



A review of international experiences in relation to the implementation of a statutory duty for interagency collaboration to ensure the protection and welfare of children

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CHILD AND FAMILY RESEARCH CENTRE



An Roinn Leanaí, Comhionannais,
Míchumais, Lánpháirtíochta agus Óige
Department of Children, Equality,
Disability, Integration and Youth

A review of international experiences in relation to the implementation of a statutory duty for interagency collaboration to ensure the protection and welfare of children

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August 2021

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The UNESCO Child and Family Research Centre (UCFRC) is part of the Institute for Lifecourse and Society at the National University of Ireland Galway. It was founded in 2007, through support from The Atlantic Philanthropies, Ireland and the Health Services Executive (HSE), with a base in the School of Political Science and Sociology, the mission of the Centre is to help create the conditions for excellent policies, services and practices that improve the lives of children, youth and families through research, education and service development. The UCFRC has an extensive network of relationships and research collaborations internationally and is widely recognised for its core expertise in the areas of Family Support and Youth Development.

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1

Introduction



Effective interagency coordination and collaboration between agencies has become a key consideration in providing services to children and families. It is argued that the benefits of interagency and interdisciplinary cooperation are far-reaching, and that cooperation ensures a comprehensive response to concerns about children and young people. It aims to avoid gaps in service response and provides mutual support for professionals in complex cases (Health Information and Quality Authority, 2012).

In its broadest sense, interagency or multiagency working incorporates the concepts of partnership, collaboration and cooperation and consists of a network of professionals from different agencies who work together to meet the needs of their client group (Balloch & Taylor, 2001). It involves more than one agency working together in a planned, joint and formal manner and it adopts a whole-system approach to service delivery, which encompasses personal, social, educational and environmental aspects of life (Mc Innes, 2007 in Bregu and Delaney, 2016, p. 8).

International discussions regarding multiagency working imply that there is one specific way of working together to protect and provide for the welfare of children. However, there is no single model for multiagency working, with models reflecting varying degrees of integration across the different elements of collaboration, and in particular the remit and expected function of the multiagency approach (Bregu and Delaney, 2016, p. 9). Furthermore, approaches can be centralised or can use more localised structures with degrees of prescriptiveness on how collaboration is implemented evident in both approaches.

While multiagency work has evolved over time, there is no absolute recipe for effectiveness; different promising practices established suggest that an effective model of multiagency work needs to consider a number of factors including the national but also local context; resources available; availability of other services; capacities of human resources; and the development of trust and working relationships. While serving children and families should be the primary focus, attention needs to be paid to the professionals who will work with the model and make it functional (ibid., p. 10). Similarly, there are also a number of factors influencing the development of interagency models such as the legislative framework, policies and guidance; integration and recognition of community-based mechanisms; and the approach to decentralisation vs. centralisation of social welfare systems (Bregu and Delaney, 2016, p. 12). However, despite challenges and limitations to interagency coordination there is nevertheless benefit to international reviews, as learning can be gleaned from experience in other jurisdictions.

The following report, which was commissioned by the Department of Children, Equality, Disability, Integration and Youth (DCEDIY) derived from a multi-method study which:

-
- identified key lessons from experiences in other jurisdictions of a statutory duty of interagency coordination and collaboration, and
 - considered context and drivers for reform, processes for implementation and changes in policy, as well as operational structures and models.

The study also included:

- the review and consideration of monitoring and evaluation mechanisms, resource requirements and the facilitators of and barriers to effective implementation, and
- the experience and impact of a statutory duty of interagency coordination and collaboration on all stakeholders, including service users and where possible children.

As will be evident throughout the report, the term 'interagency working' is often used interchangeably with other terms such as 'joined-up', 'partnership', 'multiagency' or 'integrated' working (Statham, 2011).

The lack of clear definitions and variety of terms in use reflect a number of issues including a desire to be flexible and accommodating of different perspectives and interagency working arrangements. However, this leads to confusion as to what exactly it is that should be achieved and what processes, tools and strategies are most effective. Potentially more useful than any single definition is the attention to different types and levels of interagency work. Himmelman (1992) distinguished between accumulative levels of interagency working, namely:

- networking (information exchange)
- coordination (information exchange and altering activities)
- cooperation (the above two combined with sharing resources) and
- collaboration (all the above plus the active enhancing of other agencies for mutual benefit, i.e., accruing of benefit to each of the agencies involved).

Warmington et al. (2004) described three different types of interagency work:

- **Interagency working:** more than one agency works together in a planned and formal way, rather than simply through informal networking (although the latter may support and develop the former). This can be at strategic or operational level.
- **Multiagency working:** more than one agency works with a client but not necessarily jointly; may be prompted by joint planning or be a form of replication, resulting from a lack of proper interagency coordination; may be concurrent or sequential; terms 'interagency' and 'multiagency' (in its planned sense) are often used interchangeably.
- **Joined-up working:** deliberately conceptualised and coordinated planning, which takes account of multiple policies and varying agency practices (cited in Duggan and Corrigan, 2009, pp. 10–12).

Interagency structures for children's services can operate at different levels, from strategic to localised delivery structures. Structures can bring agencies or individuals together for different purposes: to make joint decisions on policies and to plan services; to organise the delivery of services; or to work with individual children and families (Statham, 2011). Despite a variety of highly structured strategies, interagency collaboration in Ireland has grown in an ad hoc fashion. However, there is evidence that at national level, a more systemic approach to managing interagency work is emerging. Evidence suggests that benefits are provided to all participating organisations and service users, as well as the general public, on a regular basis.

A key issue that emerged from the literature across all sectors is that interagency approaches are heavily contextualised, meaning they take their form, focus and mechanisms from the policy-making and service delivery frameworks they are situated in, but also from the substantive problems they aim to resolve. There is also a need to distinguish between interagency working at the levels of coordination, planning and decision-making on the one hand, and service delivery on the other. This helps to develop clearer objectives, targets and mechanisms of interagency working.

1.1 Irish Context

In Ireland Tusla – Child and Family Agency, established in 2014 by the Child and Family Agency Act 2013, is the dedicated State agency responsible for improving wellbeing and outcomes for children. Prior to the Child and Family Agency Act, child protection and welfare services were under the remit of the Health Service Executive (previously the Health Boards). The child protection and welfare function of Tusla – Child and Family Agency (Tusla) is legislated for in the Child Care Act 1991. The Act places a statutory duty on [the then] Health Boards [and now Tusla] to identify and promote the welfare of children who are not receiving adequate care and protection and to provide a range of childcare and family support services. As the first major legislation enacted in the area since the formation of the state, the 1991 Child Care Act represented a landmark in the history of children's services in Ireland. However, as the DCEDIY (previously known as the Department of Children and Young People, DCYA) has recognised, notwithstanding amendments that have been made to the 1991 Act, many of its key provisions have been in force for 30 years. As a result, the 1991 Act can be viewed as out of date at a fundamental level. For example, it precedes Ireland's ratification of the UN Convention on the Rights of the Child (UNCRC); the insertion of Article 42A into the Constitution, which 'recognises and affirms the natural and imprescriptible rights of all children'; and the Children First Act 2015, which introduced mandatory reporting for a range of professionals working with children (these professionals must report harm above a certain threshold to Tusla and assist in assessing such concerns). Furthermore, the 1991 Act does not refer to interagency collaboration, apart from the now-defunct Child Care Advisory Committees, in Section 7.

Tusla provides a range of universal and targeted services including support services, alternative care and child protection services. Under the Child and Family Agency Act 2013 Section (8)8 Tusla is required to facilitate and promote enhanced interagency collaboration to ensure that services for children are coordinated and that an integrated response to the needs of children and their families is provided. Tusla's Business Plan (2021), produced in conjunction with its Corporate Plan 2021–2023, emphasises its action plan to 'ensure children, young people, families and communities receive a consistent, quality and integrated response from all our services' (2021, p. 11).

A move towards a more integrated approach to support and protection is reflected in Tusla's Prevention, Partnership, and Family Support (PPFS) programme (see Malone and Canavan, 2018). A core feature of the PPFS programme is the Meitheal model, which is a case coordination process for families with additional needs who require multiagency intervention. The holistic nature of Meitheal enables the provision of coordinated services and interagency collaborations to respond effectively to complex needs and highlights the importance of lead professionals. Meitheal supports the integration of services because it facilitates an interagency, partnership-based approach to meeting complex needs through providing access to specific services to meet the needs of children and young people and their parents. The Meitheal model also places the child at the centre of the process and requires that all planning and decision-making follow this principle (Rodriguez et al., 2018). Lead Practitioners also play an important role in supporting parents' engagement with the Meitheal process, particularly in its early stages. By increasing opportunities to voice their opinion and have more input into the decisions that are made about the supports their families need, parents especially were repositioned as part of a responsive solution to challenges, rather than being viewed as passive recipients of services. Of note, Meitheal is targeted at families who have a significant level of need but who do not meet the required threshold for a child protection intervention. Signs of Safety, developed in Australia (Turnell and Murphy, 2017), has been implemented as a national child protection practice model in which many relevant practitioners are trained. Signs of Safety focuses on strengths and safety planning and shares principles with support and prevention models such as Meitheal (Malone and Canavan, 2018).

Child and Family Support Networks (CFSNs) are established in Tusla areas across the country and support a localised, area-based approach to supporting families. CFSNs consist of all services that play a role in the lives of children and families in a given area. This includes local statutory children and family service providers and local voluntary and community children and family services. The Child and Family Support Network Coordinator is a key role supporting this integration across children's services.

From a current policy perspective, 'Better Outcomes, Brighter Futures' – The National Policy Framework for Children and Young People 2014–2020 (BOBF) promotes an all-of-government approach, with cross-departmental and interagency coordination as a central theme.¹ The policy contains 163 commitments that offer a structured, systematic and outcomes-focused approach to improving the outcomes for children and young people. The commitments suggest an imperative for government departments and statutory agencies, statutory services, and the community and voluntary sector to work towards a coherent response in meeting the needs of children and young people (DCYA, 2014). The policy framework established the Children and Young People Policy Consortium nationally where all government departments are represented, as well as the Children and Young People's Services Committees locally. Children and Young People's Services Committees (CYPSCs) are responsible for securing better outcomes for children and young people in their area through more effective integration of existing services and interventions. The overall purpose is to improve outcomes for children and young people through local and national interagency working (www.cypsc.ie). Tusla plays a key role in the operations of CYPSC as the agency employs local coordinators as well as the national coordinator, while Tusla Area Managers usually chair CYPSCs.

At present, there are two joint protocols for interagency collaboration in place. The Tusla and An Garda Síochána Children First – Joint Working Protocol for Liaison between the agencies details how they cooperate and interact in dealing with child welfare and protection concerns. This protocol specifically covers the formal communication required between the two agencies about notifications of child welfare or protection concerns, and record keeping about joint working and recording of decisions (DCYA, 2017). The second is the Joint Protocol for Interagency Collaboration between the Health Service Executive and Tusla – Child and Family Agency to Promote the Best Interests of Children and Families. This protocol was developed to assist staff in managing the interface and to clarify the separate and distinct roles and responsibilities of both agencies. The development and enhancement of a collaborative partnership between the HSE and Tusla was designed to lead to a consistent approach where services are delivered appropriately, meeting the clinically assessed, holistic needs of children and their families within available resources and in accordance with government policies and legislative requirements (Tusla, 2017, p. 6). In 2020, the joint Tusla/HSE protocol was amended to reflect the recommendations made by the Ombudsman for Children in Molly's case (Ombudsman for Children, 2018) but also in Jack's case (Ombudsman for Children, 2020). The HSE and Tusla were to enhance their collaborative working in order to provide a person-centred pathway that meets the needs of children with complex disabilities as well as their families.

¹ Previous policies such as The National Children's Strategy, *Our Children, Their Lives* (Government of Ireland, 2000); The Agenda for Children's Services: A Policy Handbook (Office of the Minister for Children, 2007) and the national agreement, *Towards 2016* (Government of Ireland, 2006) emphasised and promoted inter-agency working.

At an overall level moves towards increased integration and coordination is welcome. Research has shown that the better the connection between early intervention and prevention services, universal services, and child protection, the more likely we are to prevent referrals in the first place, build trust in the system, and enable people to be more confident and less afraid of seeking statutory help (see Daro 2016; 2019). However, there remains room for considerable improvement in this regard.

To this end and in line with the government's commitment in Better Outcomes Brighter Futures, the DCEDIY is in the process of reviewing the Child Care Act 1991. As part of this a wide range of stakeholders were extensively consulted to collect their views on the legislation by means of a call for written submissions and a number of consultation events (DCEDIY, 2020). Effective collaboration among agencies working across the continuum of family support and children's services was repeatedly noted as critical to ensuring that children's needs are both assessed and met in a timely manner. The Ombudsman for Children, for instance, highlighted that the interaction between child protection, mental health and disability services has been a consistent feature in complaints received. In particular, referrals between different services were found problematic, leading to situations in which children needing to avail of a combination of services are not being provided with a complete wraparound service (OCO, 2018, p. 14). Similarly, Barnardos stated that all agencies of the state with responsibility for children, including but not limited to Tusla, the HSE and government departments, must work together and prioritise vulnerable children. It was further argued that the separation of Tusla and the HSE had presented issues in ensuring appropriate and timely responses to child protection and welfare cases and that greater collaborative practice is needed between these two key organisations (Barnardos, 2018, p. 3).

As noted above, section 8(8) of the Child and Family Agency Act, 2013 provides that Tusla shall 'facilitate and promote enhanced interagency cooperation to ensure that services...are coordinated and provide an integrated response...' Although this provision is welcome, the consultation highlighted that it does not address the duties of other agencies involved in the provision of care and support to children and families to engage with Tusla to ensure the full implementation of this provision. By the very nature of the issue, it is clear that one agency alone cannot implement interagency cooperation. In line with developments in other jurisdictions, such as England and Scotland, submissions to the consultation suggested placing a legislative duty on agencies and bodies with responsibilities for children and families (for example, health services, local authorities, housing authorities, education services and criminal justice agencies) to cooperate with Tusla in the exercise of its functions. Submissions also recommended incorporating a dedicated oversight group with representatives from all sectors.

Given that the consideration of a statutory duty of interagency coordination and collaboration in child protection and welfare was arguably informed by stakeholders' views on current interagency collaboration in the Republic of Ireland, this report sought to explore international experiences on the duty of collaboration to identify key lessons and make subsequent recommendations to the department.

1.2 Structure of the Report

The report is divided into four sections. Section one provides a brief introduction to interagency collaboration and the Irish context as well as outlining the structure of this report. The section also presents the methodology adopted to review international experiences relating to the implementation and operation of a statutory duty of interagency coordination and collaboration to support the protection and welfare of children. Section two gives a detailed account of international literature, both in terms of legislative provisions and policy documents and research focused on a duty to collaborate. Section three then presents an in-depth analysis of jurisdictions where a statutory duty has been introduced to underpin interagency coordination and collaboration. By drawing on the experiences of other jurisdictions, section four, which concludes the report, outlines the identified key lessons for the Republic of Ireland.

1.3 Methodology

The following section presents the methodology adopted to explore international experiences of the implementation and operation of a statutory duty of interagency coordination and collaboration to support the protection and welfare of children.

1.3.1 Literature and Policy Review

The aim of the literature review was to generate lessons on a duty to collaborate in child protection and welfare from academic and other publications. This component of the work is best characterised as a scoping study (Arksey and O'Malley, 2005), reflecting its focus on policy, effectiveness/'what works', short timeframe, and inclusion of grey and academic literature, among other aspects (see Appendix A).

1.3.2 Case Studies

Case studies were conducted to provide a more in-depth analysis of jurisdictions where a statutory duty has been introduced to underpin interagency coordination and collaboration; the cases examined related to the operation of a statutory duty to collaborate in these jurisdictions (Creswell and Creswell, 2018).

Chosen jurisdictions included:

- Northern Ireland
- England and Wales
- Canada
- Australia
- New Zealand

The case studies included a focus on practice contexts and evaluations of interagency collaboration in child protection and welfare. Interviews with key informants allowed for the exploration of ambiguities in policy and legislation as well as in the operation of interagency collaboration in the case study jurisdictions. The output from the case studies provides a set of in-depth accounts including, where possible, the general context; specific legislative provision; operating procedures and processes; performance measures (where available); an expert view; and lessons generated.

1.3.3 Limitations

While it was intended that this review would provide a comprehensive global perspective on the statutory duty of interagency coordination and collaboration in child protection and welfare, evaluations of the operation of interagency collaboration were sparse. Evaluations available were in the main dated or focused on early implementation rather than operation. This issue had also been encountered by Bregu and Delaney (2016), who argued that information on multiagency working is often limited and fragmented and that reviews and evaluations are not routinely conducted. Where these are conducted, they are often localised and not extensive, and thus not widely available (p. 7). Further, the team's inability to read literature in languages apart from English and German resulted in this report being largely reflective of the experiences in English-speaking jurisdictions (e.g., some evaluations had been done in Quebec/Canada but were only published in French). This limits the scope of the review to the operation of mandatory interagency collaboration with focus on child protection and welfare in the international context.

2

Literature and Policy Review



2.1 Introduction

While interagency collaboration with the use of available resources and expertise appears to be a relatively simple and pragmatic way of approaching child protection and welfare, evidence suggests that one of the first challenges relates to the definition of interagency working, both in general terms but also within individual countries. This ambiguity in defining the concept leads to difficulties when conducting any jurisdictional review or international comparison as what is considered interagency collaboration and how this translates into actions to protect and provide for children's welfare varies widely. Bregu and Delaney (2016) argue that this is partly due to the conceptual framing of 'multiagency working' within a country, but that it is also the result of how 'multiagency working' has developed within contexts, shaped by historical and cultural perspectives (p. 7).

Gilbert (1997) suggested that it is important to consider the different typologies of national child protection systems as these relate to conceptions about child abuse and the best way to protect children. Variations in the manner in which child welfare or protection systems respond to concerns about child abuse, for instance, but also how these systems are characterised by being of either a child protection or a family service orientation, impact on the nature of multiagency working. In the last decade, approaches to child protection have become more complex than those operating in the early/mid 1990s. Child protection-oriented countries such as the United Kingdom (UK) and Canada have now adopted some elements of the family service orientation while countries previously operating within a clear family service orientation now respond to increasing concerns about harm to children (e.g., Nordic and continental European countries; CES, 2013). This has led to the emergence of a third orientation, which is child focused (see Gilbert et al., 2011; McGregor and Devaney, 2020a; 2020b). Additionally, African, Saharan and some Asia-Pacific models, which are more community and social development oriented, should be acknowledged (see e.g., Unescap, 2017). Finally, the importance of distinguishing interagency collaboration at different levels (from strategic to service delivery) needs to be emphasised (Duggan and Corrigan, 2009; Statham, 2011).

The remainder of this section, which is divided into context and implementation for individual countries examined, will present a review of jurisdictions around the globe, considering legislative provisions and policy documents in child protection and welfare before providing an account of available material on interagency collaboration in these jurisdictions.

2.2 Neighbouring Jurisdictions

The following section relates to the Republic of Ireland's neighbouring jurisdictions (i.e., Northern Ireland, Scotland, England and Wales), which have historically been characterised as child protection oriented.

2.2.1 Northern Ireland

2.2.1.1 Context

The legislative framework for Northern Ireland's children's services is set out in the Children (Northern Ireland) Order 1995. The Northern Ireland Executive, through the Department of Health, has ultimate responsibility for children's services. The Health and Social Care Board (HSCB) is charged with ensuring these responsibilities are met. The HSCB in turn commissions six Health and Social Care Trusts (HSCTs) to deliver child protection and wellbeing services at a regional level (Health Information and Quality Authority, 2020, p. 65).

The creation of the Safeguarding Board of Northern Ireland (SBNI) in 2012 was set out in law in the Safeguarding Board Act (Northern Ireland) 2011. The function of the Safeguarding Board is to coordinate and ensure the effectiveness of measures by each member with regard to safeguarding and promoting the welfare of children. Members are required to collaborate with the Board as well as with each other. The Safeguarding Board Act 2011 specifies the composition of the Board, which is to have representatives from the social care, health, justice, education, and voluntary and community sectors. Each of these agencies has a statutory obligation to cooperate by putting in place mechanisms, policies and joint investigation protocols to ensure the functions are carried out. This is primarily achieved through ensuring clear working relations between agencies and bodies involved in the welfare of children, such as ensuring that at times of transition there is a continuum of care and support from all relevant services so that children do not get lost between services (Health Information and Quality Authority, 2020, p. 68).

The Co-operating to Safeguard Children and Young People in Northern Ireland Policy, published by the Department of Health, provides the framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. Originally published in 2017, it is underpinned by the principles listed in the Children (Northern Ireland) Order 1995 (Health Information and Quality Authority, 2020, p. 71) The policy recognises that support may be required from a range of professions, disciplines and organisations, and that services should be coordinated on a multidisciplinary and interagency basis (ibid., p. 72).

The Children's Services Co-operation Act (Northern Ireland) 2015 was created to improve cooperation between departments and agencies dedicated to increasing the wellbeing of children and young people. The

Act requires the Northern Ireland Executive (the Executive), to promote interagency cooperation and requires certain named bodies to cooperate. Cooperation under this Act is statutory and in practice means that agencies must cooperate around pursuing the targets of the Children and Young People Strategy (Health Information and Quality Authority, 2020, p. 69).

The Children and Young People's Strategy 2017–2027, developed in consultation with children and young people, is designed to create a coherent framework for agencies involved with children to cooperate to improve outcomes (Health Information and Quality Authority, 2020, p. 65). Under the 2015 Act, the Children and Young People Strategy was put on legislative footing. Section 3 states that the Northern Executive must adopt a strategy to improve the wellbeing of children and young people.

The Children and Young People's Strategic Partnership (CYPSP) is a multiagency strategic partnership, consisting of senior leaders of all key agencies across statutory, voluntary and community sectors who have responsibility for improving outcomes for all children and young people in Northern Ireland (NI). The CYPSP has been developed and supported by the Health and Social Care Board (HSCB) to support the children's services planning process. Bodies involved in the CYPSP link back to the 1995 Order, amended in 1998, meaning that CYPSP has a statutory basis. The HSCB is required to prepare and publish plans for children's services, which is done through CYPSP.

2.2.1.2 Implementation

According to Godfrey (2003), the multiagency children's services planning structure in Northern Ireland took some time to become established. Members of the working groups and subgroups were mostly operational managers who were used to managing frontline services but were less familiar with the concept of longer-term strategic planning, thus needing considerable support. The cultures of the organisations of the participants in the planning process were very different, and problems of cross-agency and cross-sectoral working included lack of trust, not listening to each other and internal tensions as well as funding conflicts. 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, staff 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 and
 - to be given facilitated time and support to stand back at intervals to review their work (Statham, 2011, p. 17).

