



An Evaluation of the Identification of Need (ION) Process in Sligo/Leitrim and Donegal

Dr. Cormac Forkan and Mr. Fergal Landy

Child and Family Research Centre
National University of Ireland, Galway

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For further information, please contact:

Dr. Cormac Forkan

Child and Family Research Centre

National University of Ireland, Galway

Tel: +353 (091) 495398

E-mail: cormac.forkan@nuigalway.ie

Web: www.childandfamilyresearch.ie

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Foreword

In the past decade or more, an international awareness has developed on the critical importance of a holistic, and therefore integrated, response to the needs of children and families. In Ireland, this perspective was reflected in a number of policy statements: the *National Children's Strategy* (2000), *Towards 2016* (2006) and *The Agenda for Children's Services* (2007). The appointment of a National Director for Children and Families Services, and the creation of the Department of Children and Youth Affairs under the Minister for Children are the latest steps towards the development of the 'whole child/whole system' approach.

Members of the Child and Family Research Centre (CFRC) at the National University of Ireland, Galway have played a key role in the development of this perspective and thanks are due to them for this evaluation, particularly to Dr. Cormac Forkan and Fergal Landy who carried out the research.

The Identification of Need (ION) process is a variant for Irish conditions of the Common Assessment Framework, first developed in North Lincolnshire and later implemented throughout England and Wales. The ION was developed in the counties of Sligo, Leitrim and Donegal over a 5-year period and has been operational for half of that time. Although it has now a solid structure, embodied in processes and forms, it continues to develop as a method of identifying and meeting the needs of children, young people and parents/carers.

The great majority of parents/carers and children who need assistance at one point or another are not caught up in situations involving abuse or neglect, but are simply facing those adversities and difficulties which our society throws up. The ION aims to provide earlier and easier access to assistance and be a process that is pre-social work's front door. Much unrecognised good work has always been done. All that the ION seeks to do is to organise and coordinate that effort in a network of services, the bedrock of which is a common understanding that the well-being of children and young people is a shared responsibility. It is a new space for new relationships between all practitioners who touch on children's lives, including teachers, public health nurses, housing officers, pre-school workers, Gardaí, community agencies, therapists and others. In this space, better working relationships and a common language of need open up multiple access points for families to services.

It is also a new space for families. Parents and children decide when to enter and when to leave the ION programme, who will support them and what actions are undertaken. They are recognised as experts in their own lives and active agents of change, whose strengths are at least as significant as the difficulties they may face. The expertise of those practitioners who assist them lies in enabling the families to tell their stories and to identify what actions and services may be of benefit to them. The strength of the ION lies in these simple relationships of trust between services and between families and services. These interactions not only facilitate solutions for specific children and young people, but also create a dynamic, reflective and constantly evolving model.

The ION is the collective product of many people and organisations, and it would be impossible to rank them in order of significance. Pride of place must go to those parents and children who placed their trust in the ION. After them, the order is purely temporal.

Special thanks must be given to the managers and practitioners of North Lincolnshire, who gave us free and unstinting access to their thinking and practice. Special mention must also be made of Professor David Thorpe and Dr. Suzanne Regan, whose passionate insight into the Common Assessment model and assistance in our first ION steps was invaluable. Many services from the statutory and community sectors contributed to that development and continue to run with the baton. The working group of agencies is the pulse of the ION. Among these agencies, Sligo Social Services Council must be singled out for hosting the ION in Sligo/Leitrim/West Cavan and for acting with the creativity that typifies the community sector.

The final words must be those of a parent:

'I used the ION process because I knew I could have all the players around the table – that there was a process. People at the table would know little bits about my son and me, and that it would form a bigger, better picture ... It allows people to see other perspectives and it also allows other programmes to learn more and broaden their horizons ... They can be very blinkered ... It allows people to take off their blinkers and see the wider perspective.'

Colin Harrison
Childcare Manager
HSE, Sligo/Leitrim/West Cavan

About the Child and Family Research Centre

The Child and Family Research Centre (CFRC) at the National University of Ireland, Galway was established in 2001 as a policy unit and expanded into a Centre, launched by President McAleese, in 2007. The CFRC is a partnership between the Health Service Executive (HSE) and NUI Galway. In 2008, the CFRC was awarded the first UNESCO chair for the Republic of Ireland on the theme of 'Children, Youth and Civic Engagement'. The CFRC is widely recognised as being at the forefront of research, education and training in Family Support theory and practice. It engages in research, evaluation and service design relating to practice, policy and interventions in the lives of children. All research undertaken by the CFRC is strongly connected to applied work for children and families, and relevant to a broad range of stakeholders, including service users, policy-makers, politicians, service managers and front-line staff.

The CFRC is strongly concerned with best practice and engaged in the evaluation and delivery of interventions that are altering child welfare services and the market for research on children in Ireland. Through its partnership with the HSE, the CFRC is at the heart of policy, research and evaluation activities that inform the delivery system for child health and welfare, and is engaged in a range of assessments of new and internationally tested interventions and initiatives aimed at targeting social and economic disadvantage among children and families. The CFRC has expanded in response to need in the practice world and is closely aligned with the Atlantic Philanthropies programme of investment in sites and services to improve outcomes for children in Ireland in the domains of physical and mental health, education and community connectedness.

Across all its teaching, research and education activities, the CFRC's strong links to practice and expertise in the training and support of professionals engaged in service delivery has considerable value for the project proposed. Much of the CFRC's current portfolio of contracted work involves assisting services in designing interventions that are needs-based, flexible, accessible and delivered in partnership. In particular, the CFRC has extensive research and evaluation experience with complex community initiatives involving a broad range of stakeholders and agencies.

For further information, please see www.childandfamilyresearch.ie

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- the **families** – their candid input provided real depth to the evaluation results;
- the **Working Groups** in Donegal and Sligo/Leitrim;
- the **ION Regional Management Group**;
- the **Lead Practitioners** and **ION Chairs**;
- other representatives from the **Community, Voluntary and Statutory sectors**;
- the **ION Coordinators and ION Administrator** for their endless help with the evaluation;
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- **Ms. Emily O'Donnell** and **Ms. Gillian Browne** of the Child and Family Research Centre, NUI Galway, for working on the evaluation contract.

