views about the needs and what they would find most helpful

3. **Outcomes sought:**

4. **Action Plan:**

Who	What	When

- Evidence base
- Obstacles to realising child's rights
- Contingency plan (if required)
- Dissent to the plan (if any)

5. **Communication and monitoring**
    - Named worker from each agency
    - Lead Agency and Lead Worker
    - Arrangements for feedback to the family (if not present)
    - Arrangements monitoring the implementation of the plan

6. **Review**
    - Timeframe to review the plan
      Date:
      Time
      Venue:

Minutes agreed by: _____Signature

Name:

Date:

Appendix 2 Supporting Documentation for Interagency Case Review Meeting

A. Checklist for Interagency Case Review Meeting

The case review meeting represents an opportunity to reflect on the intervention and follows a similar template to the planning meeting and including:

- Agreeing the minutes of the Case Planning Meeting or of the last Case Review Meeting.
- Reviewing the operation of the plan to date (has each action been implemented fully / partially / not at all)
- Consideration of any significant changes – positive and negative – since the last meeting
- Reviewing the needs, the outcomes and the supports / services against the original plan.
- Consider any feedback from the family
- Agreeing to continue, update or conclude the plan
- If necessary agree any change in Lead Agency
- If necessary discuss any agency's proposal to cease their involvement with the child / family
- Agree if other supports / services are needed
- Agree the date for the next case review

If new agencies are being involved with the family, a new Interagency Case Planning Meeting should be held.

B. Agenda Template for Interagency Case Review Meeting

1. **Preliminary:**
    - Introductions
    - Purpose of the meeting
    - Attendance
        - Are the correct agencies / individuals present?
        - Apologies and absences.
    - Family participation: If not present, record the reason and explore how their views can be made available to the meeting.

2. **Minutes of last meeting**
    - Agree the minutes of the Case Planning Meeting or of the last Case Review Meeting.

3. **Review the operation of the plan to date**
    - Has each action been implemented fully / partially / not at all
    - Any significant changes since the last meeting
    - Review the needs, the outcomes and the supports / services against the original plan.
    - Consider any feedback from the family
    - Are there evidence based interventions that have not yet been considered?

4. **Agree to continue, update or conclude the plan**
    - Agree if other supports / services are needed
    - Review evidence base for intervention
    - Highlight any obstacles to realising the rights of the child.

5. **Communication and monitoring**
    - Changes in Lead Agency or Agency involvement (if any)
    - Arrangements for feedback to the family (if not present)
    - Arrangements monitoring the implementation of the plan

6. **Review**
    - Timeframe to review the plan

C. Minutes Template for Interagency Case Review Meeting

Details of child / family: Name:
Address:

Date:
Time:
Venue:
Chair:
Minute taker:

1. **Preliminary:**

Purpose of the meeting:

Attendance:

Name of invitees	Title / role	Agency / relationship	Present	Sent apologies	Absent – no apologies	Report submitted

Family participation:

2. **Minutes of last meeting**
   - Minutes of the Case Planning Meeting or of the last Case Review Meeting agreed and signed.

3. Review the operation of the plan to date and reflect on practice
(Copy plan from last minutes and complete right column)

Who	What	When	Implemented (Fully / Partially / Not at all)

- If implementation has been partial or not at all, reasons for this.
- Significant changes since the last meeting
- Changes in the needs, the outcomes and the supports / services in the original plan.
- Feedback from the family

4. Agree to continue, update or conclude the plan

- Continue / Update / Conclude (If Update you should cut and paste the plan from the previous meeting and then update it in these minutes)
- Other supports / services needed (if any)
- Evidence base
- Obstacles to realising child's rights

5. Communication and monitoring

- Changes in Lead Agency or Agency involvement (if any)
- Arrangements for feedback to the family (if not present)
- Arrangements monitoring the implementation of the plan (If changed)

6. Review

- Timeframe to review the plan again
  Date:
  Time
  Venue:

Minutes agreed by: _____Signature

Name:

Date:

Appendix 3 Additional resources to support implementation:

Additional materials may be identified in the training and piloting phases and can be placed on the SDCSC website.