The CYPSP sets the strategic direction of the planning and provision of jointly agreed services and is underpinned by four core themes: communicating with government, early intervention, resource optimisation and the integration of planning. The membership consists of the leadership of all the key agencies, and has a number of coordinating structures:

- Five Outcomes Groups work in the same geographic areas as the Health and Social Care Trusts. They perform the integrated planning and provision of services for their geographic region.
- A number of regional subgroups address the needs of specific groups of children and young people across Ireland.
- Locality Planning Groups are partnerships between children and young people, families, communities and representatives of agencies at a local level. They plan services in a very local area that makes sense to the children and young people.
- Family Support Hubs work directly with children, young people and their families to make sure that they have easy access to preventive and early intervention services to meet identified need at the earliest possible stage.

A Family Support Hub is a multiagency network of statutory, community and voluntary organisations that provides early intervention services or works with families who need support. There are currently 29 Family Support Hubs in operation covering all of Northern Ireland.

In 2015, the Health and Social Care Board carried out a survey of service providers in the 24 Family Support Hubs in Northern Ireland. Questions focused on the benefits for agencies and professionals as well as children and their families, but also on some of the disadvantages for agencies. The findings, based on the perception of those involved in the networks, were very positive, while also confirming some of the disadvantages of interagency collaboration, e.g., increased demands on professionals (Boydell, 2015, p. 21).

Rates of referral to child protection services in Northern Ireland are comparatively higher than the rest of the UK. This is due to what is termed a 'wide funnel' approach, with families coming into contact with social services at an earlier stage before a crisis occurs. However, the system is marked by a 'high filter' in that only 1 in 10 of the cases proceeds to investigation. The majority of contact with social services results in family support at a community level (Health Information and Quality Authority, 2020, p. 75).

2.2.2 Scotland

2.2.2.1 Context

The Children (Scotland) Act 1995 outlines the legislative framework for Scotland's child protection system (Health Information and Quality Authority, 2020, p. 54) and is underpinned by the principle that any intervention by a public authority in the life of a child must be justified and supported by services from all relevant agencies working in collaboration (Health Information and Quality Authority, 2020, p. 44). In 2006, the government published *Getting It Right For Every Child* (GIRFEC), which is Scotland's overarching policy for children's services (CES, 2013, p. 1). It sets out the government's commitment to early intervention and outlines a coordinated approach by services around child wellbeing and child protection (Health Information and Quality Authority, 2020, p. 39). GIRFEC (Scotland) is an outcome-led approach to delivering children's services. It is based around a common coordinating framework for assessment, planning and action across all agencies working with children and young people, which focuses on all children through to those at risk (CES, 2013, p. 8). The primary responsibility for children's social services and child protection in Scotland is with local authorities, although the police also have a role in child protection. Within local authorities, children's services are delivered or purchased by statutory social work services. While there is a strong emphasis on the involvement of children and families in decision-making, reports indicate that the complexity of the system and the differing approaches taken by local systems does not contribute to consistent involvement. Local authorities are responsible for promoting, supporting and protecting children in their area.

The Children (Scotland) Act 1995 sets out that the duty to safeguard and promote the welfare of children in need falls on the local authority as a whole and includes social work services, health, education, housing and any other relevant services required to safeguard and promote the welfare of such children (Health Information and Quality Authority, 2020, p. 40). Underpinned by the 2004 Act and legislative changes, Children's Services Planning Partnerships should seek to improve outcomes for all children and young people. This is to be achieved by ensuring that local planning and delivery of services is integrated, focused on securing quality and value through preventive approaches, and dedicated to safeguarding, supporting and promoting child wellbeing. Each local authority has a Child Protection Committee (CPC), which is responsible within the local authority for multiagency child protection policy, procedure, guidance and practice. CPCs work with local agencies, such as children's social work, health services and the police, to protect children (Health Information and Quality Authority, 2020, p. 41).

Since 2014, the Children and Young People (Scotland) Act 2014 has focused on improving the wellbeing of children and young people and ensuring their rights are respected across the public sector (Health Information and

Quality Authority, 2020, p. 42). There was also a move towards the promotion of child wellbeing as opposed to just protection and safety, with reporting concerns outlined in the Act including any concern about child wellbeing. This orientation appears to place prevention and early intervention on a statutory footing, and places child wellbeing as a collective responsibility of Scottish society. However, there are also anxieties that the reporting of wellbeing concerns will potentially widen the net of families who come into contact with child protection services (Colgan et al. 2016, p. 17).

In 2016, as part of GIRFEC, a mandatory 'Named Person' scheme was proposed. The initiative involved a central point of contact if a child, young person or their parent(s) wanted information or advice, or to talk about any worries and seek support. They could also, when appropriate, reach out to different services which can help (see <https://leithacademy.uk/wp-content/uploads/2019/11/NamedPersonleaflet.pdf>). However, this initiative was stopped when it was found that proposals around information sharing breached the right to privacy and family life under the European Convention on Human Rights.

2.2.2.2 Implementation

Pathfinders are problem-solving, adaptive-learning systems and an established strategy for bringing about change in complex situations. The pathfinder approach builds on existing good practice, but also facilitates innovative thinking by allowing for experimenting, exploring different options, and finding solutions which will support the vision and key objectives behind the change process (Stradling et al., 2009, p. 3). In the context of policies such as GIRFEC, the pathfinder approach was argued to work well and provide the conditions for the required end result; however, it is dependent on a genuine partnership between central government, local government and all the different services and agencies as well as the pathfinder development team (ibid., p. 3).

In 2009, an evaluation of the development and early implementation phases of GIRFEC in the report *Highland: 2006–2009* found that some of the practice changes introduced in the pathfinder area were still working their way through the system. Professionals in regular contact with vulnerable children and young people who need additional support had, in the main, adapted their practice. Those with less frequent contact were still learning from experience about their new roles. Operational managers were also adapting to new demands. Despite the early stage in the change process, indications of 'green shoots' were identified which showed that real progress was being made in the implementation of the GIRFEC approach in the Highland area, but also that significant changes were becoming embedded in professional practice (Stradling et al., 2009 p. 131).

Signs of progress to improve children's circumstances and wellbeing were highlighted; however, these could not be solely attributed to the impact of GIRFEC. In most cases, there was a cumulative impact of a range of changes in practice in children's services and in resourcing of a range of different interventions. Further, it was evident that the gradual shift to an outcome-led approach, the greater clarity in specifying the intended outcomes, and the fact that review meetings increasingly focused on progress and not just on whether the actions in the plan had been carried out, were making an important contribution to ensuring improved outcomes for children and young people. Changes in practice were emerging as a result of a stronger focus on assessing the impact of unmet needs on the child's development and wellbeing, planning outcomes for children and young people linked to that analysis of impact, and reviewing progress in terms of outcomes rather than outputs (Stradling et al., 2009, p. 139).

The evaluation concluded that changes in practice such as in the pathfinder approach take time and that in the interim, it is necessary to ensure the operation of effective monitoring and quality assurance processes as well as the provision of constructive feedback to frontline professionals (Stradling et al., 2009, p. 141).

In 2010, it was reported that professional practice in reporting concerns about children, record keeping, sharing information across services, and assessing the needs of children and young people within the Highland GIRFEC pathfinder area were changing in the desired direction. A growing group of professionals utilised the GIRFEC approach to make judgements based on evidence which could be reviewed by others in terms of its soundness and the way in which it was interpreted, but also the validity of the conclusions drawn. There was emerging evidence that the adoption of this approach also contributed to positive outcomes for children. In an analysis of nearly 100 records and plans, there was clear evidence of progress in two-thirds of cases while in another 20% there was evidence that a complex and escalating situation had been stabilised (Stradling and Mac Neill, 2010b, p. 17).

2.2.3 England and Wales

2.2.3.1 Context

National key legislation in England and Wales is the Children Act 1989 and the Children Act 2004, requiring local authorities to put in place arrangements to promote cooperation between each other and their partners and placing a duty on local authorities to promote and protect the welfare of children in their area (Library of Congress, 2019, p. 83).

The Children Act 1989 places a duty of care on local authorities to safeguard and promote the welfare of children who are in need and allows those authorities to take action if they have reasonable cause to suspect the child is suffering or is likely to suffer significant harm (ibid., p. 86). 'Every Child

Matters' was published by the UK government in November 2004, promoting a system locally and nationally where there is a) clear overall accountability for services for children, young people and families and b) integration of key services around the needs of children, in particular education, social care, health youth justice and family services (Berg and Vink, 2009, p. 7).

In line with a shift in policy in 2004 was the enactment of the Children Act 2004, which placed a duty on specified authorities and professionals to cooperate in order to protect children from harm and neglect, and to ensure their social and economic wellbeing. The 2004 Act requires a number of bodies to put clear arrangements in place to ensure that they discharge their functions, considering the need to safeguard and promote the welfare of children. Details of what the authorities are expected to include in these arrangements are contained in statutory guidance, and cover clear lines of accountability within the authorities, designated senior-level individuals to take the lead in cases, whistleblowing procedures, a process to escalate cases if staff believe their concerns are not being adequately addressed, and clear arrangements for sharing information, but also appropriate supervision and support for staff (Library of Congress, 2019, p. 87).

The Children Act 2004 made key changes that have a prevention/early intervention focus. Section 10 of the Act enshrines the duty on children's services authorities to cooperate to improve the wellbeing of children. They must make arrangements to promote cooperation with key partners and local agencies, and pool goods and resources to improve the wellbeing of children in their area (Colgan et al., 2016, p. 15). Section 11 of the Children Act 2004 places a duty on a number of agencies, including a children's services authority, to safeguard and promote the welfare of children. This duty includes the sharing of early concerns about the safety and welfare of children and ensuring preventive action before a crisis develops (ibid., p. 16). The Children Act 2004 required all Local Authorities across the UK to set up a Local Safeguarding Children Board (LSCB). The task of each LSCB is to safeguard and promote the welfare of children and young people in their area (Estyn, n.d.).

At a national level, the key guidance for child protection for all services, organisations and professionals working with children in England is *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children (WTSC) (2006; WTSC 2015; WTSC 2018)* (Health Information and Quality Authority, 2020, p. 57). The document is the main vehicle through which legislation and policy is translated into operational guidance for agencies and professionals who carry legal responsibilities in relation to child welfare, as well as general guidance for other parties (Colgan et al., 2016, p. 16). According to the Government Guidance, where a child and family can benefit from coordinated support, there should be an interagency early help assessment. The early help assessment should be undertaken by a lead professional. The

choice of lead professionals will depend on the child's needs. Local authorities are expected to have a range of coordinated early help services as part of the continuum of support for children and families (ibid., p. 16).

A major focus of reform in England's child protection and welfare systems was interagency cooperation and clear lines of accountability. This is now primarily carried out by local safeguarding boards and through the recent creation of Safeguarding Partners. Safeguarding Partners seek to ensure shared accountability between social work, the police and clinical services. The guidance document 'Working Together to Safeguard Children' puts an obligation on agencies to outline how they will work together effectively, highlighting that there is no room for agencies to shift responsibility for services or failings to each other (Health Information and Quality Authority, 2020, p. 64).

Following the Children Act 2004 and the 'Every Child Matters' policy, local authorities had to put in place children's trust arrangements with the five national outcomes for all children and young people at the centre of all activity. The purpose of the Children's Trusts was to improve wellbeing and outcomes for all children. A children's trust was a local area partnership led by the local authority, which brought together key local organisations, some with a statutory duty to cooperate. The concept of the children's trust fitted with the English system of the Local Strategic Partnership, which brings together the public, private and community and voluntary sectors to work together more effectively to promote better outcomes for local people (Berg and Vink, 2009, p. 10).

In June 2018 and published in *Working Together to Safeguard Children: A guide to interagency working to safeguard and promote the welfare of children 2018*, the government announced that all local authorities would need to replace their Local Safeguarding Children Boards by September 2019. Instead of each locality having a Local Safeguarding Children Board, the government promoted a local team of Safeguarding Partners, who would work collaboratively to strengthen the child protection and safeguarding system. The change was underpinned by the Children and Social Work Act 2017, which amended the relevant provision of the 2004 Act. Most notable was the new requirement to work together for the purpose of safeguarding children.

Safeguarding Partners are key professionals from three sectors: the local authority; the clinical commissioning group for any area that falls under the local authority; and the chief officer of police for any area that falls under the local authority. Together, these Safeguarding Partners are in charge of agreeing on and implementing new safeguarding strategies that strengthen their multiagency working and, in turn, improve the provision of safeguarding and child protection arrangements in the local area. In order to achieve this, the Safeguarding Partners must set out how they will work together with all relevant agencies and make clear their arrangements for conducting local reviews (Child Protection Company, 2019).

2.2.3.2 Implementation

The Early Help Assessment (EHA) process is used by local authorities and relevant partners to identify and assess the needs of children who may be at risk. The assessment sets out the strengths and needs of the child and their family, to inform a coordinated multiagency support plan. This assessment allows services to determine the appropriate level of response to children at risk. Using this framework across services allows services to provide coordinated support to meet the needs of children and young people (Health Information and Quality Authority, 2020, p. 57). Outcomes for children are measured separately by the organisations for different areas such as education, child protection and justice, but also through a joint assessment that follows individual children's experiences through several children's social services (Health Information and Quality Authority, 2020, p. 62).

Joint Targeted Area Inspections (JTAI) allow for a more connected view of the work of children's social services and how they are performing. This allows inspectors to follow an individual child's experience of services and highlight any inconsistencies or gaps that can result in child protection and welfare issues not being fully addressed (Health Information and Quality Authority, 2020, p. 64) They also allow for joint responses by agencies in an area, making approaches to solving issues more strategic and united (ibid., 2020, p. 65).

According to Statham (2011), Children's Trusts were a strategic planning structure for all children. Each had a statutory board with the purpose of bringing all partners together to agree on how they would cooperate to improve children's wellbeing and to help embed partnership working in the 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; Statham, 2011, p. 15).

The Labour Government in England and Wales commissioned a national evaluation of the operation and impact of 35 Children's Trusts 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 Trusts had improved outcomes for children and young people, but early results were promising (Statham, 2011, p. 15). Over two-thirds of the 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). 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 did 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, it was found that services had changed in ways that could potentially increase their effectiveness and so lead to better outcomes. The setting up of the Children's Trusts was judged by the researchers to have:

- a) acted as a catalyst for more integrated approaches to the diagnosis and provision of services for children,
- b) drawn together a variety of statutory and local services with the aim of enabling them to make a difference to the wellbeing of children and young people,
- c) begun to develop expertise in joint commissioning of services across traditional organisational boundaries,
- d) enabled joined-up approaches to workforce development and training and
- e) 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 voluntary and community sector tended to be under-represented, and Children's Trusts had difficulties at times engaging partners in key sectors, specifically where there were funding issues or complex accountability frameworks. In most Trusts, there was a resistance to pooling budgets, unless there was already a history of cooperation or for selected services like Child and Adolescent Mental Health Services (Lorgelly et al., 2009). No further national evaluations were conducted, but a small-scale study of six Children's Trusts (by OFSTED, the English inspection body for children's services) concluded that the Trusts were improving outcomes for potentially vulnerable children and young people, as measured by national indicators and individual case studies (OFSTED, 2010). However, these were arguably selected as six 'best-practice' examples rather than as representative of Children's Trusts in general. A previous review by the Audit Commission (2008) had found that although almost all areas had revised the manner in which children's services were coordinated, local variations persisted, 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. 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, emphasising the time it takes to develop strong partnerships (Statham, 2011, p. 16).

The evaluation of Children's Trusts (O'Brien et al., 2009) identified four levels of integration: governance, such as the creation of an interagency board; strategy, such as the pooling of budgets; process, such as sharing information or common assessment protocols; and professionals' delivery arrangements, such as working in multiagency teams. Cooperation at the level of

governance or strategy were more easily accomplished than process or frontline delivery arrangements. To exemplify, all of the 35 sites had formed Children's Trust boards or equivalent structures upon formation, while only 15 had a protocol for professional groups to share information (Barnes et al., 2017, p. 10). Comparisons within Trusts that initially focused on all children in the local area versus specific service user groups had higher rates of changes in referrals of children in need and were able to complete more core assessments within the recommended 35 days (Barnes et al., 2017, p. 12). This was also true for trusts located in large urban areas compared to counties; trusts were also able to reduce unauthorised school absence to a greater extent, suggesting that the nature of the area needs to be understood when planning for interagency working (Barnes et al., 2017, p. 13). Bachmann et al. (2009) argued that the combination of breadth and discretion in the policy resulted in only the minimum compulsory requirements being met in some areas, but enabled other areas to make impressive changes, with one children's trust going so far as to completely merge its local authority and health services management structures, and with many areas developing innovative integrated services (pp. 262–63). The authors concluded that Children's Trusts enabled major changes to services in areas where local actors and organisations were motivated and empowered. In other areas the remit of Children's Trusts was often too broad and vague to overcome entrenched organisational and professional divisions and interests. It was suggested that policymakers need to balance facilitation of change in areas with dynamic change agents with methods for ensuring that dormant areas and agencies are not left behind (*ibid.*, p. 257).

ContactPoint was a key element of the government's 'Every Child Matters' policy aiming to create a single source of information about children across England and facilitate the exchange of this information. It was, however, dismantled in 2010 due to privacy, security, and cost concerns, with the cost of the database estimated to have amounted to £41 million annually. When shutting down the database, the government stated that the system was disproportionate to the problem (Library of Congress, 2019, p. 92). ContactPoint was replaced by the Child Protection Information Sharing Project (CP-IS), which operates across England and links the IT systems of local authorities' child social care services and NHS emergency department systems (*ibid.*, p. 93).

In 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. 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. Local authorities are still free to set up a

board and publish a joint strategic children's plan, but agencies are no longer under a formal duty to adhere to this voluntary plan (Statham, 2011, p. 15).

In 2016, a review of the role of Local Safeguarding Children Boards concluded that LSCBs were not in a good position to coordinate services and ensure their effectiveness across a spectrum encompassing child protection, safeguarding and wellbeing. The review argued that the phrases 'child protection', 'safeguarding' and 'wellbeing' had become confused, with some Boards using them interchangeably, while others drew a clear distinction between them. It was suggested that this needed clarification so that protecting children is the focus of multiagency arrangements. It was also argued that duty to cooperate in order to promote wellbeing (S10 of the 2004 Act) was not sufficient to bring about effective collaboration between health, policy and local government for the purpose of safeguarding (Wood, 2016, p. 7). A fundamental reform was proposed involving the replacement of the existing arrangements for LSCBs with a new, prescriptive and more effective statutory framework setting out the strategic multiagency arrangements for child protection (Wood, 2016, p. 7).

In its response, the government agreed that arrangements were inflexible and often ineffective. Thus, it committed to the introduction of a stronger but more flexible statutory framework to support local partners in working together more effectively to protect and safeguard children and young people. The framework would embed improved multiagency behaviours and practices. This framework set out clear requirements for the key local partners, while allowing them freedom to determine how they organise themselves to meet those requirements and improve outcomes for children locally (UK Government, 2016, p. 5).

Frost (2019) argued that the political perception that the safeguarding system was failing was wrong. Many complex leadership challenges arose from the seemingly straightforward abolition of Local Safeguarding Children Boards. According to Frost, the 2016 Review did not recognise that the statutory existence of LCSBs facilitated communication between Chairs and Board managers on issues such as Serious Case Reviews (SCRs), procedures and peer support. This may be more difficult in the new system, where there may or not be a Board or a Chair, and where scrutiny can take a myriad of forms. Further, the shift from a highly regulated system under *WTSC 2015* to a largely de-regulated system under *WTSC 2018* may lead to systems that are not fit-for-purpose. It is for local leaders to address these risks. How challenges will work out in future is an open question (2019, p. 7).

2.3 Nordic Countries

The following section presents a review of the Nordic countries (Finland, Sweden and Norway), which have historically been characterised as family service oriented.

2.3.1 Finland

2.3.1.1 Context

The third Child Welfare Act 2008 included several new obligations for authorities and new statutory duties, as well as measures and practices for child protection work (HE, 2006). The Act also emphasises more and earlier children's participation, child-centred working, child welfare social worker qualifications, preventive measures, cooperation within all services for children and families and mandatory reporting (HE, 2006). The cooperation of all the municipal authorities in child welfare and protection issues is strongly emphasised, with responsibilities clarified (Spratt et al., 2012, p. 187).

The Child Welfare Act contains obligations on social and health care authorities other than children's authorities. It stipulates that when *adults* are being provided with social and health care services (substance abuse, mental health issue or some other social and health care service, or parent is imprisoned) and a parent's capacity to take care of their children has deteriorated, the children's need for care and support must be assessed (Spratt et al., 2012, p. 190).

Mandatory reporting became compulsory in 1984 but this did not mean that all authorities began to make child welfare notifications in all cases. These requirements were apparently neither well known nor widely complied with by the authorities. According to Pösö (1997; 2011), the lack of compliance is sometimes excused by referring to legal norms. The concern about breaching confidentiality in professional relations with clients is often noted as a reason for the reluctance of authorities to report incidents of abuse to child welfare services.

2.3.1.2 Implementation

There are many organisations that facilitate services to children and their families, with child welfare social workers being the essential professionals in child welfare cases. They should assess the situation and cooperate to organise needed measures, including standard services like school, day care and health nurse, and specialised services like substance abuse and mental health treatment, family counselling and other services (Spratt et al., 2012, p. 195).

Municipalities must ensure that preventive child welfare, and child- and family-specific child welfare are arranged in such a way that the content,

extent and quality of such services align with the prevailing need within the municipality (Räty, 2007, p. 41 in Spratt et al., 2012, p. 202). The State Provincial Office steers and monitors municipal and private social services to ensure they comply with legal requirements for the provision of child welfare and grants licences to the private sector. The State Provincial Office has for example imposed a conditional fine on some municipalities when child welfare assessments were not completed within the prescribed time limit (e.g., HE, 2006).

The municipalities are the primary provider of child welfare social work, either alone or in collaboration with other municipalities. This approach is based on an organisation model of so-called host municipalities, where partner municipalities transfer the responsibility to a chosen host, which then runs the actual services; or joint municipal boards, a traditional administrative format for cooperation and democratic control between municipalities (Kokko et al., 2009).

2.3.2 Sweden

2.3.2.1 Context

Protecting children is mainly regulated by the Social Service Act 2001:453 (Swedish abbreviation: SoL) and the Care of Young Persons Act, 1990:52 (Swedish abbreviation: LVU) (Spratt et al., 2012, p. 231). National policies and strategies for protecting children in Sweden are based on the assumption that early and preventive services and support to families is the best way to protect children in time. The Social Service Act has a strong family service orientation that emphasises preventive and voluntary support to children and families in collaboration with parents; however, the Swedish system can also be characterised as a mixed system, as it is family support oriented but also has a mandatory reporting system (Cocozza, 2007, p. 32).

The view of collaboration as an expected measure in Swedish child welfare was reinforced in a 2005 government report concerning a comprehensive analysis of the national child welfare system (SOU 2005:81). The need for early intervention by the child welfare agencies was strongly articulated and the report concluded with a national action plan, where the necessity for collaboration as a means for facilitating early intervention was emphasised (SOU 2005:81:294–295). The statutory requirement for Swedish child welfare agencies to collaborate came with very few guidelines. Agencies have considerable discretion to organise collaboration in correspondence with local conditions (see SOU 2001:72). Thus, the legal emphasis is on whether collaboration is present rather than on giving guidance as to what such activities should comprise (Wiklund, 2007, p. 204).