Executive Summary

Since the introduction of the Child Care Act some 20 years ago in Ireland, there has been considerable expansion and development in child and family services. Despite this positive move, some of the primary criticisms of service provision have been that there is an uncoordinated, incoherent strategy for integrated working, resulting in a failure to deliver timely support to families, a lack of clarity concerning roles, bureaucratic delay and inappropriate interagency referral. The development and subsequent piloting of the Identification of Need (ION) model in Sligo/Leitrim and Donegal has occurred against this backdrop. It was designed to respond to many of these key inadequacies in existing service provision. Given this, the overarching aim of this evaluation study was *'to assess the effectiveness of ION as a model of early intervention for children and families and to capture the learning from the pilot phase'*.

The ION model is a multi-agency, early intervention process for children, young people and families. It enables parents and children, assisted by practitioners, to identify their own needs. It seeks to build on and formalise current practice. Practitioners in any agency are capable of undertaking an ION (identification of need). The essential quality is not professional training, but a helpful and respectful relationship with the family. It was intended at the outset that the ION be adopted by all agencies working with children and families. As a new way of engaging families 'pre-social work front door', the ION provides a vital element in the continuum of support available to children and families.

The ION was developed as a pilot initiative in the HSE Local Health Office Areas of Donegal and Sligo/Leitrim/West Cavan from January 2009 – December 2010. In June 2010, the Child and Family Research Centre, NUI Galway, was appointed as the external evaluator of the pilot phase of the ION process.

The central finding of this evaluation is that there is unequivocal support from stakeholders for the ION and for its continuation in the future. Families and agencies across the range of statutory, community and voluntary sectors warmly welcomed the key features of the ION, such as parental control over the process, its informal approach, multi-agency intervention and the emphasis on trusting relationships and practical support. The evaluation findings demonstrate the potential of the ION as a key player along the continuum of support and care provided to children and families, one which enhances and maximises the benefits and potential of both interagency cooperation and the effective timely functioning of key agencies. The simplicity of the concept, combined with the structured formalisation of committed interagency working, establishes the ION as a user-friendly effective model that has already established considerable uptake in its pilot phase and is well placed to expand and develop in the future.

The Identification of Need (ION) Initiative: Background

In 2004, the North Western Health Board carried out a needs assessment in the Letterkenny area. As a result, over 30 agencies and services began meeting in 2005 to discuss ways of working together to support children and families. A number of different models were considered and in early 2006 the group decided to adapt the Common Assessment Framework model, developed since 1998 in North Lincolnshire and now being implemented throughout England and Wales. The introduction of the Common Assessment Framework in North Lincolnshire had led to improved inter-service trust and cooperation, a growth in needs-led service provision to families, a reduction of 49% in child protection referrals to Social Work, a reduction of 64% in inappropriate (i.e. unlikely to be allocated) family support referrals to Social Work, and a reduction in multiple assessments (Ward and Peel, 2002).

The vision, organisational framework and common language (including forms and processes) for an Irish model were developed over the next two and a half years in discussions between representatives of service providers. In September 2007, a steering group was set up to oversee

the development of a pre-implementation pilot. Building on the experience of North Lincolnshire's Common Assessment Framework (CAF) and on international research, the objective of the Irish Identification of Need (ION) process is to develop a framework and culture of early intervention, focused on meeting the needs and maximising the strengths of families. A needs-led service demands the integration of a wide range of agencies dealing with the whole spectrum of social provision. The ION is a process of multi-agency support for families: parents, children and young people. It is aimed at children and young people who are experiencing difficulties and are unlikely to realise their full potential. It can be used when a child's needs are unclear or if it appears that an effective response to addressing those needs is likely to require the coordinated support of a number of services. The ION process does not replace existing child protection systems or procedure; instead, it adds a component to the continuum of care and support available to children and families and is designed as an early intervention and prevention tool.

During the various consultations and meetings that informed the service design, a key decision was made that the ION would not be characterised as an assessment. This decision was informed by the fundamental commitment of stakeholders to a family-centred and family-led process. It was felt that the term 'assessment' was particularly associated with professional decision-making and the gate-keeping of access to services. In contrast, the ION seeks to facilitate families to 'tell their story' and identify their needs themselves with the active support of a practitioner with whom they have a trusted relationship.

The ION process began formally within the HSE in October 2008. Following an initial planning phase, the process was rolled out in January 2009 as a regional pilot initiative in the North West Local Health Office (LHO) Areas of Donegal and Sligo/Leitrim/West Cavan. The pilot phase of ION was funded through the HSE Innovation Fund: initial funding expired in December 2009, but two sequential 6-month extensions were granted by the HSE and the pilot phase was therefore extended until the end of December 2010.

The ION Model

The developmental process described above has led to the characterisation of a unique ION model. The ION is an agreed standardised approach to identifying children's needs for services, in partnership with parents/caregivers and children themselves. It is used in situations where a parent or someone working with a child or family has reason to believe that a child might not meet one or more of the 7 national target outcomes for children, as outlined in *The Agenda for Children's Services* (OMC, 2007). It has been developed for the use of families and practitioners in all services so that they can communicate and work with each other more effectively. It is of particular benefit in identifying and tackling difficulties at an early stage, before they become serious, but may also be used in more acute situations.

A key aim in the development of the ION model as a distinctive model of support was to move away from a predominantly forensic, risk-based way of working with families (often perceived as the dominant *modus operandi* for current social work practice) to a predominantly enabling and assisting model, with parents and children as the active agents of change. The ION is a process of gathering and interpreting the information needed to decide what help a child (and/or his or her parent/caregiver) needs. It provides a structure to help practitioners undertake and record this process, with the parent/caregiver and child, and decide with them what to do next.

The ION is part of a continuum of integrated services and is designed to achieve the following:

- **Bring timely support to families**, by providing methods to help practitioners who come into day-to-day contact with children and families (such as those providing ante- and post-natal services or those in early years settings and schools) to identify strengths, needs and solutions at an earlier stage.
- **Develop multiple access points to services**, by creating a network of all services that work with children and families.
- **Improve multi-agency working**, by enabling lead practitioners to maintain a single overview record of the needs and responses to a child in contact with several agencies; by embedding a common language of identification, need and response; and by improving trust, communication and information-sharing between practitioners and

families, and among practitioners. Where a child is being supported by more than one service, possibly involving specialist assessments, the ION provides a structure to summarise information from different services into a single simple format. The ION could become a key tool to support practitioners working in multi-service teams at primary care or network level.

- **Reduce bureaucracy for families**, by providing practitioners (including lead practitioners) with a fuller overview of a child's needs and responses, thereby reducing the number of assessments and inappropriate interagency referrals.

Completing an ION will provide practitioners with a good overview of a child's needs. In doing so, it will preclude the need for *some* assessments to take place. However, the ION cannot replace specialist frameworks (such as educational assessments or drug screening) and assessment tools, and it does not aim to do so in any way. In some cases, the ION may act as a gateway to these specialist assessments.

There are a number of non-negotiable principles that are universal to every ION process, namely:

- The ION is voluntary – all aspects, from the decision to request an ION, to the nature of information to be shared, to the end point of the process, are controlled by the parents/caregivers and child.
- An ION meeting cannot take place without the involvement of at least one parent.
- The parents determine the agencies to be involved in the ION process.
- The ION process looks at the whole child in an all-round (holistic) manner, in the context of his or her family and environment.
- It takes into account strengths as well as difficulties and needs.
- It privileges the voices of the parent/carer and child, recognising them as experts in their own situations and assisting them to identify their needs and ways of meeting them.

The Evaluation of ION

During the summer of 2010, the Child and Family Research Centre, NUI Galway, was appointed as the external evaluator of the Identification of Need (ION) process. The overall aim of the evaluation was '*to assess the effectiveness of ION as a model of early intervention for children and families, and to capture the learning from the pilot phase*'. In terms of objectives, the evaluation set out to examine the following four themes:

- **Underpinning issues and approach:** The emergence of the ION process was associated with a number of very significant perceived inadequacies in the current system of responding to the needs of children and young people. The Evaluation Team will document these issues in detail and examine the approach taken to address them.
- **Model development and implementation:** The Evaluation Team will investigate the nature of the development of the ION model and assess the fidelity of its implementation. Factors associated with its successful implementation, as well as any constraining factors, will also be examined in detail.
- **Model effectiveness and value:** A core part of the evaluation will be to assess the effectiveness of the ION model as an intervention. By engaging with the key stakeholders, the evaluation will ascertain the outcomes for and the experiences of the families involved. In addition, the evaluation will investigate the extent to which the ION process has been associated with changing practice among agencies.
- **Orientation of ION in the future:** The core learning gleaned from the evaluation will be used to examine the positioning of ION in the future and how this model of early intervention with children and families might be improved and strengthened. The potential of the ION model for use in other settings will also be considered.

The evaluation was built on a tripartite model. Firstly, the evaluators conducted a policy review, which examined relevant national policies and strategies, review of similar models of early intervention elsewhere in Ireland and information on the Common Assessment Framework, on which the ION model is based (*see Chapter 1 of this evaluation report*). Secondly, a review of case files from both Sligo/Leitrim (21) and Donegal (11) was conducted (*see Chapter 2*). Thirdly, a series of interviews was conducted with 53 key stakeholders in the ION process from Sligo/Leitrim and Donegal, sample consisting of parents, ION Chairs, lead practitioners, the

Regional Management Group, the Working Groups, representatives from the Social Work Departments and Local Health Manager, as well as representatives from non-referring agencies.

Findings and Recommendations

A summary of the core findings of the ION evaluation and associated recommendations is presented below.

1. DEVELOPMENT AND IMPLEMENTATION OF THE ION MODEL

During the primary research and planning phase (2005-2008), the ION model was developed and adapted to suit the local context in Ireland. After the initial development, there was a considerable degree of flexibility employed throughout the pilot phase of implementation. Ongoing adaptation of the model was a strong feature of the pilot phase. The model, process and associated roles of all key stakeholders were subjected to ongoing review as the model was tweaked and tailored for local implementation. The various channels for feedback to the Management team and rigorous processes for identification of risks and opportunities ensured that the developmental phase was dynamic, thoughtful and responsive to local and changing circumstances. The outcome of this phase was the development of a model and process at variance from that originally designed, but one which was specifically structured around what key stakeholders could work with without the loss of core principles or ethos. More significantly, the outcome was a model which more easily gained traction in each of the two project areas.

Overall, the evaluation findings demonstrate a strong degree of success in the pilot phase of implementation of the ION model. Key indicators of success include high levels of engagement from a wide range of agencies in the statutory, community and voluntary sectors reflected in participation in individual ION processes; high levels of uptake of ION training; a receptive response from parents; and an increase in the delivery of support services to families.

Using the rate of referrals to the ION process as an indicator, the implementation of the model achieved a greater degree of success in Sligo/Leitrim than in Donegal. Key differences in the roll-out of the initiative in Donegal compared to Sligo/Leitrim were suggested by research participants as explanatory factors for the variance in levels of uptake. These differences included:

- the location of the ION Coordinator in Donegal was within the HSE, while in Sligo/Leitrim it was within Sligo Social Services Council Ltd;
- the work of the Sligo/Leitrim Children and Families Committee has embedded a culture of interagency collaboration in Sligo, which is less evident in Donegal;
- Donegal lacked clear and active line management procedures, whereas Sligo has a solid and active line management structure;
- the interagency Working Group in Sligo/Leitrim has functioned well (described by participant as '*dynamic, changing and moving all the time*'), while the Working Group in Donegal has functioned less well and has yet to achieve the momentum necessary to drive the initiative.

The ION has been developed as a model of support to children and families that exists along a continuum of support. One of the other key players along that continuum is the HSE Children and Families Social Work Department. The clear distinction between the ION initiative and the HSE Social Work Department is important both in terms of ensuring that involvement with ION is non-stigmatising for families and ensuring that referrers continue to refer concerns for the protection and welfare of children appropriately to the HSE under the *Children First* national guidelines. One of the findings that emerged from the evaluation was the lack of knowledge among social workers as to the exact nature of the ION. There were also issues surrounding a perceived lack of involvement of the Social Work Department in the development of the ION model (despite documented evidence to the contrary) and the need to develop a clear interface linking the ION to Children and Families Social Work.