2.3.2.2 Implementation

Municipalities have over the last 25 years developed more locally available support (Spratt et al., 2012, p. 237). Voluntary and private organisations do not serve as an alternative to Swedish social services and municipalities have the primary legal responsibility to protect children (SoL 2:1). However, voluntary and private organisations and initiatives have an important role in providing resources for children and families (Spratt, et al., 2012, p. 239).

Sweden is divided into 290 municipalities, and while these are legally and financially responsible for providing social services, they are free to decide how such social services should be organised and to plan the kind of local family support measures that should be offered, according to the specific needs in the municipality (Spratt et al., 2012, p. 240).

The National Board of Health and Welfare under the Ministry of Health and Social Affairs is responsible for supervising the social services in the municipalities, as well as institutional care (SoL 13:1). The Board also collects and analyses information as well as providing statistical data to ensure good health and welfare for the population (Spratt et al., 2012, p. 241).

In 2005, six municipalities established Children's Advocacy Centres on the initiative of the government. These centres provide a place where the police, prosecutors, attorneys, social workers and medical staff cooperate in one location to help abused children. The purpose is to reduce the number of meetings for vulnerable children, and to offer a place to investigate the crime and the child's need for protection, increase the quality of investigations, and also offer treatment and support (Spratt et al., 2012, p. 245). As of 2011, at least 22 Children's Advocacy Centres existed in different cities in Sweden, and an evaluation of these centres has shown that collaboration between authorities has improved. Children had positive experiences of the treatment they received in the centres, although criminal investigation may not have improved (Cladal et al., 2010 in Spratt et al., 2012, p. 246).

An evaluation of interagency collaboration to prevent crimes among the young population in Gothenburg found that collaboration was considered an effective approach, featuring trust, mutual understanding of roles and responsibilities, and communication and continuous information sharing as the pillars of collaboration. In particular, collaboration was recognised as a platform for information exchange between partners, collective decision-making, and early identification of youth at risk, with each partner's contribution equally important. The study argued that coordinators are assigned critical roles in collaboration, but that varying time commitments significantly affected their ability to meet the expectations of team members. Despite encouragement and a desire to work together, significant barriers to collaboration were identified, e.g., information sharing and confidentiality, insufficient communication, police reorganisation, power relations and status differences, and inadequate follow-up of cases, as well as problems related to prioritising collaboration (Zhuchyna, 2016, p. 2).

2.3.3 Norway

2.3.3.1 Context

In Norway, the Ministry of Children, Equality and Social Inclusion has overall responsibility for managing the Child Welfare Act, along with multi-sectoral policies directed towards children and youth. However, child welfare responsibilities are shared with the Directorate for Children, Youth and Family Affairs; five regional offices; and the county social welfare board. Municipalities receive notifications, conduct investigations and provide the bulk of services, including preventive services and assistive measures (such as parent training) with the consent of families (Berg & Vink, 2009; Katz et al., 2016, p. 38).

In 2004, Norway's child welfare system was reformed. The central government took responsibility for child welfare to strengthen state authority over municipal operations and ensure more equitable and coherent services across regions. The agency Bufetat was established as the national child welfare service authority, with regional operations to ensure better professional and financial management, better cooperation and quality, and professional development (Brottveit et al., 2015). However, significant accountability problems between Bufetat and the municipalities' frontline staff were identified (Gautun, 2009 in Kojan and Lonne, 2012, p. 99).

According to the Norwegian Child Welfare Act, a municipal child welfare service must collaborate with other parts of the public administration and voluntary organisations that work with children and young persons (Ministry of Children and Equality, 2009 in Berg and Vink, 2009, p. 28).

The scope of the child protection system and coordination with other policy areas is a point of contention. There is some overlap between child welfare and poverty policy. In 2014, the Norwegian Office of the Auditor General found child poverty had increased between 2002 and 2013. The Office called for both greater collaboration within the Ministry of Children, Equality and Social Inclusion, and greater clarity about when to use provisions of the Child Welfare Act to address children's needs and when to use the Social Services Act. Norwegian child welfare workers use standardised frameworks for decision-making. However, professional judgement is encouraged, leading to variation in assessment and decision-making between practitioners and across municipalities. Overemphasis on professional judgement with too few procedures has been perceived as a problem (Samsonsen & Willumsen, 2014; Katz et al., 2016, p. 39).

2.3.3.2 Implementation

A 2008 study found that when trying to identify and assess children at risk and to follow up individual cases, the organisation and coordination of child welfare services was inadequate. This also applied to young people seeking support from child welfare or social services after the age of 18 (Berg and Vink, 2009, p. 31).

A large-scale survey in Norway (Winsvold, 2011) found that there were differences between municipalities with regard to the extent of interagency cooperation. It was concluded that successful interagency cooperation must be anchored with the leaders of the respective agencies, with formal structures and meetings to clarify roles and resolve disagreements. In addition, joint participation by staff from different agencies at meetings, conferences and other arenas was necessary. Openness was important, with quality feedback between agencies best facilitated by strong personal relationships between the staff involved. Factors that enhanced cooperation included the availability of jointly prepared handbooks and guidelines, use of common web resources, and physical proximity of the agencies (Barnes et al., 2017, p. 10).

In 2015, new guidance was issued that sought to clarify the responsibilities and obligations for cooperation between child welfare and mental health care services in Norway. Lauritzen et al. in 2017 investigated its impact on collaboration between services. Findings revealed that about one-third of the service providers had never heard about the new guidance, while those who did considered it useful, in particular the clarification of duties and responsibilities. Sometimes, however, issues cannot be resolved through regulatory guidance. These were argued to include professional disagreements about children's needs and resource restrictions.

According to Hesjedal et al. (2016), multidisciplinary teams are used in Norway as a common collaboration arrangement with the aim of coordinating help from different municipal services and encouraging user involvement (Norwegian Directorate of Health, 2010). The professionals involved vary according to the child's needs, and parents and/or caregivers may also be involved. Although the Norwegian government strongly recommends teams, they are not legally required (Norwegian Ministry of Education and Research, 2010–2011), having neither a formal status nor a clear mandate (Ogden and Veselka, 1990 in Hesjedal et al., 2016). Similarly, there is an absence of guidelines for professional competence regarding collaboration (Ødegård & Willumsen, 2011 in Hesjedal et al., 2016), and for collaboration among the different services, professionals and users involved (Andersson et al., 2005 in Hesjedal et al., 2016). The child welfare system (CWS) and schools in Norway have repeatedly been accused of not cooperating with each other (Berg and Collin-Hansen, 2012), and focus on how professionals from the CWS and schools use multidisciplinary teams to support children at risk has been limited (Hesjedal et al., 2013 in Hesjedal et al., 2016, p. 842).

In their study on multidisciplinary teams to support child welfare clients in Norway, Hesjedal et al. (2016) found that professionals noted the positive impact of teams on children's life situations and that the majority of children involved experienced a better life. This was achieved through a) solution-focused work; b) listening to the child; c) parental support; d) social/environmental opportunities for successful interactions; and e) ensuring school attendance through adapted education and support.

Teachers and social workers used each other's plans, such as a CWS action plan and an individual education plan, to develop individual plans for children (Hesjedal et al., 2016, p. 846). Through the use of individual plans, professionals were able to adjust their aims to the child's needs, which is consistent with recommendations from the Norwegian Directorate of Health (2010). The individual plan was used as a tool to realise holistic collaboration, reassuring professionals that the child had received help. Professionals highlighted the importance of children being heard and taking an active part in elaborating upon goals and measures (Hesjedal et al., 2016, p. 850).

Professionals in the teams also collaborated closely with external services and reported the importance of being informed and of sharing information through teams. Through frequently meeting with the public health nurse or police for instance, the participants knew what was going on in different districts and villages (Hesjedal et al., 2016, p. 848).

The term Barnahus refers to an interagency collaboration model regarding children and youth who are victims of abuse (see Section 3.3.4). The first Barnahus was established in Norway in 2007. The number has since increased to eleven with locations spread across the country (Johansson et al. 2017).

Bakketeig et al. (2019) analysed multiagency cooperation among services with specific roles and tasks relating to domestic violence. Contemporary policy documents underline the need for both coordination and cooperation. The effects of such initiatives were however not discussed. Based on focus group interviews with professionals, the authors explored how key services understand and 'do' cooperation in practice. They found integrated aspects of service delivery across all services, but different practices resulted in some lack of clarity for service users.

Pederson (2019) argued that in Norway, strong political will and significant efforts are focused on financing and implementing policies to support interprofessional collaboration. A scoping review by the author investigated the facilitators of and constraints on interprofessional collaboration by Norwegian welfare services. Findings suggested that interprofessional collaboration has not been fully actualised due to the autonomy and segregation of individual services, reflected in laws and regulations and the funding system, but also due to different ideological goals.

Most recently, Kaasbøll et al. (2020) explored the usefulness of an interagency collaboration model from the perspective of service providers, and investigated factors that promote and hinder effective interagency collaboration around early identification and follow-up of mental problems and disorders among youth in residential care. The collaboration model promoted increased awareness of mental health issues and greater systematic interagency collaborative effort in assessing and following up the mental health of children and adolescents in residential centres.

However, challenging issues included the need to hold multidisciplinary meetings within a three-week period, and the participation of child welfare service providers at this meeting. Further, the choice of screening assessment needed consideration due to the lack of participation of teachers and parents.

The Barnahus Model

The Barnahus model, which is an interagency, co-located model for working with cases of sexual violence and abuse against children, was launched in Iceland in 1998, and subsequently spread to all Nordic countries. The model addresses two vital concerns of welfare societies: to process cases through the legal system and to offer support and treatment to victims. The model is currently recommended as a best-practice model on the European level – and understood as representing a radical change in the organisational setup related to such cases (Johansson and Stefansen, 2020, p. 4).

Initiated in the Nordic countries, the model demonstrates a ground-breaking reform in the way cases of sexual violence and abuse against children are addressed (e.g., Johansson, 2012). The model combines a penal and a welfare track related to cases of violence and abuse of children and can be described as an interagency and multi-professional model. It is founded on ideas about child-friendliness and the 'under-one-roof' or 'one-stop-shop' principle. The key aim of the model is to bring together all professional agencies involved in reported cases of violence and abuse of children in order to ensure a coordinated response. The agencies involved include the police, prosecutorial agencies, and health and welfare agencies. Although there are some differences between the Nordic national models, the agencies involved, as well as the overarching aims and tasks, are largely the same. Also common to all Nordic countries is the model's embeddedness in the child protection and criminal justice systems (Johansson et al. 2017b; Johansson and Stefansen, 2020, p. 4).

The coordinated response is thought to reduce the strain on the child from participating in the penal process and enhance the quality of investigations. It aims to achieve a higher rate of prosecuted cases and convictions. The model also tries to ensure that children and families receive necessary support. The key tasks include coordination of the processes related to the child's forensic interview and medical examination, assessment of needs, and provision of psychosocial support. Barnahus staff are typically social workers or psychologists. Professionals from other agencies, such as health care and child protection case workers, are not employed by the Barnahus, but will be included to perform their case-related work and/or to discuss the case at coordination meetings. In order to facilitate disclosure and avoid secondary victimisation the premises of the Barnahus are designed to be child friendly ((Johansson and Stefansen, 2020, p. 5–6).

The Barnahus model is currently promoted as an innovation and a 'good practice' solution at a European level, and several European countries have implemented it on a trial basis or are in the process of establishing it (see e.g. The Onehouse, Barnahus pilot project in Galway, which brings together health, medical, therapeutic and policing services for children and adolescents in a child-centred way, in cases where sexual abuse is suspected).

PROMISE is a partnership of organisations, professionals and experts from several European and Nordic countries who promote the Barnahus model throughout Europe and in other parts of the world. The project is co-funded by the European Union and managed by the Children at Risk Unit in the Council of the Baltic Sea States Secretariat. In the first phase of the initiative (2015–2017), eleven European countries participated with the aim of establishing Barnahus or similar arrangements in their respective countries. The initiative has recently entered its second, namely implementation, phase (2017–2019), with the objective of intensifying and promoting progress in establishing the model in Europe and encouraging the application of the quality standards, tools and guidance developed during the first phase (Johansson and Stefansen, 2020, p. 11).

The expansion of the Barnahus model in the European and potentially worldwide spheres raises questions relating not only to the possibility of scaling up the model but also to the way in which the many different contexts for adaptation will affect the establishment and implementation of the model, likely transforming the original idea of Barnahus.

2.4 Central Europe

The following section presents a review of Central European countries (Belgium, the Netherlands, Switzerland, Portugal, Germany and Poland), which historically have primarily been characterised as family service oriented.

2.4.1 Belgium (Flanders)

2.4.1.1 Context

Child and family social work in Flanders (the Dutch-speaking part of Belgium) was reformed into a system of Integrated Youth Care (IYC) with stronger attention to risk (Vyvey et al., 2014, p. 760).

In the Belgian context, the child welfare perspective is firmly rooted in social policy, where child welfare and protection are perceived as a comprehensive array of policies that form a pyramid (Desair and Adriaenssens, 2011, p. 205). From an organisational perspective, this is evident in a range of interventions, ranging from indirect preventive child welfare services to more specific and reactive child protection services.

Hence, a leading principle in child welfare and protection in Belgium is subsidiarity, which refers to the idea that greater investment at the base will reduce the need for interventions at the top (Desair and Adriaenssens, 2011, p. 205).

The child welfare perspective in services is strengthened in order to prevent the intake of children and youngsters to the system of child protection services (Roose et al., 2014). The rationale is that *child protection* services and practices are seen as more intrusive and expensive than the services and practices that are underpinned by this *child welfare* perspective, and therefore should be avoided where possible (Gilbert, 1997). In the context of the large-scale social policy reform – Integrated Youth Care – entering child protection services is currently only possible through two specific organisations, which function as gatekeepers. These are the Youth Care Offices and the Confidential Centers for Child Abuse and Neglect. The Youth Care Offices provide support to social workers in cases of risk and the Confidential Centers for Child Abuse report and investigate particular suspicions of child abuse (Vyvey et al., 2014, p. 761). The preventive approach to risk acquired a central role in the framework of Integrated Youth Care (IYC), which is a cross-sectoral policy programme of the Flemish government, aiming for a coordinated approach to help troubled children, young people and their families (Vanhee, 2014 in Vyvey et al., 2014, p. 761). The reform resulted from the activities of a Parliamentary Ad Hoc Commission on Youth Care during 1998. It was stated that the fragmentation of child protection and child welfare services, reflected in gaps and overlaps in the provision of services, was leading to ineffectiveness. IYC was launched as a large-scale policy-driven organisational reform of child and family services in the Decree on Integrated Youth Care of 2004. Its development required the inter-sectoral reorganisation of a wide diversity of ambulant as well as residential welfare services for children and youngsters (0–18 years old), covering seven different sectors, to improve the effectiveness and efficiency of child and family services (Roets et al., 2014). The central aim of Integrated Youth Care was integrated assistance to the minor and/or the minor and his/her relatives to safeguard their scope to develop and to improve their wellbeing (Broos and Grossi, 2011, p. 11 in Vyvey et al., 2014, p. 763). Social policy makers decided to aim at organising the existing supply of social work services into clear-cut modules that define what services and organisations do, how they do it, and for whom (Serrien, 2011 in Vyvey et al., 2014, p. 763). This reform was intended to achieve a transparent and inter-sectoral joining-up of networks of social service delivery to serve customers, based on the establishment of a flexible and demand-driven integration of social work modules in service delivery. This organisational reform also set out that the activities of different child and family services should be geared toward each other, in order to cover existing gaps and to prevent overlaps in service provision (Vlaams Parlement, 2013 in Vyvey et al., 2014, p. 763). In this reform, child welfare organisations were urged to take more responsibility in risk situations (Vyvey et al., 2014, p. 763).

2.4.1.2. Implementation

ONE is a public service created in 1919 and comprised of 1,400 civil servants (of whom 800 are medico-social workers), 1,100 doctors and 4,400 volunteers. The service implements multidisciplinary action (e.g., medical, social, psychological and pedagogical care) and also has a number of cross-disciplinary missions, such as parenting support, fighting child poverty and reducing child abuse (Meyer et al., 2016, p. 5).

A division between 'care' for children (up to the age of three) and 'education' (from age three and up) had been evident. Although several ministries were involved, these did not always coordinate their actions, leading to limited integration of services, which, in practice, meant that education and care were separate services. More recent efforts tried to ensure a smoother transition from care to education (Meyer et al., 2016, p. 2). In 2013, Flanders reformed the preventive family support system through the creation of Local Houses of the Child. These are local networks of services working for and with parents-to-be and parents with children. The networks cover education, youth care services, child day care, youth services, social welfare services, and local health services. In 2016, and inspired by integrated services for families such as in Sweden, there were networks operating in approximately 170 local communities and cities in Flanders, accounting for 55% of the local communities and cities in the Flanders region.

2.4.2 Netherlands

2.4.2.1 Context

In 2007, the Dutch government adopted a new four-year policy programme 'Every Chance for Every Child' (*Alle Kansen Voor Alle Kinderen*), which promotes the integration of services through strengthening professional networks. The policy was based on the acknowledgement that the prevention of cases (e.g., Savanna's case) starts with the promotion of wellbeing of all children through parenting support, early intervention, and integration of the services provided by professionals from different organisations (*Programma ministerie voor Jeugd en Gezin*, 2007). In the Netherlands, child and family centres (in Dutch: *Centra voor Jeugd en Gezin*) were introduced as a new network for integrating services and a walk-in facility for parents and children (Steinweg, 2012, p. 5). The *Gezondheidszorg* (Public Health Care Act; from here on WPG) and the *Jeugdwet* (Youth Act; from here on JW) are both under the responsibility of a single national ministry, the Ministry of Public Health. The WPG specifies the basic tasks of the Centres for Youth and Families (CJGs), which are nationally funded. A legislative change in 2015 made municipalities responsible for youth care, with a change in focus to preventive work, giving rise to *buurt-* or *wijkteams* ('neighbourhood teams') (Barnes et al., 2018, p. 6).

2.4.2.2 Implementation

An important basis for the child and family centres is the long tradition of child and youth preventive health care, with target groups ranging from pregnant women to parents and youth up to 23 years of age (Steinweg, 2012, p. 6). Due to the decentralisation of the policy around child and family centres, municipalities have much freedom to design these according to local needs. This has led to a variety of organisational structures across municipalities, where designated leaders in centres are employed by different organisations, such as the municipality, municipal preventive health or social welfare organisations. As a result, the roles of centre leaders are not explicitly described in national policy documents but do get attention in local policy documents (Steinweg, 2012, p. 8).

In the Netherlands, the focus of quality measurements is still primarily on output (van Yperen, & van der Steenhoven, 2011), such as percentages of parents and children that visit the centres and user satisfaction rates. This focus on output is inevitable because most centres are still in the implementation phase. The implementation phase of child and family centres in the Netherlands was only finalised in 2011 (Ministerie van Volksgezondheid, Welzijn en Sport, 2012) and leaders still observe a lack of commitment to the centres, although growing loyalty over time is also observed. This may explain the greater focus on professionals and organisations by leaders in the Netherlands, as they concentrate first on creating strong networks to get all stakeholders on the same track. However, these assumptions have not yet been studied, and understanding what impact the implementation phase may have on the focus of centre leaders would require a longitudinal study (Steinweg, 2012, p. 22).

The importance of early identification of risk and the organisation of multidisciplinary collaboration to prevent problems among children is widely supported by professionals and policymakers in child welfare. In the last decade, this development has intensified with the introduction of information and communication technology (ICT) systems to identify children at risk. Media attention and formal inquiries into child welfare led to the promotion of ICT as a tool for identifying children at risk early but also improving professional collaboration (Lecluijze et al., 2015, p. 161). Thus, the introduction of the Child Index carried high expectations (Lecluijze, 2015, p. 166). Although sometimes described as a simple database to record children's risk signals, the system was originally designed to stimulate multidisciplinary collaboration among professionals involved with a particular at-risk child. Different disciplines and various organisations were connected and authorised to use the Child Index. As soon as the system contained two or more digital risk signals on one particular child, it automatically sent an email to each signaller, informing them about each other's involvement. Subsequently, professionals were to contact each other to discuss the at-risk child and collaborate if needed. Although the system was intended to accommodate all disciplines involved, it reinforced the differences between perspectives on signalling risk, further complicating the use of the system.

Once introduced in practice, the system's lack of sensitivity to disciplinary and organisational differences regarding risk prompted much resistance and limited professional usage. Various attempts to accommodate the system to these differences triggered the tendency to work around or to reject use of the index. Building a network without enrolling all relevant actors hampers the production of allies, which prevents a network from becoming strong and vital enough to make a technology successful (Lecluijze, 2015, p. 167).

2.4.3 Switzerland

2.4.3.1 Context

According to Article 44 of the Federal Constitution (FCSF) of Switzerland, the Confederation and the Cantons 'support each other in the fulfilment of their duties and shall generally cooperate with each other' (1st paragraph). Furthermore, 'they shall provide each other with administrative assistance and mutual judicial assistance' (2nd paragraph), and when conflicts arise, these 'shall wherever possible be resolved by negotiation or mediation' (3rd paragraph) (Spratt et al., 2012, p. 45).

Legislative change was promoted in the 'Strategy for a Swiss Child and Youth Policy'. The Federal Commission for Child and Youth Affairs (FCCYA) and the Conference of Canton and Youth Service Officers in Switzerland had highlighted the lack of coordination and cooperation between Cantons and the Confederation with regard to services and that this was associated with the lack of an overarching strategy and governance structure. Gärtner and Vollmer noted that 'according to a 2003 study ... only approximately half of all Cantons consider child and youth policy as encompassing both the protection and support of young people. Instead, a number of Cantons have developed independent and separate policies on child and youth protection versus child and youth support, and they focus on either one or the other area' (2008, p. 4 in Spratt et al. 2012, p. 79).

In accordance with the strategy report, collaboration between the various personal and institutional actors in the public (Confederation, Cantons and municipalities), third and private sectors was to be improved by providing platforms of exchange of information and experience. This was incorporated in the new 'Federal Law on the Promotion of Extracurricular Children and Youth Welfare', adopted on 30 September 2011. This law, which explicitly referred to children as well as to youth, came into force 1 January 2013 (Spratt et al., 2012, p. 55).

2.4.4 Portugal

2.4.4.1 Context

Since the last quarter of the twentieth century, Portuguese public policies have emphasised the need to value each territory, as well as processes of articulation and coordination between different territorial levels, between

different partners and between different levels of decision-making. Relating to the notion of governance, it was felt that the state should promote the development of territorial social policies engaging both the public and private sector. The second half of the nineties witnessed the multiplication of territorialised social policies based on participatory structures at local level and disseminated along the territory. The core of the policy process included participative planning, partnership, and the combination of the Central Public Administration with local authorities and the community sector (Barnes et al., 2018, p. 166–167).