RECOMMENDATION 1

Given the difficulties with the Donegal Working Group, it is recommended that its membership and terms of reference should be reviewed.

RECOMMENDATION 2

It is also recommended that efforts need to be made to ensure that there is a full commitment and willingness from all agencies to engage with the ION process in Donegal. In particular, buy-in is needed among the HSE heads of discipline.

RECOMMENDATION 3

It is recommended that where possible the ION meeting should be held in a venue that is comfortable, relaxed and informal, and always agreed in advance with the parent or parents involved.

RECOMMENDATION 4

It is recommended that the ION initiative and the HSE Social Work Departments in the North West region work towards bringing greater clarity and formalisation to the interface between both parties.

2. EFFECTIVENESS AND VALUE OF THE ION PROCESS

'It has been fantastic, I'd recommend it to anybody. Put plain and simple, it's ... what I want. If I don't want to do something they suggest, it doesn't get done, which I think a lot of other people would feel better about, instead of ... we're going to do this, we're going to do that and you have no choice about it' (Parent)

'Without ION, you have to go to all the different agencies, tell the same story, fill out forms – there was a huge paper trail on [my child] ... but with all the paper on him there was still no solution. There was nobody that had a complete file on him [until ION]' (Parent)

Features of the ION model (such as parental control over the process, an informal approach, multi-agency support and an emphasis on trusting relationships and practical support) were found to be warmly welcomed by both parents and practitioners. Lead Practitioners stated that ION provides a supportive structure that enhances interagency working and adds to the continuum of care offered to families. Similarly, ION Chairs agreed that ION is a simple concept and one that formalises interagency working and gives confidence to families.

Families had opted into the ION process for a myriad of reasons, including:

- school-based educational issues, including refusal to attend;
- peer bullying;
- children having a low level of psychological well-being;
- children acting-out for no apparent reason;
- relationship difficulties between family members;
- poor social skills.

A common experience for parents was that they had tried to get help from several agencies prior to coming to ION, but nothing was effective or seemed to work. However, it was the experience of the vast majority of parents interviewed that this began to change for the better when they approached ION for help. There was a similar level of positivity expressed by the other key stakeholders about ION, with the general view being that it was heading in the right direction. Nevertheless, there was also a sense that it was early days in terms of demonstrating its

effectiveness and that more would become known about the ION process as it continued to grow and develop.

A wide range of short-term benefits arising from ION processes were identified by parents. These can broadly be categorised into outputs and outcomes for the young person and family. The *outputs* are actions or services that were put in place arising from discussions at ION meetings. The *outcomes* listed derive directly from those interventions. Process-based outcomes are also listed, i.e. those that resulted in an improved and more effective relationship between families and the agencies that support them. The following sample is a combination of information contained within the body of the report and additional data elicited from a subsequent case file review.

Direct outputs

- Allocation of summer scheme places for young people.
- Negotiation of reduced timetable between young person and school.
- Provision of additional resource hours and other forms of one-to-one support within school setting.
- Provision of tailored package of in-hospital treatment for young person.
- Interagency implementation of educational psychology assessment recommendations.
- Clearance of financial backlog of bills for essential services.
- Coordination of accommodation services.
- Provision of home visiting support.
- Provision of childcare support to enable parental respite.
- Local authority re-allocation of family to single-storey accommodation in response to physical difficulties.
- Provision of transport to school and other services.
- Provision of counselling support to parents and young people around drug and alcohol misuse.
- Provision of advice and information.

Direct outcomes

- Increased confidence and self-esteem arising from access to peer group-based activities.
- Increased performance in education.
- Retention in education.
- Physical relief through targeted medical intervention.
- Decrease in stress and anxiety levels in families.
- Increased access to essential services (through provision of transport).
- Better management of substance misuse.
- Improved communication and relationships within families and between families and services.

Process outcomes

- A new sense of trust between parents and agencies.
- Development of a comprehensive understanding of issues facing young person, as '*bits of the jigsaw fall into place*'.
- Families benefiting from collective analysis, discussion and shared responsibility.
- Agencies developing a more holistic and strengths-based practice.
- Parents not feeling blamed, but helped and supported.
- Provision of alternative options for young people.
- Provision of space for young people to engage directly with agencies and to air their concerns in an environment that is focused on where they are coming from.
- Young person feeling that agencies (finally) understood them and the issues they face.
- Creation of a space where parents felt welcomed and listened to.
- Sense of empowerment of parents in relation to managing responses to their own problems.
- Affirmation and validation of the issues families were facing.

Room for improvement was also noted. Some parents requested more support before the first ION meeting. There was also an acknowledgement across the different categories of stakeholders that despite early indications being positive, the effectiveness of ION as an early intervention model will best be demonstrated by an assessment of outcomes for families in the

longer term. This perspective is borne out by relevant literature. Demonstrating the effectiveness and value of complex and inherently long-term work is challenging, and new and innovative approaches must gradually develop an evidence base (Veerman and Yperen, 2007).

Furthermore, interviews with parents, Lead Practitioners and Chairs elicited anecdotal evidence of outcomes that were not systematically recorded on case files, which were primarily concerned with documenting individual processes to ensure effectiveness. Developing a more explicit approach to case planning and review, utilising intervention-level outcomes and indicators, would help to routinely document much of this positive work. Some measures could be used to supplement this process, in addition to intervention-specific measures and indicators of outcomes sought. A long-term approach to monitoring and evaluation could be developed to measure the impact of the ION initiative, particularly (but not exclusively) in relation to its impact on referrals to Social Work and other high-end statutory services.

RECOMMENDATION 5

It is recommended that the ION process should be more explicitly planned and outcomes-focused, making use of intervention-specific measures and indicators in relation to outcomes sought.

RECOMMENDATION 6

In order to develop the effectiveness of the ION model, it is recommended that consideration be given to the development of an outcomes-focused approach, such as logic modelling, capable of identifying short, medium and long-term outcomes and indicators.

RECOMMENDATION 7

A standardised system for aggregating data from the ION process should be developed. This system should be used to inform the development of the ION process and to feed into wider children's services planning. This could include the numbers of children and families worked with; nature of issues dealt with; number of support meetings held and whether attended by both parents and child or young person; quantification of services delivered; quantification of outcomes achieved; and documentation of unmet need due to gaps in service provision.

RECOMMENDATION 8

A long-term longitudinal study should be established to develop an evidence base for the ION process.

In order to assist the project in developing the framework for long-term evaluation, a number of specific recommendations in relation to case files were developed:

CASE FILE RECOMMENDATIONS

- To ensure quality and safety, it is recommended that there should be a periodic review/evaluation of the ION case files.
- If a lead practitioner cannot complete any part of the ION record form, an explanatory note should be included, stating whether it is not being completed because there is no relevant information or whether further information will be sought subsequently, or any other reason.
- The review of case files revealed that some sections on the ION record form are often not routinely completed. It is recommended that the ION Administrator tracks these issues in such a way as to make them available for focused training for all relevant stakeholders.
- The ION record form should be reviewed to ensure it is accurately recording the level of involvement or non-involvement of both parents. This should include the level of involvement of non-resident parents and should inform the plan to meet need.
- All ION case files should include a section for case notes, documenting all relevant communication or contact not covered by other sections of the case file.
- A closure summary should be used when an ION case file is being formally closed from an administrative point of view. This should include the reason for the decision to close, information on whether outcomes sought were achieved or not, and details of services that will continue to be involved if relevant.
- In the event that an ION request form is received but not proceeded with, the reasons for not proceeding should be recorded in a similar format to the closure summary (*see above*).
- It is recommended that the ION meeting form be reviewed. Consideration should be given to having a separate review meeting form and formulating the guidance, currently on page 2 of the meeting form, into template format.
- If a request to initiate the ION process originated from a parent, this should be routinely recorded in order to document accurately the help-seeking patterns of families. Currently, the extent of self-referral may be under-reported since it is the lead practitioner taking on the request who is documented, even where a parent has made the initial request.

3. ORIENTATION OF ION IN THE FUTURE

The ION initiative has been operational since October 2008 in Donegal and January 2009 in Sligo/Leitrim and there is undoubtedly a very strong consensus among the majority of stakeholders that it should continue in the future. In a relatively short pilot phase, the ION project has successfully introduced and embedded a new way of working into the continuum of care and support provided to young people and families. It has attracted the participation and commitment of a wide range of agencies and organisations across the community, voluntary and statutory sectors, and successfully nurtured interagency cooperation in the best interests of children and families.

There was a strong view that notwithstanding the present challenging resource environment, the ION must be appropriately resourced in order to maintain and expand its impact. The need for adequate resourcing of multi-agency initiatives is strongly borne out in relevant literature (CAAB, 2009; Sloper, 2004).

In addition to the need to address the specific objectives outlined above (on model development, implementation and effectiveness), a number of other recommendations are presented below that also need to be considered by management. These are primarily concerned with the future funding, location and management structure of ION.

RECOMMENDATION 9

ION must be appropriately resourced in order to maintain and expand its impact, effectiveness and value. Addressing the recommendations in relation to model development, implementation and maintenance of a high standard of work practice will require full administrative support. The rigour in the ION process and procedures should not be compromised by a lack of adequate resources.

RECOMMENDATION 10

It is recommended that the ION initiative should be located within a broader service model for children and family services. Such a model could be cognisant of the continuum of care outlined in the Hardiker Model and the need for ease of access to services. There may be scope for local engagement on a common understanding of thresholds in respect of access to all services. This process needs to be cognisant of national policy, such as *The Agenda for Children's Services*.

RECOMMENDATION 11

It is recommended that the governance structure of the ION initiative should take account of the particular service context in Leitrim. This could take the form of a specific Working Group for Leitrim.

RECOMMENDATION 12

It is recommended that engagement with the ION process should become a key performance indicator in the service-level agreements of HSE-funded organisations involved in youth and family support work.

RECOMMENDATION 13

It is essential that ION is a flagship initiative of the Donegal Children's Services Committee (CSC). Therefore, it is recommended that consideration should be given to merging the ION Working Group in Donegal and one of the sub-groups of the CSC. There should be a free flow of information in both directions between the CSC and the ION Coordinator and Management Group, including frequent updates to the CSC on the implementation of the ION initiative. However, ION must first be adopted as the model of choice and must underpin the development of interagency family support work.

RECOMMENDATION 14

It is recommended that if the ION Coordinator in Donegal is to remain within the HSE, then the operational line management of this position should be clarified.

RECOMMENDATION 15

Following from the recommendation that ION be located within a broader service model for children and family services (*see Recommendation 10*), the level of engagement of the office of the HSE Child Care Manager with the ION in Donegal needs to be clarified.

The evaluation findings indicate there is significant work to be done to build protocols and linkages between ION and the HSE Social Work Department. The following recommendations address this need:

RECOMMENDATION 16

It is recommended that the HSE Social Work Department should review all referrals made to it and refer those deemed not to have reached a threshold of concern necessary to require Social Work intervention to the ION process.

RECOMMENDATION 17

It is recommended that consideration should be given to initiating the ION process in the aftermath of Social Work intervention in cases where child protection and welfare concerns have been addressed, but there is an ongoing need for support.

Training of the key stakeholders has been a central part of the ION process in Sligo and Donegal since its inception. To ensure continued success, a number of recommendations are outlined:

RECOMMENDATION 18

The roles of Lead Practitioner and Chair are central to the ION process. It is recommended that specific training, written guidance and capacity-building for these groups be further developed and strengthened. This should include guidance on dealing with conflict or sensitive issues. Consideration could also be given to group-based reflection on practice by Lead Practitioners and Chairs.

RECOMMENDATION 19

It is recommended that ION training should focus on developing understanding and capacity in relation to the identification of need, child development, child participation, outcomes-focused working, and partnership-working both in terms of between agencies and with parents.

RECOMMENDATION 20

It is recommended that after training has been delivered, ION needs to follow-up on those who attended training to further support them in making any necessary referrals to ION.

A number of recommendations specific to ION meetings and ION Chairs were identified, as follows:

RECOMMENDATION 21

It cannot be assumed that all parents or children have the necessary skills to participate in the ION process effectively. Therefore, every effort should be made to facilitate participation, drawing on best practice in this area, for all ION meetings with families.