The case for interagency collaboration is supported by government initiatives such as the 1996 Priority Intervention Education Territories Program (TEIP) for education and social services; the 1999 Protection of Children and Young People in Danger (CPCJ), relevant to health services, the police and other local government services; and the 2001 Choices – 6th Generation, relevant to voluntary agencies and the private sector (Barnes et al. 2018, p. 6).

2.4.4.2 Implementation

The Choices Programme is a nationwide programme focused on promoting the social inclusion of children and young people aged 6 to 30 years old who reside in the most vulnerable socioeconomic contexts. It is regulated by the Presidency of the Council of Ministers, depending directly on the Assistant Secretary of State and Deputy Minister of Parliamentary Affairs, and is developed by the High Commission for Migration. The Programme aims to fight early school leaving by promoting non-formal education, vocational training, community participation, digital inclusion and empowerment. The projects are locally designed and implemented through local consortia of partners that mobilise local organisations. In its 6th intervention phase (6th Generation, 2016–2018), the Programme was financing 192 social inclusion projects in vulnerable communities across the country, involving around 75,000 participants. The Programme has 1,800 formal and informal partners, including government institutions at different levels, social partners, entrepreneurs, NGOs, the education and scientific sectors, and representatives of civil society. The Programme is based on a formal commitment established by a contract between the partners. Bound by this contract, the partners share a strategy and implement their coordinated working programme for a period of 3 years (Barnes et al. 2018, p. 167–168).

2.4.5 Germany

2.4.5.1 Context

In Germany, policy for children and young people is, firstly, a statutory national government responsibility situated in the Federal Ministry for Family Affairs, Senior Citizens, Women and Youth. The Ministry has lead responsibility for the legislation relating to children and young people's services. The guiding principles, structure and responsibilities of the German

child and youth welfare system are regulated in the 'Social Code, Book VIII – Child and Youth Services' (SGB VIII). There is a statutory cross-cutting responsibility across all Federal Ministries whose policies have a direct or indirect impact on the various aspects of children and young people's lives. This includes policies on education, the labour market, and social, health, justice, interior, regional and urban policies. However, it is recognised that actions in other policy areas such as the environment, transport and economic development also have an impact on the opportunities of children and young people (Campbell, 2015, p. 10).

Policy on children and young people concerns not only the Federal Government but also the *Länder* (states). Each *Länder* is required by statute to establish a Land Youth Office with duties which include a) supporting local providers of services through advice and further training, b) providing financial support to voluntary service providers to help develop and expand provision, and c) protection of children and young people in institutions (Campbell, 2015, p. 10).

The administrative districts at municipal or district level have a statutory responsibility to provide children and young people's services through a Youth Office. The Youth Offices are mandated to carry out and guarantee the duties and services laid down in the Social Code Volume Eight (SGB VIII). The legislation states that the administration and work of the Youth Office be carried out by a Committee for Youth Services. The Committee is tasked with coordinating, planning and improving services at the local level. It is required by statute to do this in partnership and cooperation with all organisations involved including the statutory and voluntary sectors (Campbell, 2015, p. 10).

Due to the federal structure of Germany, there are laws regarding child protection on different levels: the federal government level and the state government (*Bundesländer*) level. Federal law overrides state law and sets the overall framework for key legal concerns in the field of child protection, such as intervention in parental rights and data protection. The states have some rights and obligations, e.g., to decide on some organisational structures and procedures. Within each state child and youth welfare services are organised by the municipalities, which decide on the structure and support offered by the local child and youth welfare agencies. There are about 580 Youth Offices in total across all cities and districts that work with and support families on a local level. The obligation of the Youth Office is to provide services for children and families (§ 2 SGB VIII), which includes support of: youth work (§§ 11, 12 SGB VIII), youth social work (§ 13 SGB VIII), education, child and youth protection (§ 14 SGB VIII), childrearing in families (§ 16 SGB VIII), counselling and support services for parents in certain situations, e.g. during divorce, single parenthood (§§ 17, 18 SGB VIII), the development of children in day care (§§ 22–25 SGB VIII), and childrearing (§ 27–35 SGB VIII) including family support, foster care and residential care (Witte et al. 2016, p. 1). The Youth Offices do not have to provide all these services themselves, but rather work with child and youth welfare organisations that are supported by the state but run by non-governmental organisations (*freie Träger der Kinder- und*

Jugendhilfe). In terms of child protection, the Youth Office has to: a) carry out investigations to determine whether a child is endangered (§ 8a SGB VIII), and b) ensure emergency placement of children and adolescents (*Inobhutnahme*) (§ 42 SGB VIII) (Witte et al., 2016, p. 2).

In 2012, the Federal Act on the Protection of Children entered into force. This omnibus Act introduced the Act on Cooperation and Information in Matters of Child Protection and amended several other laws, in particular the Social Code. The objective of the Act on Cooperation and Information in Matters of Child Protection is to protect children and adolescents and to foster their physical, psychological and mental development (Library of Congress, 2019, p. 112).

The Act obliges the states to establish a network (*Netzwerk*) in which the different institutions involved in child protection can work together, exchange practices, and coordinate procedures. Additionally, the Act codifies the right of several occupational groups that are subject to professional secrecy to consult a specialist and provide pseudonymised data to determine whether the wellbeing of a child or young person is at risk. If they have strong reasons to believe that the wellbeing of a child or adolescent is at risk, they must talk to the minor and the person who has custody and, if necessary, urge the person who has custody to accept assistance, provided that doing so will not endanger the minor. If the risk cannot be averted or if the actions taken fail, they are authorised to inform the Youth Welfare Offices and provide them with the necessary data (Library of Congress, 2019, p. 113).

2.4.5.2 Implementation

The Youth Office does not provide a service (§ 4 II SGB VIII) if NGOs can provide the support. Youth Offices should only take over tasks themselves if provision by NGOs is not available. Youth Offices have to grant funding for services to NGOs and are responsible for ensuring that the demands of children and families are met (§§ 79, 80 SGB VIII) (Witte et al., 2016, p. 2).

Some institutions specialise in child protection, such as the *Kinderschutzzentren* or the *Deutsche Kinderschutzbund*. These provide counselling and therapy for parents, children and adolescents as well as crisis intervention. In addition, they provide training and workshops for professionals as well as supervision and counselling of professionals working on child protection cases. The agencies normally work very closely with the Youth Office (Witte et al., 2016, p. 3).

Cooperation between the German health system and the child and youth welfare system, as well as possible difficulties are frequently discussed; these include: different definitions of child endangerment and work practices, insufficient role clarity and high expectation of other professionals, misconceptions about data privacy and insufficient resources for networking and communication (Koch 2006; Fegert 2013–2014; Witte et al., 2016, p. 4).

Empirical research aimed at improving the child protection system in Germany has become a federal policy priority only within the last few years and only within prescribed areas, especially early intervention/prevention, institutional abuse and serious-case reviews (Spratt, et al., 2012, p. 258). Several empirical studies have shed light on more systematic problems within the German child protection system (Spratt et al., 2012, p. 259), especially the early intervention/prevention field (e.g., Sann, 2010) (Hagemann-White et al., 2010).

Serious-case reviews in Germany as well as in other countries have shown that a lack of cooperative relationships may have adverse consequences for children at risk (Fegert et al., 2010). Practice projects have shown that professionals engaged in roundtable discussions feel these are helpful for their work with families (e.g., Kindler, 2011). However, to date there have been no quasi-experimental or experimental studies in Germany showing that networking projects have any effect on case detection, case flow or case outcome (Spratt et al., 2012, p. 272).

In Bavaria, the state co-funded professionals networking in early prevention in every county and city (Spratt et al., 2012, p. 274). In some cities and counties there are child protection round-tables discussing ways to collaborate between different authorities, departments and providers. Prior to 2012, some *Länder* even made such round-table discussion and networks mandatory. However, regardless of whether they were mandatory or not, these networks were most often organised by the local child and youth welfare authority (Spratt et al., 2012, p. 274).

NGOs (*Freie Träger*) have a strong position within the German child and youth welfare system and their activities are regulated. Because of the principle of subsidiarity, the child and youth welfare authority does not provide certain types of services on its own if there are NGOs willing and able to provide this type of service. Moreover, parents should have a right to choose between different service providers (section 5 social code book VIII) (Spratt et al., 2012, p. 274).

The most important actors for child protection are at local level and although there is some collaboration, neither the police, health care system nor education system appears to have a strong institutional position within the German child protection system (Spratt, 2012, p. 275).

2.4.6 Poland

2.4.6.1 Context

Poland does not have a uniform structure for protecting children, and regulations designed to protect them or granting them particular rights are dispersed among many legal documents and various institutions: the Ministry of Family, Labour, and Social Policy, the Ministry of Justice, the Ministry of Health, and local authority structures. Duties are also performed – through outsourced tasks or statutory activities – by non-governmental organisations.

Tasks related to counteracting child abuse are located within the broader system of combating domestic violence. Several entities have specific responsibilities in this area. Coordinating the system for counteracting domestic violence is a task of the Ministry of Family, Labour, and Social Policy, whereas protecting children's rights as defined in the Constitution of the Republic of Poland and the Convention on the Rights of the Child is a responsibility of the Ombudsman for Children (Act on the Ombudsman for Children 2000). Under legal provisions adopted in 2011, multidisciplinary collaboration for counteracting domestic violence, including violence against children, became obligatory in Poland. Each commune (principal administrative unit) is obliged to form a multidisciplinary team (Empowering Children Foundation, 2017, p. 25).

The legislation on Social Assistance, passed by the Polish Parliament on 12 March 2004, with subsequent amendments, states that social support is to be organised on the national, regional and municipality levels in cooperation with various organisations. Across the country, local authorities fulfil this obligation in accordance with the specific community contexts (needs, expectations, available infrastructure, etc.). The social policy of the municipality of Warsaw towards families has been formulated in the Programme Family (*Program 'Rodzina'*), which was designed for the years 2010–2020. Its main objective was to strengthen family bonds, with a special focus on support to families with children at risk of social marginalisation. The implementation of this aim had been planned through the Local Support Systems (LSSs), which are consortia of non-public organisations (NGOs) operating locally and implementing projects developed in cooperation with the local public institutions (schools, sports centres, etc.). The idea for creating LSSs is to build teams of specialists who support each other and exchange knowledge and skills, but most of all complement each other in order to create holistic support to families in difficult life situations, especially to enhance children's social skills and school achievement. Moreover, LSSs should encourage the involvement of public and non-public organisations, as well as the local community, in common actions. Importantly, all LSSs gather and analyse data (in compliance with the legal regulations concerning data protection and management) according to the rules established by the city (Barnes et al., 2018, p. 145–146).

2.4.6.2 Implementation

In terms of domestic violence, the goals of the multidisciplinary teams include providing comprehensive and coordinated help within the 'Blue Card' procedure. Another task involves developing local programmes for counteracting domestic violence, including assistance services for victims, correctional activities targeted at perpetrators, preventive and awareness-raising activities, and assessment of the scale of the problem. In 2015, multidisciplinary teams and their supervisory bodies conducted 907 local assessments and 911 social campaigns, and provided help for 153,041 persons, including 37,843 children (Ministry of Justice, 2016 in Empowering Children Foundation, 2017, p. 25).

An audit conducted in 2016 by the Supreme Audit Office (NIK) showed that multidisciplinary teams contribute to improving the situation of victims but are not sufficiently effective to permanently resolve the problem of domestic violence, primarily because they do not have the instruments to exert influence on the perpetrators (Empowering Children Foundation, 2017, p. 25). Furthermore, the Supreme Audit Office pointed out that the various services were not equally active, noting the low activity of representatives of the health care system and communal committees for resolving alcohol-related problems (NIK, 2016 in Empowering Children Foundation, 2017, p. 25). In the vast majority of cases (75.78%), the procedure was instigated by the police, in 12.78% of cases by social services, in 6.18% of cases by representatives of educational institutions, in 4.80% of cases by the communal committees for resolving alcohol-related problems, and in the lowest percentage of cases (only 0.56%) by health care professionals (MRPiPS, 2016 in Empowering Children Foundation, 2017, p. 26). Finally, the Supreme Audit Office notes that there is no separate funding for the multidisciplinary teams' work and that employees delegated to the teams are not relieved from other duties (NIK, 2016 in Empowering Children Foundation, 2017, p. 26). Another problem is the fact that child maltreatment is not separated from other forms of domestic violence. This makes it difficult to focus on the specific problems of child victims. Data and programmes regarding violence need to be tailored to specific problems and there is a danger that the lack of disaggregation according to age may lead to the problem not receiving adequate attention (Empowering Children Foundation, 2017, p. 26).

Since 2010 health care professionals have had a legal duty to report all cases of suspected domestic violence, including violence against children, within a so-called 'Blue Card' procedure. They are also obliged to collaborate within multidisciplinary teams (Act on Counteracting Domestic Violence 2005 in Empowering Children Foundation, 2017, p. 27).

For years, under different governments, NGOs have worked out pathways for cooperating with the state administration, such as undertaking joint activities, co-developing procedures to ensure the best possible protection of children or consulting on legal amendments. However, collaboration between NGOs and public authorities is not always as smooth as might be expected, as manifested by tight deadlines or lack of consultation on the process of amending legislative acts, ignoring the NGO sector's opinions with no comment or explanation, restricting or withholding government funding for long-term projects in the area of violence prevention and support programmes for refugee children and families (Non-Governmental Organisations' Report, 2014; Empowering Children Foundation, 2017, p. 32).

Poland has implemented mechanisms of multidisciplinary work for counteracting domestic violence, including violence against children, as well as a national programme of counteracting domestic violence. Data on violence are systematically collected. However, what is still missing is efficient coordination and reinforcement, and full realisation of those tasks

to turn them into a consistent and effective system, rather than a set of fragmented and dispersed activities (Empowering Children Foundation, 2017, p. 35).

Relating to the legislation on Social Assistance passed by the Polish Parliament on 12 March 2004, a map reflecting the Accumulation of Social Problems Concerning Children in Warsaw is created every three years. Apart from reflecting the intensity of family problems, the map includes information on schools and after-school centres operating in particular areas. The city opened a tender for LSS projects, which were to operate in 25% of the neighbourhoods with the highest rate of family difficulties. Local NGOs initiated interagency work between themselves and the target schools in order to implement the proposals of projects to meet the needs of the local community. The proposals also needed to meet the municipality requirements, such as involving the optimal number of organisations (from 3 to 6) including street-work organisations, after-school centres and schools. Importantly, the organisations were required to have different areas of specialisation. The condition for obtaining city funding for the initiative was positive evaluation of the proposal (Barnes et al. 2018, p. 145–146).

2.5 South East Europe

The following section provides a brief overview of the situation in South East Europe (Albania, Bosnia–Herzegovina, Bulgaria, Croatia, Hungary, Kosovo, the former Yugoslav Republic of Macedonia (fYROM), Moldova, Montenegro and Serbia).

2.5.1 Context

Approaches to both laws and policies vary dramatically across the region – from those countries with no unified laws on the protection of children, which instead address the issue through a series of thematic lenses (such as trafficking or domestic violence) to those with comprehensive and unified laws and policies (see Bregu and Delaney, 2016, pp. 14–19 for law and policy details). This is also reflected in the approach to multiagency working. In some countries this is embedded in the law, including the development of protocols and operational guidelines, whereas in others it is mentioned in an ad hoc and seemingly overlapping or contradictory way (Bregu and Delaney, 2016, p. 20).

2.5.2 Implementation

While multiagency working may be desired and may present an effective way of working with children and families, application of the approach can differ especially in terms of when it is applied. An emerging trend is for case management and multiagency working to be seen as equivalent. However, they are two separate things. Although multiagency working is often a feature of case management, it does not have to be included as

part of case management (since case management is merely an identified process for making sure cases are handled appropriately, consistently and in a timely manner). Similarly, multiagency working can be applied in child protection in the absence of a case management approach. Decisions regarding mandate and scope are intricately linked to the introduction of the concept of multiagency working. Whether it is present may be the result of adopting a model from another context (Bregu and Delaney, 2016, p. 20; see pp. 21–27 for details).

In many cases, the main driving force and providers of capacity building are NGOs and UNICEF because government agencies lack the resources. This includes both initial training and, in some cases, ongoing coaching / supervision regarding case management (but not functioning of the multiagency teams). As this training is often linked to the interests of participating agencies, it is not necessarily comprehensive nor is it sustainable in the longer term as it is not institutionalised. Maximising the effectiveness of capacity building is limited by the high turnover of staff and the lack of resources. Despite the emphasis placed upon multiagency working in child protection, and considerable resources being devoted across the region to establishing the approach, very little systematic (or even sporadic) monitoring is carried out (Bregu and Delaney, 2016, p. 34).

Numerous evaluations have been undertaken across the region with regard to child protection; however, few studies have specifically considered multiagency working and its effectiveness. Where this has been examined, it was through the lens of exploring the functioning of child protective services as a whole, and in particular applying the case management approach. The lack of standards and frameworks for practice further hinder the monitoring of multiagency working. Even where protocols exist, without standards and inspection frameworks, there is likely a lack of consistency because the interpretation of the protocol, and its application, is left to individuals. This also limits the extent to which learnings from practice can be fed into future policy development (Bregu and Delaney, 2016, p. 35).

Despite the lack of robust frameworks to monitor the operationalisation of multiagency working, it is possible to gain some insight on effectiveness through the views of those who come into contact with and are involved in multiagency working (Bregu and Delaney, 2016, p. 36; see pp. 36–29 for details). Although there are promising examples and experiences, considerable challenges are yet to be resolved. These include issues such as lack of resources, creating a shared understanding and accountability, and developing a spirit of collaboration between actors.

2.6 Canada

The following section presents a review on Canada, which is historically child protection oriented.

2.6.1 Context

The Canadian federal government has no direct funding nor policy-making jurisdiction in child welfare except with regard to First Nations children and families living on reserves. Provincial and territorial child welfare legislation applies to all child and family service agencies in Canada, both on and off reserve. First Nations agencies, even though funded federally, are not exempted from provincial and territorial legislation since the federal government 'has never enhanced [its own] child welfare legislation' and prior to the opening of the First Nations Child and Family Service agencies, agreement was made with the provinces to deliver child welfare services on reserves (ibid., 61).

Approaches to child protection vary somewhat as each province and territory has its own governing legislation, institutional structures and policies (Library of Congress, 2019, p. 61). In Ontario, for example, child welfare services are provided by 48 community-run welfare agencies, and these provide a broad spectrum of services, ranging from the core investigative function to providing ongoing supervision, counselling and some out-of-home care services (ibid., p. 61). In most other provinces and territories, services are provided through government offices with varying levels of local independence but also by contracted services provided by non-governmental organisations (ibid., p. 62).

3.6.2 Implementation

Canada's provinces and territories have jurisdiction over child welfare; policies are similar but do vary. Interagency agreements therefore differ from one province to the next. Some studies have been conducted on these agreements (though not many) but in the case of Quebec, they are all in French. In Ontario, child welfare services are funded by the provincial Ministry of Community and Social Services and the government mandates community-based non-government organisations to deliver services. Child welfare agencies are community based, with some focusing on child protection and others on child and family services. The child welfare system takes a residual approach in which the state is involved only as a last resort. Child welfare workers play investigative roles, determining neglect and abuse and assessing risk. This narrow scope has been considered problematic in the context of broader contractions in the social safety net, as provincial and federal governments reduce the scope of state activity and emphasise individual responsibility (Katz et al., 2016, p. 28). The non-governmental organisations have partnered with universities to begin consolidating information across their different systems,

facilitating data acquisition and use. Some Canadian jurisdictions have attempted to rebalance child welfare practice with a range of differential or alternate response policies, streaming lower risk cases to family services (ibid., p.29).

The Toronto First Duty (TFD) demonstration project was designed to test the feasibility and effects of a universal model for integrating childcare, kindergarten, family support and other services in school-based community hubs. Findings from the project have helped to change provincial policy in Ontario and elsewhere in Canada through promoting universal, integrated service systems for early childhood (Corter et al., 2012, p. 7).

TFD began in 2001 with the goal of developing a universally accessible service model that promotes the healthy development of children from conception through primary school, while at the same time facilitating parents' work or study and offering them support in their parenting role. Findings on the implementation process, showing how an existing fragmented system could be integrated to improve programme quality and outreach to the underserved, were shared with different levels of government (from municipal to provincial), along with other stakeholder groups in education and social services. As outcome findings on children and parents, and programme quality, began to emerge, they were also shared with policy and practice stakeholders (Corter et al., 2012, p. 8).

Implementation challenges included issues related to differing professional practice, lack of space and funding, staffing and leadership turnover, and working without system support for integration across sectors that are themselves not integrated at higher levels of government. However, strong leadership and time to meet allowed staff teams to come together over time to improve programme quality and delivery. Comparison across the implementation period showed that progress had been made on service integration.

Parent involvement was a core element of TFD and findings indicated gains for parents beyond client satisfaction. Converging evidence from interviews and surveys with parents, site management and staff members documented improvements in parental input into the design of and access to services over the course of project implementation (Patel et al., 2008 in Corter et al., 2012, p. 9).

In recent email correspondence with Professor Corter (personal communication, 17 December 2020), he stated that a single important cluster of policy change in Ontario came about partly because of the pilot research on integrated services, showing the feasibility and positive outcomes of integrating services. The policy move is argued to be a clear success in terms of child development/learning outcomes and for parents' satisfaction and labour participation.

Canadian families dealing with mental health, substance abuse and domestic violence issues are more likely to attract attention and concern from child welfare agencies, but despite this, child welfare and adult mental health services tend to operate independently with little collaboration, instead competing for scarce resources (Bunger et al., 2014 in Mason et al., 2018, p. 271).

In Ontario, child welfare agencies are independent, non-profit organisations run by a board of directors elected from the local community, or a First Nation operating under the Indian Act and funded by the provincial Ministry of Children and Youth Services. Adult mental health services in Ontario are governed by the provincial Ministry of Health and Long-Term Care and provided through mental health service professionals, some located in provincially funded hospitals and clinics and others in community-based, not-for profit agencies (Mason et al., 2018, p. 272).

Findings from Mason et al.'s study on the experiences of child protection workers in collaborating with adult mental health providers (2018) suggested that facilitating current collaborative practices for the majority of respondents (75.1%) were existing policies, protocols, guidelines, and/or memoranda of understanding. However, 8.6% reported that their work was not guided by such tools and 16.3% were unsure whether these tools existed. Managers and staff alike acknowledged challenges in maintaining up-to-date knowledge of all of the many existing tools developed by their organisation (Mason et al., 2018, p. 274).

Barriers to the establishment of closer working relationships between Ontario's child protection workers and providers of mental health care included mistrust and lack of knowledge and understanding about roles, responsibilities and reporting requirements. Many respondents recommended the use of strategies such as collaborative case conferences to share information among the multiple providers and family members. Several participants recommended joint working arrangements and training activities for workers in both mental health and the child welfare sector to address knowledge gaps, build trust and improve collaboration and service delivery (Mason et al., 2018).

2.7 South Africa

2.7.1 Context

The relationship of child welfare agencies with national as well as local government was a major driver in shaping South African child welfare. Policies and legislation such as the Children's Act 38 of 2005, the White Paper of 1997 on Developmental Social Welfare and the Integrated Service Delivery Model (ISDM), and the Child Justice Act 75 of 2008 all influenced practice. However, there is scepticism regarding the political will of government to implement legislation and policies. The state is perceived

as insufficiently committed to service, neither identifying service gaps nor developing appropriate responses (Schmid, 2013, p. 13; see also Jamieson et al., 2017).

South African child protection policy is inclusive and provides for promoting the wellbeing of families with children, especially poor and vulnerable children in need of care and protection. The White Paper for Social Welfare (1997) and chapter 8 of the Children's Act (No. 38 of 2005 as amended) provide for the implementation and resourcing of primary prevention and early interventions. However, resource allocation, programme landscape and practice in child protection have not shifted from predominantly reactive approaches. The law specifies collaboration between government departments in the implementation of early intervention and prevention programmes, yet child protection systems remain unintegrated (Makoe, 2014, p. 1).

2.7.2 Implementation

A lack of coordination on multiple levels is causing serious difficulties. Poor coordination has resulted in unregistered children's homes and crèches, an urban funding bias, resources used for statutory monitoring and not enough for education and preventive services, one-stop services that do not allow for specialised services, and difficulty in having proper case conferences. At the same time, NGOs are expected to deliver information without witnessing improved service coordination or integrated delivery (Schmid, 2017).

Child welfare services are provided through partnerships between the Department of Social Development and non-governmental organisations (NGOs). The policies and financing criteria of the Department of Social Development prioritise transformation of social services to focus on early intervention and prevention. However, programme implementation in the sector has not significantly shifted from predominantly reactive measures towards interventions that build the capacity of families to care for their children. Although the mandate of child protection authorities was expanded through the new legal and policy framework, the majority of the NGOs formed before this policy reform do not seem to have evolved their strategies to address the new mandate beyond issues of equity and inclusion (Makoe, 2014, p. 2).

To a large extent, poor policy implementation has allowed pre-1994 service organisation to remain within social services in terms of practices and the cultural system on how state resources should be used to intervene in the lives of at-risk children and their families. Poor interpretation of the national policy goals has meant ineffective leadership on the part of government. Managers have been unable to monitor performance of service providers in the sector to ensure that the transformation project based on outcome measures in child protection is pursued. While the current response measures have the potential to

reduce harm, they are limited because of their nature. Early intervention and tertiary intervention are implemented where abuse and neglect have been reported, and they tend to be case-oriented. Sometimes they come too late or are not systematically applied and thus fail to minimise serious harm (Makoae et al. 2012). South Africa lacks routinely collected data that can be used to determine risk factors for child maltreatment. While developments can be seen as having the potential to enhance the readiness of South Africa to implement large-scale and evidence-based child maltreatment prevention programmes in future, the country has not yet invested in a child maltreatment prevention strategy that can strengthen the capacities of families and communities to bear and bring up children who will not be left behind (Makoae, 2014, p. 3).

In South Africa 'early start' has a relatively long history and is well understood and applied to achieving child health goals relating to survival and morbidity, although in child development it emerged as a policy priority only recently. Contrarily, the concept of early start has not yet meaningfully influenced child protection goals. South Africa has already invested in a commendable programme of social transfers and child survival programmes that have universal coverage. Providing early help to parents would mean that in addition to promoting the survival and economic protection of children, relevant government departments collaborate to provide programmes that empower parents with resources, knowledge and skills to nurture and protect their children (Makoae, 2014, p. 4).

It is essential that child maltreatment prevention programmes are integrated with other child health and development programmes. The units in all mandated government departments should sufficiently collaborate and communicate information about vulnerable parents, their children, and goals and outcomes. When interagency professionals proactively identify risk factors, make referrals and share data on incidence of child maltreatment and monitoring plans, their collaboration can improve children's quality of life and prevent most tragedies. There is a need for a structure that can oversee intra- and inter-governmental collaborations that are generally intended to safeguard children and champion child maltreatment prevention (Horwath and Morrison, 2007).

Almost two decades since the advent of a child protection policy that emphasises primary prevention programmes for families with children, South Africa still lacks programmes for the prevention of child maltreatment that reach vulnerable families in historically disadvantaged and high-risk communities. Neither does South Africa have an effective child maltreatment surveillance system for estimating the incidence of this social and public health problem. The country has an adequate policy and legislative framework to effect implementation of prevention programmes (Makoae, 2014, p. 5), which is an important prerequisite for implementing large-scale programmes, but its effectiveness in bringing about change depends on other elements of any child protection system,

which include comprehensive information and monitoring systems, supportive attitudes for prevention, resources and interagency collaborations.

South Africa lacks programmes for prevention of child maltreatment. The possibility of developing such programmes depends on a policy that clearly interprets what the Children's Act means by 'safeguarding children'. Currently, this concept is undefined and primarily constrained by the manner in which services for families are organised but also the lack of a link between the child health and child protection information systems. Policies emphasise a continuum of services and it is imperative that South Africa, led by the Departments of Social Development and Health, implements a coordinated plan to ensure resources, infrastructure and integrated programmes to prevent child maltreatment across the lifespan (Makoa, 2014, p. 6).

2.8 Australia

2.8.1 Context

The National Framework for Protecting Australia's Children 2009–2020 was developed by the Council of Australian Governments and uses a public health approach to place children's interests at the centre of all policy and legislative development. Historically, Australia has been characterised as child protection oriented. The governments of the six states and two mainland territories are responsible for child protection legislation and services. The National Framework is a cooperative document that aims to provide a shared, national agenda for change in the way Australia manages child protection issues. This includes work at policy and practice levels to address discrepancies that exist across the legislation of the states and territories.

In 2017, it was stated that considerable changes to systems for protecting children were planned or underway across Australia. These were designed and implemented mainly in response to shortcomings identified in independent reviews. They aimed to reduce the number of children involved in statutory child protection and out-of-home care (OOHC) and achieve greater permanence and improved outcomes for children who enter OOHC. Addressing the over-representation of Aboriginal children and families in all areas of the statutory child protection system, particularly the high number of Aboriginal children entering OOHC, was an area of particular focus for reform (Library of Congress, 2019, p. 29). Several jurisdictions moved to a more multidisciplinary approach to the statutory child protection investigation process (Library of Congress, 2019, p. 31). The Fourth Action Plan under the National Framework, agreed in December 2018 and covering the period 2018–2020, contained actions for improving prevention and for early intervention through joint service planning and investment (Library of Congress, 2019, p. 33).

In addition, child protection policies and practices are under continual development in each jurisdiction. There has been an increasing national focus on early intervention and family support services to help prevent families entering or re-entering the child protection system and to minimise the need for more intrusive interventions. Most jurisdictions have enacted strategies that try to help families in a more holistic way, by coordinating service delivery and providing better access to different types of child and family services (Library of Congress, 2019, p. 31).

2.8.2 Implementation

Australia has adapted a public health model of child protection. This model focuses on promoting the welfare of all children through investment in primary prevention programmes (Health Information and Quality Authority, 2020, p. 76). The focus of the public health model is that primary services are the largest component of the service system, promoting the welfare of all children, with secondary and tertiary services focusing on providing targeted services to children who are identified as being potentially at risk. Investment in primary prevention programmes has the greatest likelihood of preventing progression along the service continuum and of sparing children and families the harmful consequences of abuse and neglect (Health Information and Quality Authority, 2020, p. 78).

The Multiagency Investigation and Support Team (MIST) is a community-based, collaborative working model designed to support children, young people and their families who have experienced child sexual abuse. The team comprises an investigation team, child protection workers, specialist child interviewers, medical services, psychological therapeutic services and child and family advocates (Health Information and Quality Authority, 2020, p. 81). The aim of the team is to improve the lives of children affected by abuse through the co-located, integrated and localised delivery of services to respond to all the needs of the child from the point of referral to police and child protection services (Health Information and Quality Authority, 2020, p. 82).

Communities for Children (CfC) is a major area-based intervention which was designed to enhance the development of children in 45 disadvantaged sites across Australia, established in 2006. Its aim was to improve coordination of services for children from birth to five years and their families; to identify and provide services to address unmet need; to build community capacity to engage in service delivery; and to improve the community context in which children grow up (Muir et al., 2010). A key feature is the appointment of Facilitating Partners in each site, to consult community stakeholders and to lead the development and implementation of a 'whole-of-community' approach to enhancing child development. Coordination of services is seen to be crucial. The type of services offered depends on local needs and typically includes home visiting; programmes on early learning, child nutrition and literacy;

parenting and family support services; and community events (Edwards et al., 2014). In 2009, the CfC initiative was extended to include services for children from birth to twelve years. An initial evaluation published in 2009 (Muir et al., 2009; Muir et al., 2010) found evidence that CfC had a positive impact in that a) fewer children were living in a jobless household, b) parents reported less hostile or harsh parenting practices and c) parents felt more effective in their role as parents.

On the less positive side, parents also reported lower levels of child functioning. However, a number of explanations for this are offered, such as the possibility that CfC programmes may have brought these children to the attention of professionals. The estimated impacts tended not to be statistically significant; however, the period for which the programmes had been in place when the study was carried out was short and the authors also point out that they studied impact on all children living in the area, regardless of whether they had received services. However, they argue that the pattern of results is towards positive impact. In terms of service impacts, the research found that CfC had increased the number of services available and improved collaboration and coordination. This was accompanied by improved recruitment and engagement of families, particularly those classed as hard to reach. Further research published in 2014 (Edwards et al.) found a number of positive (and a few negative) effects of the CfC initiative; however, most of these were not durable and faded out by the time children started school. Overall, the size of the CfC effects was small. Many factors make demonstrating impact challenging. The authors tentatively conclude that the most effective approach to early years/early intervention would be to provide evidence-based interventions within the context of a community-level intervention (Boydell, 2015, p. 23).

Moore (2010, in Barnes et al., 2017, p. 9), describing an integrated approach to child development in Australia, concluded that to be successful, integration needs to occur at four levels: at government policy level, recognising that more than one department is responsible for the wellbeing of children; at regional level, where early years partnership groups should be established; at service delivery level, where there should be integration which might range from coexistence to full integration; and within teams that include members of different disciplines providing support for children and families (Barnes et al., 2017, p. 9). The importance of communication is highlighted in an Australian review (NSW, 2010), especially in the context of building relationships which include agency to agency; worker to worker; and client to worker. Other key aspects proposed to facilitate interagency working are: developing effective liaison structures and meetings; providing joint training; and implementing the necessary computer and internet technology (Barnes et al., 2017, p. 10; see also Darlington et al., 2005 and Darlington and Feeney, 2008 in relation to collaboration between Mental Health and Child Protection Services).

Wise (2017) argued that several jurisdictions are establishing new approaches to building a more robust and coordinated community service system, reconfiguring their OOHC and leaving-care systems, and investing in Aboriginal service organisations, Aboriginal service practices and Aboriginal workforce capacity (p. 1). New South Wales and the Australian Capital Territory have also strengthened Working with Children legislation, while the Australian Capital Territory has amended legislation to better facilitate information sharing. New legislation in New South Wales and Victoria provides the opportunity to participate and exercise meaningful control in the protection and care of children for Aboriginal and Torres Strait Islander people. Western Australia, the Australian Capital Territory, Queensland and New South Wales have established new committees and governance bodies for integrated and/or localised governance and try to strengthen relationships between government departments and funded NGOs (Wise, 2017, p. 7).

The Australian Capital Territory, New South Wales, Queensland and the Northern Territory have also invested in new intensive family preservation/support programmes and introduced new ways of working with families with complex needs and risks who are involved in multiple services. Aligning the work of family and domestic violence services with family support and child protection is a common theme across these developments (Wise, 2017, p. 8).

Regarding the investigation and assessment phase of child protection, following the example of New South Wales with its introduction of the Joint Investigation Response Taskforce model in 1997, several jurisdictions are moving to a more multidisciplinary approach to the statutory child protection investigation process. This includes the introduction of Multiagency Investigation and Support Teams (MIST) in Western Australia, an MOU for joint investigations with police in the Northern Territory and multidisciplinary units consisting of police and centres dealing with sexual assault and statutory child protection in Victoria (Wise, 2017, p. 9).

Several jurisdictions have introduced, or are planning to introduce, common assessment frameworks to build shared knowledge and capacity across the whole system for protecting children. New South Wales is planning the introduction of a common risk and needs identification tool. In Western Australia, a common client self-assessment tool is used across Family Support Networks. Tasmania has committed to promoting the use of the Common Approach more broadly across services, while the Commonwealth has trialled an adapted version of the Common Approach in thirteen mental health support services across Australia. The Queensland Strengthening Families Protecting Children Framework for Practice includes a collaborative assessment and planning framework (Wise, 2017, p. 11).

New information-sharing protocols have also been introduced to improve service journeys, service collaboration and client outcomes. They provide detailed guidance and procedures to inform the way professionals in social

care, health, education, domestic violence and police services work together to safeguard children and young people. New legislation has been introduced or is planned/under consideration to facilitate information sharing between prescribed or authorised agencies in Western Australia, the Australian Capital Territory, Queensland and Victoria. The Northern Territory has introduced information-sharing guidelines to assist authorised people and organisations to share information about a child or family in order to facilitate working together for the safety and wellbeing of a child (Wise, 2017, p. 11).

Building on earlier legislative reform to allow information exchange between human service and justice organisations, New South Wales will fully commission the Child Story client information system, which allows real-time information sharing between FACS, NGOs, education, health, police and justice, and Patchwork, an app that supports team collaboration. In the Australian Capital Territory, Child, Youth and Family Services (CYFS) has access to the police referral gateway SupportLink. The Commonwealth is also currently developing a best-practice model for information exchange, drawing on jurisdictional approaches (Wise, 2017, p. 11).

New system architecture is being introduced in several Australian states and territories to build more robust and coordinated community service systems to refer families to. This attempts to divert families from statutory child protection and assist families in a more holistic way. The approach includes new entry points into the child and family system, changes to confidentiality and information-sharing provisions and new multiagency teams and services. It also includes new professional roles to act as service integrators; enhanced capacity in prevention, early intervention and intensive family support; and the introduction of innovative services as well as programmes and practices that are empirically based (Wise, 2017 p. 12).

Relating to prevention and early intervention in the Australian context, Morley and Myhill (2018) argued that collaboration between services and individual professionals was impacted by factors such as professional rivalry, organisational cultures and history, individual fear, insecurities and emotional distress, which can impede the process (p. 1). Findings from their qualitative study captured two distinct but interrelated points about collaboration. The first is that the process of building the necessary relationships for collaboration is determined by a range of unknown variables inherent within the individual, including their willingness, or in some cases refusal, to engage in collaborative dialogue. The second is that working with these variables in order to be collaborative can be hard work for individuals – it is work that requires skill, inner commitment and time (ibid., p. 10).

Most recently, Price-Robertson et al. (2020) focused on improving cross-sectoral relationships between child protection and child and family welfare practitioners in Australia. System-level barriers such as inadequate resources; different conceptual frameworks, aims and practices; and

different confidentiality policies and practices; as well as lack of organisational support constrained effective collaboration (ibid., p. 7). Relating to practitioner-level barriers, issues such as mutual lack of understanding, lack of clarity about when and how to collaborate as well as ineffective communication were identified as key barriers to successful collaboration (ibid., pp. 8–9). Arguing that collaboration and collaborative competence are difficult to achieve without an authorising organisational environment, the authors propose that an organisational culture that values and supports relationship building and collaborative learning is important. Further, to be effective, policies and procedures have to be clear and realistic; they must reflect the statutory requirements and scope of practice of practitioners, and the organisational resources available to support the collaboration. Senior managers should role model a commitment to collaboration and an opportunity for developing practitioners' collaborative competence should be provided. Finally, consistent and effective supervision is crucial to guide practitioners through the complexity of collaboration (Price-Robertson et al., 2020, pp. 16–17).

2.9 New Zealand

2.9.1 Context

The Children's Act 2014 was part of a series of comprehensive measures brought in to protect and to improve the wellbeing of vulnerable children. Under the Act Chief Executives from the Ministries of Education, Health, Justice, Social Development and the New Zealand Police must jointly develop and report against a vulnerable children's plan to collectively achieve the government's priorities for vulnerable children. This plan is reviewed every three years and reported on annually.

Since 1995, intersectoral collaboration, 'joining-up' government, regional coordination, local services mapping, local partnerships, and collaborative strategic planning have all become part of social service delivery and governance in New Zealand (Atkinson, 2007, p. 5). Initiatives address integrated service delivery and aim to improve services that require the input of more than one agency. Many different arrangements have been created between government agencies, non-government organisations, community groups, church groups, and Iwi/Māori organisations that assist in the coordination of services. While the positive effects of increased coordination and collaboration were being observed, concerns were raised about the negative impact of this influx of collaborative initiatives. While collaborative processes may be effective in the long term, they require a considerable investment in time and resources and there are limits to the capacity of agencies to actively participate in and sustain collaborative activity (ibid., p. 8).

Collaboration is now an integral element of central and local government policy, and most agencies need to work intersectorally with key performance indicators requiring a 'whole of government approach'. An

example of such policy is the Intersectoral Strategy for Children and Young People with High and Complex Needs, which was agreed to by Ministers in December 2000. The Strategy was designed to enhance collaboration across the sectors and address serious service gaps and shortfalls. In 2001 the High and Complex Needs (HCN) Intersectoral Unit was established in Wellington to help implement the High and Complex Needs Strategy (ibid., p. 11).

2.9.2 Implementation

Since the late 1990s there have been a large number of collaborative initiatives established across all government and non-government sectors. Collaboration within the broader context of social services encompasses work in and across the health, education, justice and welfare sectors (Atkinson, 2007, p. 19). Within the social sector, interagency activity is widespread at both strategic and operational levels (ibid., p. 19).

A number of government departments and local authorities are leading regional coordination initiatives that involve agencies and stakeholders at a local level. Some regional collaboration work is initiated at a national level but is developed at a regional level. Networks and partnerships are the most common approach to regional coordination. The Review of the Centre (State Services Commission, 2001) reported that government policy lacked an overall strategic direction in the regions. At times policies from different agencies were seen to be contradictory. Regional coordination aims to address these issues by ensuring that strategies and policies do have a consistent direction and that planning and resources are aligned (Atkinson, 2007, p. 20).

Family and Community Services (FACS) was established in the Ministry of Social Development in 2004. FACS has a mandate to improve the leadership and coordination of services to families by improving families' access to service information, improving the quality of government expenditure through better coordination of funding decisions, and improving relationships between stakeholders. FACS is also responsible for the coordination and implementation of programmes that build family capacity and development of programmes that prevent family violence. This includes Strengthening Families, SKIP and a number of family violence initiatives. FACS has a strategic overview and also a regional presence through its four Regional Offices (Ministry of Social Development website, 2006 in Atkinson, 2007, p. 21–22).

Integrated service delivery initiatives aim to improve the delivery of services that require the input of more than one agency. They often focus on specific communities, client groups, families or individuals. Some integrated service delivery initiatives are locally developed and led, while others are centrally led but operate at a local level (ibid., p. 22). There are 'one-stop-shops' in various forms in many New Zealand cities. The majority of these focus on meeting the needs of young people and 'wraparound' service provision is common to such services. Wraparound is a philosophy of care based on a

planning process that involves the child and family and other key stakeholders in the child's life to identify the necessary community services and supports needed to achieve a positive outcome (Herz and Poland, 1999). Joint-funded service provision involves a number of agencies funding a specialised service to meet a specific need (Atkinson, 2007, p. 22).

The High and Complex Needs strategy is an example of one of the many initiatives that has been established to enable collaborative action at the operational level but also at the strategic level, providing a concept and direction for working intersectorally. Policy makers, funders and planners, service managers and practitioners are all involved in its implementation. The Strategy has also funded the development of intersectoral responses for children. The Joint Sector Response projects have aimed to better integrate existing services, to develop additional service capabilities, or to develop new joint services. Operational-level collaboration involves skilled practitioners from different agencies developing intervention plans using individual packages of funding from the HCN unit. This process is used for a small number of children and young people who have highly complex needs and challenges that cannot be met through existing services. The HCN strategy also encourages effective local case coordination and effective local service responses for young people with a low-to-medium level of needs. This usually takes place in the context of Strengthening Families collaborative case management (Atkinson, 2007, p. 24).

Case management initiatives usually involve several agencies and facilitate the provision of coordinated services tailored to meet the specific needs of the individual or family. The Strengthening Families collaborative case management process is an example of such an approach. The process was adopted by the government in 1997 and focuses on bringing together all the agencies involved with an at-risk family to work together in a coordinated manner. Under the 'umbrella' of the Strengthening Families Strategy, Family Start was also established and this was followed by the development of the High and Complex Needs Strategy (HCN) and Social Workers in Schools (SWiS) Programmes. These three strategies developed governance and operational management structures separate from Strengthening Families. Agencies involved in such initiatives develop joint outcomes for the client and joint assessment procedures, and share accountability and resourcing (Atkinson, 2007, p. 23).

A case study of the High and Complex Needs Strategy reported achievements that included: a) some children and young people receiving services that had been developed as individualised packages tailored to meet their specific needs, b) increased understanding of the nature of this group and of the services they require (skilled practitioners from different disciplines found ways to work together, sometimes at case level and sometimes at service development level), and c) three large and complex sectors working together (Ministry of Social Development, 2003, p. 34 in Atkinson, 2007, p. 58–59).

Three Auckland-based joint-sector projects, funded by HCN and involving Health, Education, Child Youth and Family and (in partnership with) *Ngati Whatua O Orakei*, were evaluated by Helean and colleagues (2005). Some of the participants in this study felt that the disparate aims and processes among the groups created conflict. The suggestion of using an independent facilitator to overcome this was made. Other collaborative initiatives have used an independent facilitator in such a way to good effect (Atkinson, 2007, p. 28).

In the review of Strengthening Families conducted in 2005 (Ministry of Social Development, 2005) professionals noted that the work they do as part of the Strengthening Families process is not formally recognised by their agencies and that additionally, familiarisation with Strengthening Families is not always part of the induction of new staff. This hinders the level of local agency engagement in the initiative, both for managers and frontline staff. The Managing for Shared Outcomes Development Group (2004) recommended that managers reinforce the importance of collaborative approaches and behaviours through performance expectations and appraisals (Atkinson, 2007, p. 30–31). Further, lack of guaranteed ongoing funding was seen as challenging and threatening to the future of the projects. It was also seen as devaluing the project (ibid., p. 39).