RECOMMENDATION 22

Some parents talked about the reassurance and support they felt when accompanied to ION meetings by a family member or close friend. A core value of family support services such as ION is to enable families to build on their current informal social support networks as a means of addressing their issues. Therefore, it is recommended that the ION process considers the involvement of informal supports such as these, in all ION meetings, as a way of sustaining the initial progress made by ION with families.

RECOMMENDATION 23

It is recommended that the recruitment and support of ION Chairs for the region should be prioritised via the development of a specific strategy document.

Concluding comment

The overall conclusion of this evaluation of the ION process in Sligo/Leitrim and Donegal is that while the implementation of ION is in its infancy, there is substantial evidence of its effectiveness and value in terms of short-term and medium-term outcomes. In a short pilot phase, the concept and practice of ION as a new way of working has been embedded and accepted as a simple, user-friendly, resource-efficient and effective way of supporting children and families. However, insufficient time has elapsed to determine the extent to which long-term outcomes will be achieved.

The project set about creating an ethos of acceptance that the provision of care and support to children and families is *'everybody's business'*. It has been successful in this aim – reflected in initiation and engagement in ION processes across the five sectors of Education, Community and Voluntary, HSE services, Crime Prevention and Other Public Services. It has gently nudged organisations and agencies from the confines of their specific remits to the broader one of responsibility for child welfare – reflected in the successful activation of multiple points of referral. By adding an earlier point of engagement along the continuum of support to children and families, it has opened up new options for children and families in need and for agencies in touch with them, free of the fear and stigma associated with the existing model of social care.

The strength of the ION model lies in its simplicity. By matching needs to existing services, it acts to the benefit of both services and children. Families benefit from the distinctive function of each individual agency being effectively targeted, while the quality of that service or support is maximised as a result of the additional information shared through the process. The added value of ION is provided through effective multi-agency collaboration. The development of a common understanding of problems, the creation of synergy and the development of collective interdependent solutions to problems have all proven to be a successful combination for families and services alike. There is evidence of improved trust between services, of better communication between services and families, of reduced duplication of effort for services and of increased satisfaction with services among families.

Critical stakeholders, including parents, lead practitioners, Chairs and key agencies, indicated a strong desire to proceed with and improve the ION initiative. The model is well placed to contribute to the implementation of policy in Ireland on delivering services to children and families. The ION initiative is a valuable start in delivering an early, preventative, timely and coordinated multi-agency response to families in need. Of all its novel characteristics, the placing of the family at the centre of the intervention is particularly promising and was remarked upon by all stakeholders. The participation of both parents *and* children as agents of change, acting to enhance their own well-being, is a fundamental shift when compared to the manner in which existing services are delivered and was also one of the key success factors in securing the participation of parents in ION processes.

The pilot phase of the implementation of the ION model in Donegal and Sligo/Leitrim /West Cavan has provided a valuable opportunity to develop, refine and adapt the Common Assessment Framework for implementation in Ireland. Consideration of the recommendations in this evaluation report, combined with the continuous process of review and adaptation which has defined the standard working practice of the Management Group, will be important, not only for the continued success of the model in the region, but also in determining the extent to which the model becomes adopted practice in other regions throughout the country.

Introduction

Over the last 10-15 years, there has been considerable expansion and development in the extent of child and family services in Ireland. During this period, there has been a shift away from a hands-off policy by the State to a more interventionist approach of working with families. Underlying this policy shift is a belief that a preventative approach is needed to enable children to develop to their full potential. This thinking has been supported by the introduction of policies and legislation, such as the ratification of the United Nations Convention on the Rights of the Child by Ireland in 1992 (UN, 1989); the publication in 2000 by the Department of Health and Children of the National Children's Strategy; the establishment of the Family Support Agency in 2003; the publication in 2007 by the Office of the Minister for Children of *The Agenda for Children's Services: A Policy Handbook*; and the launch of the Government's Social Partnership Agreement, *Towards 2016*, in 2006.

Despite these advances, there are still significant problems apparent in the way in which services address the needs of children, young people and families. One of the main barriers to the effective working of services is the lack of a coherent strategy for integrated working between agencies. As a result, it is often the case that families do not receive timely support when sought and they are often unclear about the range of services available to them, compounded even more by bureaucratic systems and inappropriate interagency referrals.

Interagency working has been defined as '*any joint action by two or more agencies that is intended to increase public value by their working together rather than separately*' (Bardach, 1998, cited in CAAB, 2009). It covers a wide range of actions that can be formal or informal, vertical (involving agencies belonging to different Government levels) or horizontal (agencies from different sectors), and that take place at policy level, operational level or front-line services level (CAAB, 2009). Interagency working is often described as a continuum with different ladders: communication, cooperation, collaboration, coordination, and integration/merger (Gray, 2002; Percy-Smith, 2005; Frost, 2005; Warmington *et al*, 2004; Howarth and Morrison, 2007). This way of working aspires to have a greater focus, better outcomes and operate at a reduced cost. The rationale for policy and service delivery argues that integrated planning allows for '*comprehensive interventions*' for children and young people (Browne *et al*, 2004) and more flexible services to '*reduce the frustration, the delay, the inefficiency, and the gaps that frequently exist in care systems*' (Woods, 2001, cited in CFRC/CAWT, 2008, p. 18). Similarly, the reduction of duplication and overlap of services, and the consequent increase of their efficiency, leads to cost-savings and a greater 'cost-benefit' balance (Gray, 2002).

This line of thinking has dovetailed well with the sizeable shift towards adopting an evidence-based approach in all professional endeavours. In Ireland in particular, there is growing demand from State and philanthropic organisations for proven or promising community-based youth and family interventions. This has led to a growth in the design and provision of tools that track outcomes for children and young people. The overarching benefit of using an evidence-based approach is that, as well as ensuring that young people prosper and are happy, it enables youth and family support agencies to provide a better service in line with the best available evidence.

Objectives of ION evaluation

During the summer of 2010, the CFRC won a tender to conduct an evaluation of the Identification of Need (ION) process, which is based in Sligo/Leitrim/West Cavan and Donegal. The Request for Tender explained that ION is a process of multi-agency support for families, parents, children and young people. The approach offers a standardised way of identifying children's needs for services, in partnership with parents/caregivers and children themselves. The approach is designed to identify and tackle difficulties in a child's life at an early stage, before they become more serious concerns. If used appropriately, ION offers an evidence base for services in the daily work with children and families.