There is now a strong mandate for government agencies to develop robust partnership arrangements with iwi and Māori groups (ibid., p. 50); however, building these relationships appears to have challenges. For example, an audit of Strengthening Families carried out by Te Puni Kokiri (2001) recommended that more effort be made to involve iwi and Māori service providers in Strengthening Families at management level. Following this audit, Local Management Groups were required to improve their engagement with iwi and Māori service providers. However, the widely held view is that progress on this recommendation has been limited. A number of practitioners commented that iwi often had limited capacity to engage with Strengthening Families given their participation in a wide range of other government initiatives (Atkinson, 2007, p. 51).

In the evaluation of the three Auckland joint-sector projects, participants reported difficulties in establishing the necessary relationships with Māori due to different understandings of responsibilities. There was an incomplete understanding of who to consult first and – with pan-tribal groups – who to connect with (Helean et al., 2005). In many New Zealand cities and regions, iwi boundaries do not match the boundaries of other organisations and there can be confusion when there is more than one iwi in an area. Although almost two-thirds of participants stated they had experience working with iwi, some participants were particularly concerned at what was seen as a lack of respect towards the Māori representatives taking part in the project. This was compounded by what they saw as poor treatment of Kaumatua (Helean et al., 2005) (Atkinson, 2005, p. 51).

Issues around Treaty-based partnerships are complex, particularly with regard to power balance. There is considerable variety in the range of traditional and contemporary Māori organisational structures. Different processes for engagement may need to be used depending on the type of organisation. Furthermore, the definition of partnership has many connotations for Māori; therefore, the nature of a partnership should be considered, discussed and negotiated by all partners and its formal or informal nature should be explicit (Knox, 2004 in Atkinson, 2007, p. 52).

In the last 15 years, a Differential Response Model (DRM) has been introduced by the Department of Child, Youth and Family Services (CYF) under which reports are treated differently at intake, and pathways are decided. There may be an investigation using a safety assessment tool, or child and family assessment, with family assessment an integral part of this process. NGOs may do child and family assessments, but child protection investigations are only conducted by the statutory system (Boydell, 2015, p. 17). Core components of the model include a) the creation of multiple responses for reports of maltreatment, which are screened in and accepted for response, b) the capacity to reassign families to a different pathway in response to findings from initial investigation or assessment, c) the codifying of responses in statute, policy and/or protocols, and d) families in the assessment pathways may refuse services without consequence as long as child safety is not compromised (*ibid.*, p. 5).

Evaluations of joint-sector initiatives both locally and nationally are a common occurrence across New Zealand and findings can be reviewed in Appendix B.

3

Case Studies



3.1 Introduction

Given that literature is rather descriptive in nature and sheds little light on the actual experiences of the duty to collaborate in the international context, seven key informants from five jurisdictions (see Table 1 below) were consulted for the report’s case studies. Jurisdictions were chosen on the basis that a statutory duty had been introduced to underpin interagency coordination and collaboration. Further, inclusion also depended on the identification of key informants who were willing to participate in semi-structured interviews and discuss, if possible, the general context; specific legislative provision; operating procedures / processes; performance measure (where available); expert view; and lessons generated from their relevant jurisdictions (see Appendix C for interview schedule). Due to the research team’s inability to speak languages apart from English and German, the case studies are reflective of the experiences in English-speaking jurisdictions.

Table 1 Case study jurisdictions

Jurisdiction
Northern Ireland
England and Wales
Canada
Australia
New Zealand

The following section presents the collated views and opinions expressed by the seven key informants during individual interviews conducted for this report.

3.2 Northern Ireland

3.2.1 Context

Both the recently implemented Children Service Cooperation Act and the Children Northern Ireland Order 1995 relate to the cooperation of authorities to ensure children's wellbeing. The latter contains certain articles that require cooperation and assistance to authorities in order to provide for a child's needs with a focus on promoting and safeguarding their welfare. As this was initially the obligation of the four health and social care boards, these had to produce an annual children service plan, which led to the establishment of four area childcare as well as four children and young people partnerships.

3.2.2 Implementation

Safeguarding boards were preceded by regional child protection committees, which brought together people on a voluntary basis to discuss issues of mutual interest, work on particular projects and review lessons learned around interagency collaboration. While this structure worked well for most people, issues around information sharing and lack of cooperation from some individuals highlighted the need for a framework or legislative basis. In 2010/11, partnerships for regions bound by statute were established to compel agencies into a room and around a table to work more productively on collaborative efforts. Not all agencies were written into the legislation but some subsequently joined voluntarily. On set up, concerns were raised about the involvement of the voluntary and community sector and information sharing around child protection issues. However, it was later established that information sharing was on a high strategic level, involving policies, procedures and decision-making processes rather than confidential information about children. Within the NI structure there are a set of policies and procedures that guide practitioners in agencies to work in a particular way and share information about individual children while adhering to data protection and the General Data Protection Regulation (GDPR) on a practice level but not at a high level. Key to effective collaboration in this structure are relationships, trust and an understanding of each other's roles and responsibilities. Collaboration can only occur through dialogue, working together and resolving of issues as they emerge. The establishment of the Safeguarding Board in 2012 was not without conflict. Scepticism about how it worked, who was in charge, and also accountability took time to resolve before cooperation was possible.

In 2015, it was announced that the Health and Social Care Board would be abolished and that social care functions would be transferred to the Public Health and Social Wellbeing Agency. Both adult social care and the children's directorate were to come directly into the department as a departmental group. This required reconfiguration of the legislative

framework and reconsideration, realignment and rewriting of the parameters, as well as revised circulars (most recently 2018) outlining the roles and responsibilities of directors and social workers.

Drivers for the most recent reform, namely the Children Services Cooperation Act, came as a private member's bill, which is not uncommon in the jurisdiction. It is argued that despite perhaps being fractious, the political system of Northern Ireland puts welfare first, and the jurisdiction has a history of being open-minded in the practice context. When professionals or advocate organisations point out rights issues, the government generally addresses these. While there is no policy for unaccompanied and separated children, for instance, the Safeguarding Board established a regional practice network, which included the Republic of Ireland.

Although the benefits of both an overarching strategic framework and legislation compelling collaboration are arguably evident, policies cannot encompass every agency and delegate the same task to each. Thus, it is rather joint protocols that specify tasks for the collaboration of certain agencies, such as the police and social services. In terms of ambiguities in policy and legislation, reference was made to the conceptualisation of and response to disabled children and the issue of unaccompanied and separated children, but also to domestic violence, where child victims are frequently ignored. The addition of the Children's Cooperation Act was identified as useless as it provides no framework or specificities on the collaboration of agencies that are bound by it, such as government departments. Information sharing continues to be problematic as the GDPR seems to prevent people sharing rather than facilitating the appropriate sharing of information. It was suggested that a detailed procedure and process protocol should ensure that staff at the highest level of organisations understand the GDPR and communicate it to their organisation and frontline.

Relating to the monitoring and evaluation mechanisms in Northern Ireland, Trusts are required to prepare an annual report on their delegated statutory functions, with submissions being based on prescription, compliance and exception, rather than being outcomes focused. A 2011 overview of child protection found that reports were prescriptive, with too much emphasis on what had been done rather than attention paid to the quality of work. It is suggested that effective monitoring and evaluation mechanisms need to answer three key questions: how much work was done, how well was the work done (from the perspectives of both professionals and service users), and did the work have any positive impact. Outcomes need to be measurable and a collection of indicators need to be coordinated to identify whether the collaboration of services placed children in a better position, despite perhaps being restrained by legislation, new regulations and guidance as well as policies and procedures. Performance measures that have been used to date focused on targets and time scales, with a fixation on the percentage of cases that did not meet expectations.

Only parts of the Safeguarding Board were evaluated on implementation due to internal conflict. This involved a review of the structure to identify why it was not working and provide an overview of what could be improved to facilitate its functioning. The review concluded that there were difficulties in terms of personalities but also a lack of understanding of the roles and responsibilities, including those of the chair. Evaluations of the effectiveness of the Board are yet to be undertaken. Although the Board produces an annual report and has tried to incorporate outcomes-based material and produced literature on how well agencies have been working together on particular topics, clarity is needed on how to measure the effectiveness of the Board on children's lives.

Met initially with resistance, buy-in from agencies to the structures is arguably dependent on whether they see it as being of benefit to their organisation and whether work is made easier. An important aspect of collaboration between organisations is to provide people with cover for difficult decisions and establish a collective voice. GPs were found to show little interest in collaboration and are the most difficult to engage but continue to receive information from the Safeguarding Board on the latest policies and procedures.

Relating to barriers to and facilitators of interagency working, a blame culture, resource and organisational protectionism, as well as increased workload were identified as hindering effective collaboration. Staff being pulled away from their normal and already high case load to engage in multidisciplinary working was argued to leave them exhausted. Compassion in the social work profession by looking after one another as well as those joining was advocated. Another barrier related to staff potentially not being equipped to effectively work in an interagency capacity. This was suggested to be resolved through strong leadership and reflective, enabling but also directive management; however, the issue can only be addressed if resources are available. Effective support and supervision as well as clear guidance, continued development and relationship building were proposed as key facilitators for effective interagency collaboration. Individuals can both be a barrier to and facilitator of collaboration and consideration of leadership and relationships in this regard was argued to be important. Inadequate public perception of the Safeguarding Board's power, lack of clarity on roles and responsibilities, as well as time constraints were proposed as hindering effective interagency working. Policies have not been found to pose barriers in NI as the department is quite responsive to identified deficits and considers policy or even legislative changes if required. To facilitate effective collaboration, the NI Safeguarding Board runs learning events four times a year. Practitioners from all agencies come together to review both failed and successful cases and share the learning across agencies.

Legislation is insufficient if not accompanied by a framework that guides practice. Staff at senior level needs to be compelled into a room under the statutory duty to cooperate and make accountability arrangements.

Collaboration needs the commitment of people at department level, from management down through the entire organisation to the frontline staff. Collaboration should be chaired by an independent chair so as not to be viewed as being within the domain of any one organisation.

Although Northern Ireland has a functioning structure underpinned by legislation, guidance and associated practice, these alone are not the answer to societal issues, and it is argued that the structure is still a work in progress. Regular stocktaking but also continual learning are suggested to be important.

A more long-term lesson relates to the cultural issue of making child protection everyone's business and talking about safeguarding children in a positive manner.

3.3 England and Wales

3.3.1 Context

In the early part of this century, the UK's New Labour government placed emphasis on child welfare, which was evident in the 'Every Child Matters' policy of 2004. The policy was embedded in the Children's Act 2004, providing for the duty to cooperate, but it also reflected the strong role of the state, that professionals were valued, and that a holistic approach to childhood in service provision was necessary. Success was to be achieved through the coordination of professionals across the child welfare field. 'Every Child Matters' was underpinned by five key outcomes, which were the key drivers for the duty to cooperate. Realising that these outcomes required a joint effort, both a shared professional language and shared professional ways of working that include shared outcomes, were emphasised. This focus on outcomes helped overcome any distinction between child protection and welfare.

3.3.2 Implementation

The arguably well written 2004 Act was generously backed financially and listed the partners (e.g., local authority, police and probation, as well as the health service and health sector) which needed to unite around the five outcomes. However, the economic crash in 2008 halted the funding schemes including the Children's fund, the high energy, and the focus on the five outcomes inclusive of the duty to collaborate. Thus, the endeavours were short-lived and evaluation reports on the operational structures of that time are unlikely to present comprehensive measurable outcomes.

Operational structures and models associated with the 2004 Act and 'Every Child Matters' were the Children's Trusts and the Safeguarding Boards. Under this framework, every policy was multidisciplinary. While Children's Trusts were general in scope and encompassed every aspect in a child's life

(e.g., education, youth work, bullying, suicide), safeguarding boards were primarily focused on safeguarding. It is argued that the holistic nature of Children's Trusts facilitated informal networking and subsequent trust among professionals, leading to the joint driving of other policies (e.g., transport). The holistic approach embedded safeguarding rather than used safeguarding as a lead model.

While buy-in from agencies, and in particular the police force, was overall positive, it was argued that local authority dominance in partnerships should be avoided and that the education sector was more difficult to involve. Given the variety of the UK's educational establishments, which arguably lack effective networking, no one person was able to represent education. Further, the bureaucratic nature of the Trusts and Boards, which entailed a lot of paperwork, was suggested as one of the reasons for their abolishment. Board members were expected to read lengthy documents prior to meetings, which was found to be simply unfeasible for the senior professionals involved. Finally, while collaboration worked well at higher level, it did not always filter down to frontline staff. Wenger's Community of Practice theory, which entails the elements of joint enterprise, shared repertoire and everyone being a participant, was highlighted as key to building successful collaborative practice.

Funding was available between 2004 and 2010, enabling the execution of primarily local but also national evaluation of the Trusts and Boards. However, structures were still at the formation stage rather than fully operational when, in 2010, the UK government changed and the commitments and funding under the 2004 policy were dropped at the first opportunity. Hence, it was suggested that a monitoring and evaluation mechanism should be embedded into the legislative and policy framework.

Leadership and associated skills were identified as crucial facilitators of effective collaboration. It was suggested that three leadership models be considered, which in combination would deliver for any work area. The authoritarian leader is powerful and controlling, with a great eye for detail; the networker, who does not have a strong personality, believes in a very strong inclusive and empowering culture, making everyone feel valued and listened to; and the visionary leader has strong values and a powerful vision of child friendliness, but lacks the qualities of the other two leaders. A further identified facilitator was the inclusion of a shadow board of a youth worker and young people on the Children's Trusts. Finally, it was argued that externally facilitated away days and multiagency training which was local, mandated and led by the Trusts or Boards, generated networks, established trust and changed practice in a meaningful way.

2010 saw a turning point in the operation of Children's Trusts and Safeguarding Boards, as the structures were critiqued in various ways and the government decided to withdraw their strong central guidance. While legislation remained the same, this policy resulted in decentralisation, evident in the downscaling or total abolition of Trusts across the UK as well

as the subsequent abolition of Boards. It is argued that these drastic changes did not come about through a commission or committee but rather a number of key neoliberal persons within government who had a political agenda and favoured a softer model of just three safeguarding partners with the voluntary sector excluded. While legislation has not changed, the former representation of agencies in Trusts and Boards with a formal agenda has been replaced by varying interpretations of collaboration depending on people and politics.

Referring to the key lessons generated, leadership that makes a difference, consistency and an inclusive culture were highlighted. Outcomes are hard to measure on structures that are only implemented for a short period of time. Leadership involves personality as well as attributes which can be learned and taught through multidisciplinary development.

The ingredients for successful collaboration in the UK involved the duty to collaborate, five key outcomes, the 'Every Child Matters' policy, funding and the National Centre for Leadership (which trained leaders). It is recommended that Ireland focus on legislation, guidance and leadership to effectively implement the duty of collaboration.

3.4 Canada

3.4.1 Context

The duty to collaborate differs by province and even within provinces (in this case Ontario, which is the biggest province). Some of Ontario's strategies were emulated by other provinces, but steps towards collaboration have been varied across Canada for decades with both a rise in collaboration as well as a falling away of the same.

Due to the geographical size and scattered communities of the northern regions of Ontario, interagency collaboration was an attempt to bring together social services and welfare to address the issue of children falling through cracks as well as to provide information on and accessibility to services which families were unaware of. Today, the province-wide duty to collaborate is part of the Education Act, which governs schools and childcare. This was due to the realisation that moving childcare from social services and welfare to education made more sense. The Education Ministry oversees childcare from birth up to second-level education, and committed to the provision of full-day kindergarten for four- and five-year-olds a decade ago. Unique is the staffing model which brings together an early childhood educator and a certified elementary teacher in a staffing team of two professionals within each kindergarten class.

Ambiguity in the Education Act relates to the attempt to specify the differing duties of the two professionals and the subsequent justification of unequal pay. This brings tension to the vision of the model, which is a holistic one that expects both professionals to work as a team where an

understanding of children's development is integrated with understanding of their early academic learning.

3.4.2 Implementation

The provincial vision of bringing together education and care in holistic support for children's development was introduced by Fraser Mustard (physician and researcher in early child development). He tried to lead Canada in a new way of supporting early childhood by integrating all kinds of services for young children and infants, starting with health. He believed that early years educators and kindergarten teachers were the most suitable candidates to offer a one-stop-shop as there was parental buy-in and every child had contact with the service. Ten years ago, the government committed billions of dollars to this idea, considering the full-day kindergarten as an ideal platform for collaboration between child welfare, special needs and health. However, new and more conservative governments have attempted to abolish the programme due to cost, but have been unsuccessful since there is both an empirical basis for the benefits to children as well as continuing parental buy-in. Toronto First Duty (see Section 3.6.2 of this report), which was a pilot of integrated services and had been evaluated upon implementation, has fallen away and was replaced with full-day kindergarten across the province. A number of studies have since explored the success of the programme in terms of scores in standardised testing as well as children's self-regulation. Further, experiences of elementary teachers and early childhood educators have been captured.

In terms of lessons generated, it is argued that the benefits of integrated working need an evidence base and that knowledge needs to be mobilised in the form of a narrative to professional groups, governments and the public, including parents in particular. Knowledge mobilisation in Ontario has involved government at the community, municipal and provincial levels to ensure its involvement in particular efforts. Key ingredients for success are partnerships of people who agree on a vision as well as evidence of the importance of adopting a particular approach.

3.5 Australia

3.5.1 New South Wales

3.5.1.1 Context

Legislative changes relating to collaboration came about in 2009 when the New South Wales Ombudsman made an enquiry into the death of a child and found collaboration to be lacking. Constant changes of staff within the statutory system, staff on leave, as well as lack of communication led to the missing of important warning signs as well as the required follow-up. The so-called Wood enquiry made recommendations to insert an entire chapter on collaboration into the New South Wales legislation. Chapter 16

A, which focuses on interagency communication, allows professionals working with children to share information without breaching the Privacy Acts.

In addition to chapter 16 A, 2009 saw the introduction of a national framework 'Protecting Australia's Children 2009–2020' to bring about collaboration between states and different agencies in order to address issues around state borders and the free movement of families. The associated fragmentation meant that children frequently fell through the nets between states.

While the framework was a positive step towards collaboration in Australia, the concept is argued to be complex. Governments and departments seemingly support the idea of collaboration but put the onus on practitioners and frontline staff, who frequently lack knowledge of what is meant by the concept. Successful collaboration requires equal power relations between different professions as well as dealing with rivalry within statutory agencies but also between statutory agencies and NGOs.

The national framework was instrumental in the creation of more policies at state level such as interagency guidelines for child protection which deal with collaboration between the police and the health and child protection departments. Policies that involve NGOs dealing with vulnerable families not meeting the threshold for child protection services are in development.

3.5.1.2 Implementation

Successful collaboration is argued to need time as it requires the building of relationships and trust, which can be facilitated through meaningful joint training with emphasis on shared knowledge. It also requires a paradigm shift in how professions work with each other as the current assumptions made about different professions is problematic. Barriers to collaboration include power dynamics between professionals and historical factors between organisations. While NGOs have developed collaborative ways of working, the culture in some statutory agencies makes it difficult to work with them.

There has been a cultural shift for governments as Western democracies have adopted marketisation of social services with outsourcing of funds to the NGO sector to conduct government work. While collaboration and the national framework fit well in a neoliberal agenda, buy-in is primarily theoretical and does not necessarily occur in practice. There is a culture of being an expert and having to protect expertise rather than to share it and have it challenged. Where good collaborative practice has been evident (e.g., domestic violence), success was the result of developing trusting relationships.

Referring to the impact of the national framework on children and families, alienation of children and families due to fragmentation of services indicates lack of collaborative practice. In terms of impact on practitioners, it could be argued that experienced staff have seen improvements by being able to refer to the framework in their practice. However, the previously mentioned issues such as rivalry and difference of opinions remain.

Collaboration in Australia is still very new and a work in progress. Australia differs to Ireland in terms of geographical size as well as its big rural–urban divide. While urban areas arguably have made some progress, collaboration in the rural context is lagging.

3.5.2 Western Australia

3.5.2.1 Context

In terms of state legislation in Western Australia, the duty of interagency collaboration resides with CEOs and relates to leading organisations to openly and collaboratively engage with other agencies. The ability to exchange information with or without the consent of clients in a child protection context is not yet legislated for, but is specified in a set of guidelines which explain the conditions under which information can be shared.

Western Australia has moved in and out of multiagency responses over the last 20 to 30 years. Initially organised by the health system, the multiagency model was framed around forensic medical examinations with police and child protection being co-located. However, co-location did not mean collaboration; instead it simply facilitated forensic interviewing. Recognising the weaknesses of this approach led to the development of MIST, which is the current and favoured multiagency response where police, child protection and advocates as well as mental health staff work together on the same site. However, as social workers and therapists in this model are from NGOs, there are differences as regards what can be shared. Another response in Western Australia with no initial NGO involvement includes the interagency response between police, child protection and health where the team jointly assesses incoming cases over the phone and agrees to a priority rating. It is argued that the specialist units within the police who deal solely with forensics and abuse are unique to Australia. The units' members are both monitored and supervised as well as receiving initial training and ongoing professional development.

Drivers for reform were aggressive advocacy by the NGO sector as well as leadership issues within government agencies. Resistance generally related to concerns about stepping on the wrong toes until evaluation research was funded to show government departments the benefit of a multiagency model. This led to the police trialling a multiagency co-located response with a clear protocol on how collaboration was to work. The creation of the protocol took six to nine months of arguments between police and

child protection until roles were clarified. The protocol did not outline the specifics of collaboration but rather assumed that due to co-location, staff would get along, learn more about each other's roles, learn more about the challenges and limits within roles, and become compassionate to people in other roles. Six months into the trial, the agencies' proximity to each other changed the way they worked in a positive way. However, leaders from the home organisations felt different about their staff operating within the model, as they struggled to manage them from afar.

3.5.2.2 Implementation

While co-location was certainly beneficial to make the model work, it is important to consider that staff were specifically chosen for the trial. They were selected as they worked well with others and had good interpersonal skills. This begs the question whether the model would be successful in collaborative practice if staff did not have the necessary characteristics.

Ambiguities in policy and legislation relate to the challenges of information sharing, which is partly why NGOs were not initially involved in the interagency model. While information-sharing guidelines are useful, government workers do not always believe that sharing information with NGOs is beneficial. The same issue was observed in South Australia, where the deputy ombudsman explored the limitations of information exchange to keep children safe. Her findings resulted in considerable amendments to legislation to include a much broader workforce, but attitudes have yet to change. It is argued that some of the barriers to information sharing stem from messaging within individual agencies and that interagency training should take place to facilitate learning.

Operational structures and models of multiagency collaboration include both MIST, as previously mentioned, and practice as usual. Western Australia has an odd system as there is separation between the child abuse squad and an adult response for anyone above fifteen on the one hand, and an expectation of two parallel investigations between child protection and the police on the other. Other state differences include that specialist groups in Western Australia primarily work in the metropolitan area in a centralised setting, while more rural areas have little groups of non-specialised police officers from the same agency who work in independent units. It is argued that the rural response is not ideal but is unavoidable as a result of the state's geographical size. Additionally, Western Australia's remote areas have a high proportion of Aboriginal families, which proves challenging in terms of engagement due to historical but ongoing difficulties between police and child protection in these communities.

In terms of a monitoring and evaluation mechanism, the MIST evaluation, which was funded by the NGO sector, was released to government agencies. They approved the model and subsequently rolled it out as the standard model across Western Australia. Along with this was promotion

by NGOs, who built a new centralised building to facilitate co-location of the multiagency response. The evaluation did not lead to a refinement of duty but rather served as an important mechanism to address and air potentially damaging differences. Ongoing monitoring work has not progressed since review of the implementation process, and it has been argued to be difficult as many occurrences in practice are not documented well. While there is data on engagement, factors such as barriers for children and families and effects of advocacy as well as whether the multiagency response really makes a difference, are yet to be examined. There is a real challenge in terms of measuring impact, through MIST, on children and families as there is no baseline data, and what the model is being compared to as well as what the expectations are, are unknown.

Barriers to successful collaboration were argued to include different mandates and responsibilities which need to be reconciled. Reconciliation can be achieved through the creation of a joint good-quality protocol that receives high-level review and sign off as well as high-level engagement in writing. Further, leadership within the agencies and leaders' willingness to work collaboratively is equally important. Another barrier noted was a capacity limitation due to substantial caseloads, which impacts the time available to engage in time-consuming multiagency working.

In terms of lessons generated, clear statements of what a duty to collaborate will achieve is advocated. This also entails the specification of problems and the prevalence of these problems as well as how these problems are anticipated to be addressed. Collaboration is frequently viewed as the solution to all problems as it can help to understand other people's work as well as to adopt a holistic view and response to a case. However, while collaboration provides many benefits it is also costly in terms of time and effort.

3.6 New Zealand

3.6.1 Context

1989 saw the introduction of a new Act around the care of children with focus on responding in a more appropriate way to safeguarding them. It was recognised that children are not treated in isolation but rather that consideration needs to be given to family along with the inclusion of the wider group of professionals involved. The main driver in terms of statutory requirements for collaboration has been the family group conference. Legislation was needed for a formal multiagency family-involved setting for every young person who required a plan or was going to come into care. The political and economic setting of the 80s and 90s saw government agencies focus on their core job and outputs leading to a disjointed system. While there has since been a continual drive to collaborate, the quest is ongoing as the nature of working with the community sector and Māori organisations proves challenging.

The Children's Act, which was updated in 2019, lays out all the requirements for a family group conference. Other mechanisms for collaboration around a family or a young person have at times been encouraged through government policies or locally inspired groups, where organisations or agencies get together to focus on specific issues of young people such as early intervention for chronic truancy.

3.6.2 Implementation

New Zealand is relatively small in size, but from region to region, there are variations in terms of the way people coordinate and work across agencies. While legislative processes around bringing a child into care are consistent, other collaborations may happen for a while until a new response has been created. Police and social work have their practice standards and practice models, and social workers are required to work to a multiagency model; however, beyond the family group conference there are no specific requirements.

The family group conference (FGC) is the main mechanism for child protection. In addition twenty Children's Teams were set up across New Zealand as an early intervention mechanism four years ago. The establishment of the teams was very system focused, with an attempt to set up a shared database and a panel that would review referrals. Funding was available for a leader and some staff for the Children's Teams. This meant that health, education, police, social services and non-governmental organisations were asked to contribute staff members to the mechanism. Staff remained employed by their original agency but were allocated to work with children and who had been referred through the Children's Team. As a result of a change in government, this opportunity no longer exists with staff members allocated to other areas.

In terms of evaluation, there is a mix of in-house capacity. Most of the big government departments have research and evaluation teams which undertake evaluations for national projects. However, a lot of evaluations are put out for tender to independent evaluators or combine the in-house team with external professionals who have more experience or expertise in specific areas.

Referring to the success of Children's Teams or Youth Offending Teams (see Appendix B of this report), there was a lot of variability. While jurisdictions may have systems or mechanisms for collaboration in place, good collaboration has a human element to it. Some individuals collaborate really well, lead collaboration and can meet associated challenges. However, this is dependent on an individual's skill set and expertise in this area, and not necessarily something that can be replicated. Reviewing the functioning of Youth Offending Teams (YOTs) it was found that those that were successful consisted of a passionate and enthusiastic individual with a team that was able to get others involved, while those performing poorly lacked consistent leadership.

At an operational level, the duty to collaborate achieves the compulsory coming together of a group of people for a prolonged period, which generally breaks down barriers. However, joint training needs to be engineered to help develop a shared language, understanding and vision as well as personal connections.

The philosophy of collaboration in New Zealand is strong and is considered common sense. The police force for instance has a separate section of staff that deals specifically with children and young people. Working cross-agency on a daily basis, they spend more time in interagency collaboration than with their police colleagues; this was achieved through buy-in from health and education.

Evaluations on the benefits of collaboration are problematic for several reasons. First, there is the confusion in the literature around defining the concept of collaboration, which appears simple on the surface but is complex and varies greatly across the globe. Second, research findings on the benefits are mixed. Third, a lot of evaluations are process focused and neglect the view of children and families. Finally, evaluations that have assessed the impact and outcomes of multiagency collaboration and include the perspectives of participants on what multiagency collaboration efforts are contributing, lack rigour due to lack of comparable equivalent non-collaborative efforts.

In terms of lessons generated, special consideration should be given to how the government and the non-governmental sector negotiate and work together. Important factors for consideration when aiming for successful collaboration include power dynamics; the funding of NGOs for outputs which may include hours spent at multiagency meetings; and the refusal of government agencies to share information with non-government partners.

On a final note, it was suggested that Ireland should not recycle the approaches or models of other jurisdictions, but rather find a collaboration model that feels Irish and that connects agencies, children and families in Ireland.

4

Concluding Synthesis



The report aimed to identify key lessons from experiences in other jurisdictions of a statutory duty of interagency coordination and collaboration in the context of child protection and welfare, considering context and drivers for reform, processes for implementation, changes in policy, and operational structures and models. The study also included the review and consideration of monitoring and evaluation mechanisms, resource requirements and the facilitators and barriers to effective implementation. Finally, the experience and impact of a statutory duty of interagency coordination and collaboration on all stakeholders involved, including service users and where possible children, were taken into account.

This final section draws on the literature and case studies presented to provide key lessons and recommendations when considering the implementation of a statutory duty to collaborate.

4.1 Lessons

4.1.1 Context

The driver for effective interagency coordination and collaboration internationally is not new. While not explicitly expressed in all jurisdictions, a statutory duty of interagency coordination and collaboration in both family service-centred systems and child protection-centred systems was driven by a number of different factors including: changes in government; research and/or case reviews; clear evidence of lack of prevention or inadequate protection of children due to fragmentation of services; and difficulties in information sharing between agencies. The impact of public and political attention on the grave consequences of a lack of coordination and collaboration in child protection and welfare services have also been highlighted. Examples include child abuse cases such as the Kilkenny Incest case (Mc Guinness, 1993) and the Roscommon Case (Gibbons et al., 2010) in Ireland, and the death of 3-year-old Savanna in the Netherlands (2004). In England, the 2003 Laming's Inquiry into Victoria Climbié argued that agencies working in silos and lack of coordination and accountability subsequently led to Victoria's untimely death (Laming, 2003). Similarly, Lord Laming proposed that baby Peter Connolly's decease (also in England) was the result of a lack of communication and joined-up working between agencies, as well as the inconsistent sharing of important information because data protection laws are still not well understood by staff (Berelowitz, 2009). Research has also identified the many benefits experienced by family members and by practitioners when services are coordinated, and practitioners collaborate (Rodriguez, Cassidy and Devaney, 2018).

Policymakers across jurisdictions realise that a holistic view of childhood and a 'whole of government' approach is necessary to ensure the protection and welfare of children through increased attention to risk, early intervention and a continuum of care. Most jurisdictions have enacted strategies that aim to help families in a more holistic way, by coordinating service delivery, and providing a wide range of child and family services. Reviews and consultations with stakeholders, across a number of jurisdictions emphasised the need for

coordination and collaboration on a multidisciplinary and interagency basis. For example, reforms in Belgium emerged from the Parliamentary Ad Hoc Commission on Youth Care findings of fragmentation of child protection and child welfare services, reflected in gaps and overlaps in service provision, which led to ineffectiveness. In Ontario, on the other hand interagency collaboration was an attempt to address issues of geographical size and isolated communities.

Although there is universal consensus that professionals need to work together to guarantee child protection and welfare, governments across the globe have taken a range of differing approaches to achieving a continuum of care. In some jurisdictions, promoting wellbeing is a driving factor in their approach to collaboration. In the Netherlands, for example, reform was based on the acknowledgement that the prevention of serious incidents (e.g., the death of Savanna) starts with the promotion of wellbeing of all children through parenting support, early intervention and integration of services provided by professionals from different organisations. Similarly, the GIRFEC policy framework in Scotland promoted integrated service delivery on a continuum from wellbeing to protection.

A statutory basis for collaboration was seen as important to ensure engagement from all partner agencies and helping to address challenges in information sharing. In Northern Ireland, for instance, the reform that established Safeguarding Boards aimed to ensure clear working relations between agencies and bodies, so children did not 'fall between' services. Safeguarding Boards were preceded by regional child protection committees, which brought together people on a voluntary basis; however, issues around information sharing and lack of cooperation from some individuals highlighted the need for a framework or legislative basis. Similarly, the 2004 reforms in England set up Safeguarding Boards and Children's Trusts to mandate coordination structures for the purposes of consistency in safeguarding and promoting the wellbeing of children in local areas.

In Germany, serious-case reviews highlighted a lack of cooperative relationships as a causal factor, while in Australia (NSW) the Wood inquiry into the death of a child found that inadequate collaboration due to lack of communication had led to important indicators of risk being missed. New interagency support structures and responsibilities were subsequently introduced, with the aim of providing earlier appropriate support to families.

Legislative Measures

Legislative measures regarding a statutory duty of interagency coordination and collaboration take various forms across jurisdictions. Guidance documents to outline the specific aspects of coordination and collaboration and address previously identified systemic weak points often complement the legislation. To exemplify, the 2011 Safeguarding Board Act of Northern Ireland, is complimented by a 2017 policy which specifies the composition of the Board must include representatives from the social care, health, justice, education and voluntary and community sectors. Each of these agencies has a statutory

obligation to cooperate with each other and the Board itself by putting in place mechanisms, policies and joint investigation protocols to ensure these functions are carried out. The Children's Services Co-operation Act (Northern Ireland) 2015 was created to develop cooperation between departments and agencies with the aim of improving the wellbeing of children and young people. Cooperation under this Act is statutory and in practice means that agencies must cooperate around pursuing the targets of the Children and Young People Strategy 2017–2027. This strategy, developed in consultation with children and young people, is designed to create a coherent framework for agencies involved with children to cooperate to improve outcomes. Sharing of resources and pooling of funds is supported. The Co-operating to Safeguard Children and Young People in Northern Ireland Policy, introduced in 2017, provides the framework for safeguarding children and young people in the statutory, private, independent, community, voluntary and faith sectors. Underpinned by the principles of the Children (Northern Ireland) Order 1995, the Policy recognises that supports need to be coordinated on a multidisciplinary and interagency basis. The 1995 Order also underpins the work of Children and Young People Strategic Committees.

Similarly, the Children Act 2004 in the UK was a development of the Children Act 1998 and places a duty on specified authorities and professionals to cooperate in order to protect children from harm and neglect, and to ensure their social and economic wellbeing. The Act was accompanied by the 'Every Child Matters: Change for children' policy, which promoted this new system locally and nationally. Details of what the authorities are expected to include in these arrangements are contained in statutory guidance ('Working Together to Safeguard Children').

Other countries focus on legislative measures relating to case coordination, such as case conference models or network of services, and leave strategic coordination to centralised government. For instance the Children's Act 1989 (updated in 2019) in New Zealand, lays out all collaboration requirements in terms of child protection, but other mechanisms for collaboration around child welfare are encouraged through government policies and strategies (e.g. Strengthening Family Strategy or Intersectoral Strategy for Children and Young People with High and Complex Needs) as well as national and local initiatives, where organisations or agencies get together to focus on specific issues (truancy, youth offending, etc.).

As regards legislative measures in Nordic countries and mainland Europe, a Child Welfare Act in Finland (2013) was introduced to emphasise cooperation between municipal authorities in child welfare and protection issues, which includes clarification of responsibilities, while the Federal Act on the Protection of Children (2012) in Germany introduced the Act on Cooperation and Information in Matters of Child Protection. The Act, which amended several other laws, obliges states to establish networks so that different institutions can work together, exchange practices and coordinate procedures. Notably, in Poland, the legislative remit for child protection is located within the broader system of responding to domestic violence.

Although a legislative framework appears to be the foundation for effective interagency coordination and collaboration in many instances, the scope and interpretation arguably varies. Jurisdictions like Sweden note that the statutory requirement for Swedish child welfare agencies to initiate and sustain collaboration came with very few guidelines concerning the focus of the collaboration. Agencies have considerable discretion to organise collaboration in line with local need. In Western Australia, ambiguities in policy and legislation relate to the challenges of information sharing, particularly with NGOs, while in South Africa, legislation and policies were described as inclusive, but implementation was hampered by a lack of required political commitment and resources.

4.1.2 Implementation

4.1.2.1 Evaluation

At an overall level, sourcing information on evaluations on the effectiveness of interagency collaboration models is challenging. Evaluations in the jurisdictions reviewed are somewhat limited and are not routinely conducted. Where evaluations are conducted, they are not widely available, are primarily written in the jurisdiction's language, tend to be localised and focus on specific issues that collaborative working is trying to address. In addition, evaluations appear to focus on measuring outputs and processes rather than outcomes. This may be because many jurisdictions are either still in the implementation phase or have moved on to a new model of collaboration. Furthermore, the potential to measure the effectiveness of interagency collaboration as it relates to children and families has been questioned, as neither baseline data nor data on comparable non-collaborative practices are available.

4.1.2.2 Governance

Similar to the scale of variety in the legislation, internationally there are a number of operational structures and models to implement and oversee effective interagency collaboration, both at national and local level. Variations are arguably due to the geographies of jurisdictions, previous systemic orientations and structures, as well as the centralised or decentralised style of governance.

In the UK for instance, where governance was centralised, Children's Trusts and Safeguarding Boards within local authorities brought together key local organisations to work more effectively to promote better outcomes. Both legislation and guidance underpinned the specific duties of Trusts and Boards while the national marketing campaign of a common agenda ('Every Child Matters') promoted a collective voice and joint responsibility in child protection and welfare. A similar structure is evident in Northern Ireland, where legislation and guidance clearly lay out the required structures (Safeguarding Board, Public Health and Social Wellbeing Agency), their functions and responsibilities.

In other jurisdictions, governance is largely decentralised. In Nordic countries, but also in jurisdictions within Central Europe, responsibility lies with individual municipalities. In Sweden, while overseen by a national board, municipalities are legally and financially responsible for providing social services but have freedom in terms of the orientation and organisation of these services based on local need. In Norway, the national agency 'Bufetat' was established as the child welfare service authority, with regional operations, to ensure better professional and financial management, cooperation, quality and also professional development; however, municipalities conduct investigations and provide the bulk of services. In the Netherlands, decentralisation of child welfare policy has led to a variety of organisational structures across municipalities. In Finland, municipalities are the primary provider of child welfare social work and must ensure that preventive child welfare, and child-and-family-specific child welfare, are arranged in such a way that the content, extent and quality of such services align with the prevailing local need.

Many jurisdictions introduced collaborative practice models for joint service delivery, such as the Children's Advocacy Centres (Sweden), Sure Start (England) and Barnahus (Norway) to address child abuse, alongside their family-oriented services. Others enhanced their preventive family support through models such as FGC (New Zealand) or the creation of Local Houses of the Child (Belgium) or Child and Family Centres (Netherlands) to provide a broad continuum of care. Australia, for example, also placed importance on collaborative, evidence-based child protection models as part of its child protection response, with MIST (Multiagency Investigation & Support Team) and JIRT (Joint Investigation Response Team) being the preferred child protection model (this is particularly so in NSW and Western Australia). There are also different layers of collaboration such as co-location and common assessments (see section 4.1.2.3 and 4.1.2.4 below).

Both legislation and operational structures internationally are everchanging, and arguably aim to address the question of how much centralised direction and prescription is needed to achieve effective interagency collaboration and coordination. Desired collaboration cannot be expected without direction and guidance, while over-prescription can be equally problematic. While Children's Trusts in the UK, for instance, were a promising model, their remit was argued to be too broad and vague to overcome entrenched organisational and professional divisions and interests. The arrangement of Local Safeguarding Children Boards was perceived as inflexible and often ineffective, leading to the government's decision to remove central guidance and allow for more local flexibility through safeguarding partners, which was arguably a step too far. Many complex leadership challenges arose from the abolition of Local Safeguarding Children Boards, as their statutory existence facilitated communication between Chairs and Board managers on issues such as Serious Case Reviews (SCRs), procedures and peer support. This is more difficult in the new system, where scrutiny takes a myriad of forms. Limited direction and prescription can lead to large differences in local implementation with regard to the extent of interagency collaboration and

coordination, as well as accountability issues (as highlighted for example, in Norway and Sweden).

4.1.2.3 Co-location

Some jurisdictions (e.g., Sweden and Australia) were identified as using co-location in their model of service delivery. Co-location refers to strategies that place multiple services in the same physical space. The basic premise underlying co-location is that physical proximity will enhance the outcome of services. While there was no clear evidence of the benefits of co-location in the materials reviewed for this report, more general literature found that the interprofessional relationships and collaboration resulting from co-location are positive. However, interprofessional issues can arise, including disagreements among providers about case specifics as well as the interventions professionals feel to be appropriate (Ginsburg, 2008). Thus, joint protocols and interdisciplinary training are suggested as a prerequisite to enhance co-located service delivery.

4.1.2.4 Common Assessment

The Common Assessment Framework (CAF) was promoted during the UK's 'Every Child Matters' agenda in response to the Climbié inquiry and is now considered for the use in the Australian context. CAF is a standard assessment tool used by professionals working with children for assessment and referral and is led by a lead professional responsible for coordinating the actions identified in the assessment process. The CAF is upheld as a needs-led, evidence-based tool which promotes uniformity, ensures appropriate 'early intervention', reduces referral rates and is supposed to lead to the evolution of 'a common language' among child welfare professionals (White et al., 2009). However, the introduction of CAF in the UK had a mixed response. Some practitioners and managers believed it enabled more rigorous follow-through of service delivery, and promoted better multiagency working (Brandon et al., 2006). However, others expressed concern about it being too formal, or a 'descriptive tyranny', restricting the narrative making sense of the situation (White et al., 2009). Another difficulty was various professionals and practitioners with different skills and expectations completing the CAF differently or partially in the assessment process (Gilligan and Manby, 2008). It was also noted that, at times staff were reluctant to initiate a CAF for fear of becoming the lead professional by default.

4.1.2.5 Resources

Resource requirements for both centralised and decentralised approaches related to funding and wider measures of support and commitment from government and national and local agencies. Interagency initiatives rely on such supports to be effective. For instance, when the UK government changed in 2010, commitments and funding under the 2004 policy were dropped at the first opportunity, with an enormous impact on the operation of Trusts and Boards. Similarly, funding for Children's Teams in New Zealand

was available for a coordinator and a limited number of staff only. Additional staff members were provided by allied agencies, however a change in government led to a stop to this arrangement.

4.1.2.6 Barriers to and Facilitators of Effective Interagency Collaboration

Despite the difficulties around capturing what makes interagency collaboration effective, the combination of literature and case studies identified a number of repeatedly mentioned soft and hard barriers to effective collaboration for both centralised and decentralised approaches. Associated facilitators of effective collaboration were also emphasised. These relate to both system and practice level, and apply both where there is a statutory duty to collaborate and where there is no such mandate:

Table 2 Barriers to and facilitators of interagency collaboration

Barriers	Facilitators
Ineffectiveness of protocols and guidelines, i.e., too broad or vague in outlining processes of collaboration	Joint working arrangements and creation of a joint good-quality protocol that has a high-level review and sign-off as well as high-level engagement in writing
Misconceptions about information sharing and confidentiality as a result of protocols lacking clear guidance and procedures but also differing organisational cultures	
Lack of resources such as necessary funding, staffing and time	Programme funding, agencies' commitment to allow for time and funding for coordination
Lack of accountability, i.e., no ability to hold others accountable to the demands of their role in collaborative efforts	Strong leadership and management which is reflective, enabling but also directive
Lack of organisational support, e.g., appropriate supervision and training	Monitoring and supervision as well as initial training and ongoing professional development
Mistrust between agencies and subsequently among their workforce	Trust and an understanding of each other's roles and responsibilities
Professional rivalry, power relations and status differences, e.g., social work and statutory services status more privileged than family support or NGOs	Relationship building
Differing organisational cultures and history, with their own work practices, agendas and individual language	Meaningful joint training with emphasis on shared knowledge helps to develop a shared language, understanding and vision as well as personal connections
Different definitions of child endangerment and work practices, e.g., general health practitioners and child protection/welfare	
Insufficient role clarity and high expectation of other professionals leads to tension and conflict	
Insufficient or ineffective communication and not listening to each other due to lack of meaningful connections with other professionals	

4.1.2.7 Monitoring and Reporting

Monitoring and reporting are critical to make the duty for interagency coordination and collaboration visible and to ensure the long-term success of collaboration initiatives, plans and actions. Monitoring and reporting can help to demonstrate accountability and commitment to stakeholders as well as show that resources have been allocated, used wisely and resulted in the desired processes and subsequent outcomes.

4.1.2.8 Service Provider and Service User Experiences

A body of robust, systematically accumulated evidence on the experience and impact of a statutory duty of interagency coordination and collaboration on children and families does not exist. The limited available data on service provider perspectives indicate positive experiences overall, with service improvements noted for instance in New South Wales practice or in Scotland, where professionals in the Highland Pathfinder noted improved practice. Evaluations such as those of Communities for Children (CfC) or MIST in Australia, local and national initiatives in New Zealand (see Appendix B), and those of other jurisdictions (e.g., the crime prevention initiative in Gothenburg, Sweden) indicated improved collaboration and coordination. However, the extant research demonstrates increased workload for professionals and general lack of capacity for interagency working within relevant agencies.

4.2 Recommendations

A statutory duty to enhance interagency collaboration is one of the commonly used tools to enable effective interagency collaboration and coordination. Initial impact of the duty to collaborate on jurisdictional systems is mixed and direct hard evidence of its impact does not exist. Qualitative data from key informant interviews demonstrated a statutory duty or framework to be useful but not a panacea to ensuring effective interagency collaboration and coordination for child protection and welfare. In Northern Ireland, for example, it compelled people to work together, while in the UK, the duty for cooperation and the coordination structures were important for achieving a holistic approach to child protection and welfare. In Australia, the national framework was instrumental in ensuring the creation of more policies at state level, whereas the duty in New Zealand helped to bring people together for a prolonged time.