In the Request for Tender, the stated aim of the evaluation was ‘to assess the effectiveness of ION as a model of early intervention for children and families, and to capture the learning from the pilot phase’. In terms of objectives, the evaluation set out:

- to assess the effectiveness of ION as a model of intervention by documenting:
 - the outcomes for the families involved;
 - the experiences of the families involved;
 - perceptions of what the outcomes or pathways might have been had an ION intervention not taken place (from a family and practitioner point of view);
- to identify ways in which ION adds value to existing practice within agencies;
- to trace ways in which levels of services to families may have changed as a result of the ION process;
- to assess the extent to which ION is recognised and accepted as a standard process in the continuum of care provided to children and families;
- to identify the factors contributing to the success of the process;
- to identify the barriers and risks to the success of the process;
- to review the management and administration of the process;
- to identify the learning from the model to date;
- to identify ways in which the ION concept and practice can be improved;
- to identify, compare and comment on any variables in the implementation of the process in Sligo/Leitrim and Donegal;
- to review the efficacy of the ION training;
- to review the ION documentation and make recommendations if appropriate.

Given the breadth and detailed nature of these objectives, the CFRC agreed with the commissioners that, at the outset, both the overarching aim and associated objectives for the evaluation could be addressed by directing the research towards four themes:

- **Underpinning issues and approach:** The emergence of the ION process was associated with a number of very significant perceived inadequacies in the current system of responding to the needs of children and young people. The Evaluation Team will document these issues in detail and examine the approach taken to address them.
- **Model development and implementation:** The Evaluation Team will investigate the nature of the development of the ION model and assess the fidelity of its implementation. Factors associated with its successful implementation, as well as any constraining factors, will also be examined in detail.
- **Model effectiveness and value:** A core part of the evaluation will be to assess the effectiveness of the ION model as an intervention. By engaging with the key stakeholders, the evaluation will ascertain the outcomes for and the experiences of the families involved. In addition, the evaluation will investigate the extent to which the ION process has been associated with changing practice among agencies.
- **Orientation of ION in the future:** The core learning gleaned from the evaluation will be used to examine the positioning of ION in the future and how this model of early intervention with children and families might be improved and strengthened. The potential of the ION model for use in other settings will also be considered.

Methodology

It is clear from the objectives above that the evaluation was being conducted to address the overall value of the ION process. In this sense, the evaluation is designed to be summative in orientation. In line with the summative approach is an expectation that the evaluation will convey clear messages regarding outcomes from ION – for children and families, and in terms of changes in agencies’ systems and processes. However, the evaluation is also designed to seek learning to inform improvements and/or other iterations of ION and provide explanations for the success or otherwise of the process. In this sense, there is also a formative orientation to the evaluation. Reflecting this, the evaluation incorporates significant attention to the ION process – inclusive of its utilisation (how it is targeted and its take-up), how it is organised and implemented, and its fidelity (the extent to which it is implemented in line with initial plans).

Considering these points, the Evaluation Team used the following methods of data collection to evaluate the ION process (see *Table 1 for summary of sources and methods*):

- a *policy review*, to examine relevant national policies and strategies, review of similar models of early intervention elsewhere in Ireland and information on the Common Assessment Framework, on which the ION model is based (see *Chapter 1 of this report*).
- a *review of case files* from both Sligo/Leitrim (21) and Donegal (11) (see *Chapter 2*).
- a *series of interviews* with 53 key stakeholders in the ION process from Sligo/Leitrim and Donegal, sample consisting of parents, ION Chairs, lead practitioners, the Regional Management Group, the Working Groups, representatives from the Social Work Departments¹ and Local Health Manager, as well as representatives from non-referring agencies.

Table 1: Sources and methods of data collection for ION evaluation

Source of data	SLIGO/LEITRIM/WEST CAVAN		DONEGAL	
	No. of actual participants	Methods of data collection	No. of actual participants	Methods of data collection
Parents	10	One-to-one interviews and Telephone interviews	3	One-to-one interviews and Telephone interviews
ION Chairs	4	One-to-one interviews	1	One-to-one interviews
Lead Practitioners	3	One-to-one interviews	3	One-to-one interviews and Telephone interviews
Regional Management Group	A total of 5 members of this group were interviewed (one-to-one)			
Working Groups	11	Focus group	6	Focus group and One-to-one interviews
Social Work Departments	3	One-to-one interviews	1	Telephone interview
Local Health Manager	1	One-to-one interviews	–	–
Non-referring Agencies	2	Telephone interviews	–	–
Total participants	34		14	

Structure of report

Following this introduction, the evaluation report consists of three chapters, dealing with the following areas:

- **Chapter 1** provides a comprehensive context in which ION has emerged. In so doing, it outlines the origin of the theoretical model of Common Assessment developed in North Lincolnshire (on which the ION model is based); the specific adaptations made to that model for the Irish context; the level of fit with Irish policy and legislation; and some of the key issues identified by the ION team in their internal mid-term review.
- **Chapter 2** presents the results of the ION evaluation. Divided into two sections, the first presents the testimonial data collected from the key ION stakeholders from Sligo/Leitrim/West Cavan and Donegal. The second part offers an analysis of the case files reviewed by the Evaluation Team.
- **Chapter 3** discusses the key research findings in relation to the objectives of the study and offers a number of recommendations emerging from these findings.

¹ Despite being peripheral to the everyday running of ION, social workers were included in the data collection phase due to their statutory duty to protect children and their inevitable impact on the work of ION.

1. Context and Rationale for the ION Process

This chapter provides the context in which the ION model has emerged and the rationale for its development. Firstly, it outlines the origin of the theoretical model of Common Assessment developed in North Lincolnshire and offers a critical perspective of that model, on which the Irish ION model is based. Secondly, it reviews the Irish policy and legislation context in which the ION model was developed. Finally, it provides an overview of the ION model as developed in Ireland, highlighting the specific adaptations made to the UK model for the Irish context and some of the key issues identified by the ION team in their internal mid-term review, conducted in 2009.