Data suggests that the duty of interagency collaboration and coordination is necessary, but is insufficient as a standalone measure. Northern Ireland highlighted that while an overarching strategic framework and legislation can compel agencies to collaborate, it is difficult to encompass every agency and to mandate the same task to each. Thus, joint protocols and associated guidance are important as they specify tasks for the collaboration. In the UK, the legislative duty was just one of the ingredients

to ensure interagency coordination and collaboration. In addition, policy, a common agenda, funding and leadership were identified as equally crucial. Similar to Northern Ireland, Australia pointed to joint protocols, but also joint training as critical factors. The latter was echoed by New Zealand where joint training was required to help develop a shared language, understanding and vision as well as personal connections.

Overall, there is clear evidence that effective interagency coordination and collaboration between agencies to provide services to children and families has become a key government objective across the globe. As noted, interagency collaboration is not a panacea but rather provides a more coordinated response to child protection and welfare. While there are promising approaches, no ideal interagency model was identified as integration across the multiple elements of collaboration varies. Further, it was found that collaborations differ in terms of the remit and expected function of the multiagency approaches; such approaches are determined by national/local contexts and the structures created but also the specific issues that interagency working is trying to address. However, although no ideal model of interagency coordination and collaboration was identified, there are nevertheless 'key ingredients' of promising approaches which should be given consideration when thinking about the introduction of a statutory duty to collaborate.

4.2.1 Legislation, Policies and Guidance

While a legislative basis for the duty to collaborate appeared to be an important first step for many jurisdictions, it nonetheless requires specific wording to ensure clarity and consistency in its implementation. If opting for centralised governance, this should include naming agencies and the particular structures that are required for interagency coordination and collaboration. In terms of an approach which favours the use of local structures and governance, an independent person or organisation should be nominated and funded to lead and coordinate interagency efforts. Regardless of the specifics of legislation in terms of either approach, it should ideally be accompanied by appropriate policies and guidelines which detail how to achieve effective interagency working across the domains of child protection and welfare. Policies need to outline what is to be achieved, while guidance should clearly specify the issues of concern, who is to be involved to attend to these issues and how it is anticipated that any problems will be addressed through collaboration. Effective policies and guidance have to be clear and realistic, to mandate leadership for interagency collaboration and to list involved agencies. They also need to reflect lines of accountability, the statutory requirements, the scope of each agency, and guidance on information sharing, but also the resources available to support the collaboration. It is important to adequately resource interagency collaboration and recognise that this can save resources over the long term by avoiding duplication and fragmentation. At the same time, interagency collaboration needs to be measured, and appropriate: not every initiative or action requires

interagency collaboration. Furthermore, it is not a replacement for inadequate service provision and is intended to act alongside a sufficient range of responsive services.

4.2.2 A Common Agenda

For agencies to work together successfully, there is a need to share a common commitment and purpose at all levels of agencies, which professionals can refer to in their working practice to support the protection and welfare of children and their families more successfully. A shared vision or mandate which is understood and accepted by all relevant personnel is required. To drive the common agenda, a national campaign should be created and marketed to promote joint responsibility and a collective voice.

4.2.3 Shared Language and Understanding

The development of a shared language and understanding is necessary as effective interagency collaboration is often hindered by the use of different terminologies. Differences in professional training, types of assessment or intervention tools used, and professional language should not be a barrier to effective interagency collaboration. There is a need for greater awareness among staff from different professional groups and agencies that meaning given by one group will frequently need clarification by others, and assumptions about common understandings should not be made.

4.2.4 Leadership and Organisational Culture

International interagency models suggest that leadership and associated skills are a key element in achieving effective collaboration. Interagency working must be anchored with the leaders of the respective agencies, with senior managers modelling a commitment to collaboration. Ideally, leaders should be enthusiastic, have a clear vision, possess attention to detail and have the ability to create strong networks and alliances which involve all necessary stakeholders.

Organisational culture should value and support collaboration, providing professional development in order to enhance both leaders' and practitioners' collaborative competence. Consistent and effective supervision and training is argued to be crucial to guide practitioners through the complexity of collaboration.

4.2.5 Relationship Building Through Training for Joint Working

Although effective collaboration frequently requires formal structures and meetings to clarify roles and resolve disagreements, these structures and meetings should be as unbureaucratic as possible in light of the demands already placed on professionals. Strong personal relationships were

identified as crucial to foster an understanding of the differences between sectors; clarify the specifics of collaboration and communication with collaborative partners; develop shared knowledge, a shared vision and a shared language; and establish the necessary trust among stakeholders for openness. Organisational cultures need to value and support relationship building and collaborative learning, which can be achieved through joint training. Increased joint training opportunities are required pre-service (while practitioners are undertaking their professional education), and in-service (when qualified practitioners are working alongside each other). Jointly prepared protocols, physical proximity to other agencies as well as the use of common tools and web based resources were found to enhance the effectiveness of collaboration.

4.2.6 The Relationship Between the Statutory and the Community/Voluntary Sectors

The relationship and collaboration between statutory agencies and the community/voluntary sector have repeatedly been described as strained (e.g., in Poland and Australia) due to power dynamics, unequal status and funding. It is essential to have a balanced and respectful relationship between the statutory and community or voluntary sectors, underpinned by an understanding and appreciation of each other's role. Time and trust is required to build such relationships, which can be facilitated and supported through an inclusive approach where all partners are viewed as equal and as fundamental to the provision of a continuum of helpful, accessible services for families. This involves working to a common agenda which is supported by meaningful joint training and the promotion of a joint responsibility to ensure an effective continuum of support to children and their families.

4.2.7 Monitoring and Evaluation Mechanisms

Monitoring and evaluation mechanisms are important to track the benefits of collaboration for both practice, and children and families. While international examples, despite being fragmented, were able to capture the outputs and processes of collaboration during the implementation phase, outcomes for children and families and the more long-term effects of collaboration on practice are yet to be explored systematically. Clear indicators need to be developed to measure how collaborative working benefits children and families. In addition, monitoring and evaluation mechanisms should be integral and embedded in interagency collaboration models to track progress over time.

5

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6

Appendices



Appendix A

The methods included the review and collation of material provided by the DCEDIY as well as literature used for the UCFRC tender document to conduct this report. Alongside this, searches of electronic databases, including the NUI Galway library search engine, to generate data were carried out. The full database was searched for relevant articles, including: all relevant academic databases, i.e., Web of Science, Scopus, International Bibliography of the Social Sciences (IBSS), Web of knowledge, PsycINFO, PsycArticles, Ovid MEDLINE, ERIC, Academic Search Complete, SocINDEX, EconLit, Education Full Text (H.W. Wilson), Psychology and Behavioural Sciences Collection and Pubmed. The Google search engine was used for searching international 'grey' literature, policy documents, legislative provision and non-academic research studies that focus on a duty to collaborate. The agreed search terms were: 'duty to collaborate in child protection', 'implementation and operation of a statutory duty of interagency coordination and collaboration to support the protection and welfare of children' and 'statutory interagency collaboration to support the protection and welfare of children', as well as more specific terms like 'children's trust UK and interagency collaboration' when particular models had been identified as relevant for this report. The literature collated by means of the named strategies provided a springboard for further material, which was identified by reviewing the bibliographies of articles and reports.

As academic and general searches did not result in significant levels of research specifically focused on the study's overall aim, identified key informants were asked to direct the team to relevant sources in their jurisdiction. For example, we sought support from an academic colleague in the UK, in relation to his experience under that jurisdiction's recent guidance document Working Together to Safeguard Children (HM Government, 2018) and from colleagues in Australia who evaluated Multiagency Investigation and Support Teams (MIST).

Appendix B

Evaluations of Joint-sector Initiatives Both Locally and Nationally Across New Zealand.

Evaluation of Rock On

In 2003, the Ministry of Education commissioned an evaluation of the Rock On Project, which is an initiative involving the police, the Youth Aid Service, the Non-Enrolled Truancy Service, the school, the Child Youth and Family Service and the Child & Adolescent Mental Health Service as well as the Ministry of Education and the Student Attendance Service to reduce truancy and youth crime in North Hamilton. Various benefits such as improved communication, better interagency relationships, greater accountability and effective information sharing were described by participants and were attributed to the collaborative multiagency approach that Rock On facilitated (Atkinson, 2003, p. 35). It was not however possible to identify any changes in the levels of youth offending that could be linked to the Rock On initiative. Two significant issues meant the absence of any conclusive findings. The first issue involved the legitimacy of the data and the second related to the timing of the evaluation. The data used to identify the broader outcomes only focused on the first three months of operation for Rock On, which is an insufficient time frame to identify notable impact (Atkinson, 2003, p. 60). In a follow-up study of the same initiative in 2008 it was found that the ability to evaluate the Hamilton North Rock On programme impact was limited due to the programme's data collection and that it was processes rather than impacts that could be commented on. Rock On monthly meetings proved to be a successful information-sharing forum and stakeholders believed this to be one of the fundamental elements in the success of the Hamilton North Rock On programme. However, those working directly with clients made clear that everything about interagency collaboration is hard work. These stakeholders questioned whether Rock On had any impact at all. Participants from schools expressed frustration at the increased amount of energy, effort, time and paperwork that Rock On required, and that the result appeared to be minimal changes in attendance. Issues raised included individual behavioural outcomes, the extent to which the intervention has a lasting impact, and the enormity of big picture social issues. Some of the participants expressed frustration at the magnitude of issues surrounding truancy, including behavioural issues, once the programme intervention is in motion. Others were concerned that the effects of the intervention wore off too quickly. Some stakeholders recognised that Rock On was not likely to achieve its objectives unless the basic needs of families were met (Robins, 2008, pp. 16–17).

Evaluation of Early Years Hubs

In 2006, the New Zealand Government provided funding over three years for the establishment of seven Early Years Service Hubs. The Hubs were to provide a mechanism for the integration and coordination of services for families with young children from pre-birth to six years of age, particularly those that are hard to reach. The emphasis was on assisting communities to develop locally responsive services. A further six Hubs were funded in 2007/8. An evaluation of the initial seven Hubs was published in 2009 (Ministry of Social Development). There does not appear to have been any further evaluation published. The findings of the evaluation are therefore based on a short period of implementation and largely relate to process (Boydell, 2015, p. 25).

The primary focus of the Hubs was on networking with early years services to improve coordination, access and use. There was considerable variation in how the Hubs worked. For example, at one end of the spectrum, one Hub Coordinator did not work directly with families except to identify the most appropriate services and advise on how to access them. The main focus was on supporting services to improve their delivery and increase their knowledge of services offered by other agencies as well as networking between services. At the other end of the spectrum, another Hub Coordinator worked directly with families to engage them with the Hub and to support them in identifying and meeting their children's needs, and in developing her relationships with services. Overall, the evaluation found that the Hub Coordinators were increasing awareness and understanding of early years services, both between service providers and for families. There was also evidence of increasing service engagement by families, especially those considered hard to reach. It was suggested that longer-term investment was required to enable the Hubs to become established and to have an impact (Boydell, 2015, p. 25).

Evaluation of Youth Offending Teams (YOT)

In 2007, an evaluation report was published on Youth Offending Teams in New Zealand. Youth Offending Teams (YOTs) were formed in late 2002 at the recommendation of the Youth Offending Strategy (2002). It was intended that through the YOTs, effective working relationships would be built between police; child, youth and family; education; and health. The overall aim of YOTs is to coordinate service delivery at a local level to young offenders (Harland and Borich, 2007, p. 9).

The evaluation found a lack of a shared understanding about the purpose and role of YOTs as well as a lack of clarity about how the aims should be achieved. YOTs were rated as being far more effective at collaboration between the four core youth justice agencies than between these agencies and local community groups (Harland and Borich, 2007, p. 10).

There was confusion about what the relationship between YOTs and community organisations should be. Most of the YOT members involved in the evaluation stated a preference for the membership of their YOT to be extended beyond the current composition, and beyond the four core government agencies. The importance of maintaining a focus on core business was, however, acknowledged by some YOT members, who believed that there are both advantages and disadvantages to having community organisations as members of the teams. Respondents indicated a preference for a higher level of consultation and involvement from other agencies and organisations than is currently the case (ibid., p. 10).

The New Zealand Police's input to YOTs was considered the most valuable of the four core agencies while Health's input was rated as the least valuable. Having representation of both managers and practitioners on YOTs was considered an appropriate model, with managers providing the strategic direction and decision-making regarding resources, and the practitioners as the frontline people with an overview of what was happening in the community. A lack of appropriate senior-level management representation appeared to be hindering decision-making on a number of YOTs (ibid., p. 11).

The chair plays a critical role, and a motivated chair is considered very important for the success of a YOT. A number of personal characteristics and leadership skills were identified as being important for an effective chair. Success of particular YOTs was largely driven by the involvement and input of individual members rather than the structure and processes of the YOT. Youth Offending Teams are therefore vulnerable to changes in membership and the absence or departure of a key member who is a driving force can have a considerable effect on the performance of that YOT.

A lack of consistent attendance can impact the value and continuity of YOT meetings and consistency of attendance is considered one of the key requirements to ensure the success of YOTs. Reasons given for inconsistency of attendance included: staff shortages; workload issues; other interagency meetings; personal motivation; travel time; and travel costs. Membership turnover increases the time required at a meeting to undertake introductions and briefings on the business at hand, so that perceptions of the usefulness of YOT meetings may be reduced. High turnover also increases difficulties in the building and maintaining of team relationships and trust (Harland and Borich, 2007, p. 12).

Funding for projects is vital and the perceived lack of funding and resourcing was seen by some as indicative of an overall lack of commitment to YOTs. There was a general tendency for Child, Youth and Family and also Education representatives to be more positive about the success of YOTs, and for Police and Health representatives to be somewhat less positive (ibid., p. 13).

Evaluation of Family Group Conference

In 2014, an evaluation of Family Group Conference Practice & Outcomes was commissioned by Child, Youth and Family Services. There was substantial support and agreement that the Family Group Conference (FGC) is an important and valuable decision-making process for children and their *whānau* (extended family) if implemented well. Conversely, if there is a lack of preparation, communication and follow-through, and the sense that decisions have already been made by Child, Youth and Family (CYF) services then *whānau* felt disempowered and did not find any benefit from going through the FGC process. Variability in CYF practice highlighted that implementing and sustaining good practice within an institutional framework is a challenge and requires more attention to maintaining quality and providing an organisational environment that supports good practice (VRC, 2014, p. 6). It had previously been identified that cultural competency and support of staff to work with Māori *whānau* needed to be more consistent. There were good examples of strong relationships with local *hapū/lwi*, but this was not the case everywhere and while some sites/regions had strong leadership in this regard, at other sites it was left to individual staff to promote *tikanga* (local practices) and provide cultural support to their colleagues. Feedback from participants in the evaluation also identified issues with FGC practice moving away from the spirit of the legislation and becoming more a CYF-led process rather than a family-led decision-making process (ibid., p. 7). Most had positive feedback about immediate outcomes for children and young people after the FGC in terms of safety, health, behaviour and education. Plans and consequent outcomes did not however always reflect what children and young people would like to happen (ibid., pp. 8–9). Further information is required to assess longer-term outcomes, which would include outcomes for the family/*whānau* as a whole.

How the FGC plan is implemented, resourced and monitored also needs more systematic examination. A review of CYF data nationally found there was a lack of information about collective outcomes for children and young people due to the way data is collected. Outcomes for individuals can be accessed via their case files but this is not aggregated to generally inform how children and young people are faring post their care-and-protection FGC, either in the short or longer term. The outcomes framework for vulnerable children should go some way to identifying outcomes across a range of agencies including CYF, Health, Education, Police and Justice (VRC, 2014, p. 9).

Evaluation of Intensive Wraparound Service (IWS)

Commissioned by the Ministry of Education, Burgon et al. in 2015 evaluated student progress in the Intensive Wraparound Service (IWS). IWS is designed for children and young people with highly complex and challenging behaviour, or social or education needs, including those with an intellectual difficulty. IWS is an ecological approach with students and families at the centre of the model. It is supportive, making links across the key groups in

the ecological model (p. 2). Findings suggested that students receiving IWS had already had intensive support (described in New Zealand as Tier 3 support) but that this support had been unsuccessful and/or further resources were needed to support sustained positive outcomes for students and their families. A major finding in the evaluation was that links across government agencies were not as good as required to ensure the best outcomes for students and their family (pp. 1–2).

Evaluation of Children's Teams

Liston-Lloyd and Sun evaluated Children's Teams in 2019 by exploring the implementation and operation of three Children's Teams in Canterbury. Children's Teams are a community-based initiative, designed to support *tamariki* and *whānau* in need of support (Oranga Tamariki Evidence Centre, 2019, p. 4) The evaluation found that some organisations have negative attitudes about collaboration or limited readiness to engage in this approach. Further, not all organisations engage in key collaborative processes, particularly information sharing. Improving community perceptions and understanding of the Children's Teams approach could result in more engagement.

The development of the Children's Team model and implementation process was driven at a National Office level and did not necessarily reflect the context or situation of individual communities, thus resulting in limited community buy-in to the approach. The evaluation also found that contracting arrangements would benefit from greater flexibility and integration, as currently they do not fully support collaboration. The presence of multiple similar services competing for resources was seen to further challenge collective efforts (Oranga Tamariki Evidence Centre, 2019a, p. 4).

A lack of service availability within communities was identified as a key challenge undermining the capacity of Children's Teams to effectively link *whānau* with required supports. Relying on voluntary contributions, rather than direct resourcing, had a number of implications for the sustainability of the model. Stakeholders identified a need for capacity building and professionalisation within the children's workforce. Given the high numbers of *tamariki* Māori and *whānau* engaging in Children's Teams, stakeholders also highlighted the importance of cultural competency. Views on whether Children's Teams were the most effective approach for supporting *whānau* Māori were mixed, with some stakeholders seeing *Whānau Ora* as a more appropriate service (ibid p. 5).

Some professionals involved in the Children's Teams approach experienced a lack of role clarity and had inconsistent interpretations of what their job entails. Further, they can experience isolation from each other and feel disconnected from the overall vision of the approach. Thus, training and ongoing support was highlighted. Finally, the Children's Teams approach is heavily reliant on Lead Professionals, and stakeholders' views on the level and nature of experience required for this work were mixed (ibid., p. 6).

Evaluation of Strengthening Family Programme (2020)

In the latest evaluation of the Strengthening Family Programme in 2020, it was found that local service delivery varies and that there is a decline in levels of support from agencies as well as system gaps (Oranga Tamariki Evidence Centre, 2020, p. 4).

Most coordinators wanted to see a return to the levels of national and regional training and development available before the establishment of Community Investment and the introduction of the Children's Teams (Oranga Tamariki Evidence Centre, 2020, p. 22).

The government has increasingly focused on providing services for vulnerable populations, with a plethora of related interagency initiatives now in place. There is an ambiguity on the levels of needs that Strengthening Families should be addressing, as an early intervention and prevention service (Oranga Tamariki Evidence Centre, 2020, p. 23).

Founding agencies no longer consistently provide support to Local Management Groups and as some resources are out of date, this leads to uncertainty about the purpose, role and function of Local Management Groups. Some Local Management Groups appear to be meeting both national and local expectations and providing strong governance. They also present as collaborative, well-led and supported locally by both government and non-government agencies; some of these also had a strong strategic orientation. However, this is not the norm, with most struggling, and seven or more areas no longer have a Local Management Group at all (Oranga Tamariki Evidence Centre, 2020, p. 28).

A central challenge for many areas is an apparent lack of Local Management Group (and operational) support and engagement from the three agencies or their predecessors that originally co-developed Strengthening Families, i.e., Oranga Tamariki, the Ministry of Education and the Ministry of Health through District Health Boards. Similarly, involvement by other signatory government agencies is generally low. The overall picture that emerges from the evaluation is that Strengthening Families is no longer sufficiently relevant to some of these agencies. Another challenge is uncertainty among some chairs and Coordinators about the purpose, role and function of Local Management Groups, and their associated accountabilities (Oranga Tamariki Evidence Centre, 2020, p. 28).

Some Local Management Groups and members were actively 'collaborating' in a variety of forms including: stronger strategic planning or the development of a regular Local Management Group strategy; provision of associated practice or other forums; network development and training; addressing gaps in, and any issues with, the provision of services; developing and implementing projects; and/or taking a stronger role in the management of Strengthening Families-related personnel and their priorities (Oranga Tamariki Evidence Centre, 2020, p. 31). Some Local

Management Groups were able to regularly attract significant numbers of committed members with sufficient seniority from a range of appropriate agencies. Other Local Management Groups were struggling (Oranga Tamariki Evidence Centre, 2020, p. 32).

The involvement of government agencies in Strengthening Families meetings was variable, and some areas reported it as being very limited. Responsibility for Strengthening Families usually, but not always, seemed to fall to the NGOs. Non-attendance was seen as most serious when District Health Boards, Oranga Tamariki, or Ministry of Education representatives were invited but did not attend. Some other 'signatory' government agencies were also reported as very difficult to engage in the Strengthening Families process. It also appeared that engagement could be as variable within agencies as it was across agencies, with the nature of local relationships being particularly important (Oranga Tamariki Evidence Centre, 2020, p. 40).

According to the Oranga Tamariki Evidence Centre, the contemporary process of developing large-scale child welfare programmes and service systems, with a focus on design collaboration, the use of programme and practice evidence, and managing change, is very different to the process of 20 years ago. There is a need to update, re-orientate and overhaul Strengthening Families as a national model, strengthen its capability and capacity, and raise its profile. There is also a need for better integration, both operationally and strategically, with related interagency prevention, early intervention, and intensive support initiatives at the practitioner, local, regional and national levels (2020, p. 55).

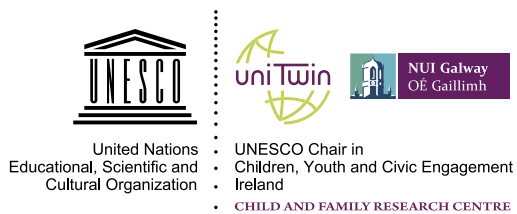
Appendix C

Interview Schedule DCYA project

Exploration of implementation and operation of a statutory duty of interagency coordination and collaboration to support the protection and welfare of children.

Case study focus: Operation of a statutory duty of interagency coordination and collaboration to support the protection AND welfare of children in need.

- 1) Contexts in which these duties have arisen
- 2) The drivers for reform
- 3) Specific legislative provision
- 4) Ambiguities in policy/legislation in this jurisdiction
- 5) Operational structures and models in place
- 6) Monitoring and evaluation mechanisms as well as refinement of the duty
- 7) Resource requirements
- 8) Factors which facilitate or are barriers to the effective operation of a statutory duty
- 9) Successful buy-in from agencies?
- 10) Evidence of impact of the statutory duty of collaboration between the child welfare body and its partner organisations in terms of both benefits and challenges involved
- 11) Evidence of impact of the statutory duty of collaboration on children and families
- 12) Experiences of practitioners and decision-makers
- 13) Experiences of children and their families
- 14) Any available statistics?
- 15) Lessons generated: Short-term, intermediate and long-term learning



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