Theoretical underpinning of the ION

Common Assessment Framework, North Lincolnshire

The evolution of an approach to common assessment in North Lincolnshire dates back to the late 1990s, with the publication of the *North Lincolnshire Parenting Project: Final Report* (Peel and Ward, 2000) detailing the successes of the project. These successes were identified as influential by the UK Government in its Green Paper *Every Child Matters* (Chief Secretary to the Treasury, 2003) and in the subsequent consultation document called *Every Child Matters: Next Steps*, published by the UK Department of Education and Skills (2004), prior to a nationwide roll-out of substantial reform of children's services.

The North Lincolnshire experience and its successes were described in *Every Child Matters* as follows (Chief Secretary to the Treasury, 2003, p. 58):

'The North Lincolnshire Common Assessment is used by any professional coming into contact with a child. The aim is for all services to take responsibility for identifying children's needs before referring vague concerns or value-based judgements to other services ... The simple assessment has been designed to be completed in around one hour. Many teachers and other school staff find the assessment a useful tool to identify the real needs of a child about whom they are concerned. Rather than purely arranging specialist educational support for a child who is struggling at school, the assessment identifies all the child's needs, not just the educational ones, which may require intervention. The views of the parent/carer and the child are sought where appropriate.'

The advantages of using a Common Assessment Framework (CAF) across agencies were summarised as follows:

- Referrals are appropriate. During the pilot phase, child concern referrals to social services dropped by 64%. In many cases, this was due to other agencies taking responsibility for addressing the child's needs themselves. Previously, the police made 50-60 referrals to social services per month. Now the figure is 8-9. This means social services provide more services rather than simply dealing with unnecessary referrals.
- Children and families do not have to repeat their information to different professionals since the assessment process is the same, irrespective of which agency the child and family go to for help. Services are provided more promptly and coherently as professionals trust one another's assessment of need since it has been made using agreed 'common' indicators of need about what is required by a child and their family.
- Assessments are triggered when a concern about a child is raised, rather than when the child reaches a crisis point.
- If any further assessments are required, these then build upon the Common Assessment, rather than duplicate it.

Based on a consultation with children and young people, *Every Child Matters* (*ibid*, p. 14) sets out five positive outcomes for children and young people, namely:

- **Being healthy:** Enjoying good physical and mental health and living a healthy lifestyle.

- **Staying safe:** Being protected from harm and neglect.
- **Enjoying and achieving:** Getting the most out of life and developing the skills for adulthood.
- **Making a positive contribution:** Being involved with the community and society and not engaging in anti-social or offending behaviour.
- **Economic well-being:** Not being prevented by economic disadvantage from achieving their full potential in life.

These outcomes are similar to the 7 national outcomes for children and young people developed in Ireland in 2007 by the Office of the Minister for Children in *The Agenda for Children's Services: A Policy Handbook* in relation to the national policy context – discussed in detail below under the heading 'Irish policy underpinning the ION'.

The reforms proposed in *Every Child Matters* (*ibid*, p. 51) focused on four main areas, namely:

- supporting parents and carers;
- early intervention and effective protection;
- accountability and integration – locally, regionally and nationally;
- workforce reform.

In relation to early intervention and effective protection, the following proposals were put forward:

- **Improving information-sharing** between agencies to ensure all local authorities have a list of children in their area, the services each child has had contact with and the contact details of the relevant professionals who work with them. The Government will remove the legislative barriers to better information-sharing and the technical barriers to electronic information-sharing through developing a single unique identity number and common data standards on the recording of information.
- **Developing a common assessment framework.** We will expect every local authority to identify a lead official with responsibility for ensuring information is collected and shared across services for children, covering special educational needs, Connexions, Youth Offending Teams, health, and social services. The aim is for basic information to follow the child to reduce duplication.
- **Introducing a lead professional.** Children known to more than one specialist agency should have a single named professional to take the lead on their case and be responsible for ensuring a coherent package of services to meet the individual child's needs.
- **Developing on-the-spot service delivery.** Professionals will be encouraged to work in multidisciplinary teams based in and around schools and Children's Centres. They will provide a rapid response to the concerns of front-line teachers, child care workers and others in universal services.

The North Lincolnshire pilot coincided with the introduction of the *Framework for the assessment of children in need and their families* (UK Department of Health *et al*, 2000). The report into the pilot examined the following questions (Ward and Peel, 2002):

- does introduction of an interagency method of assessment improve joint working between health, education and social services?
- does it reduce duplication of effort?
- does it affect partnerships between professionals and parents?
- does it result in increased rates of referral?
- does a common, structured methodology improve the quality of information offered at referral?

The findings by Ward and Peel (2002) showed that a common assessment process led to a dramatic increase in the extent and quality of information offered by referring agencies and more specific evidence of need and its relationship to child well-being; also, both professionals and families benefited from a reduction in duplicated assessments and an increase in interagency trust. Furthermore, there was a 64% decrease in the number of child concern referrals; just over half of this decrease was attributed to agencies deciding to '*meet the needs of families themselves or take no further action after they had completed an interagency assessment*' (*ibid*, p. 232). Ward and Peel attribute the success of the project to robust interagency working

practices, including the necessary elements for successful collaboration, such as a common identified purpose, consensus, reciprocity, choice and trust.

Critical perspectives on the Common Assessment Framework

National roll-out of the Common Assessment Framework (CAF) as part of *Every Child Matters* in the UK has been subject to a considerable amount of comment and academic literature. An evaluation report on its implementation was conducted in the first 12 trial areas, entitled *Evaluating the Common Assessment Framework and Lead Professional Guidance and Implementation in 2005-6* (Brandon *et al*, 2006a).

A key distinction in relation to literature about common assessment is that some literature refers to versions of the completion of common assessment explicitly linked to *referral to social services*, with the purpose of improving the quality of referral and reducing inappropriate referral, and thus by definition relate to concerns that reach the threshold for referral to social services. In contrast, other versions (including the national roll-out under *Every Child Matters*) refer to common assessment with a view to a *multi-agency response specifically in relation to children and families* where concerns exist that do not reach the threshold for referral to social services (the equivalent of the HSE Social Work Department).

The latter approach, based on multi-agency response, is most relevant to this report since it reflects most closely the ION model. The decision to base ION on this approach came from research conducted by the current HSE Child Care Manager in the Sligo/Leitrim/West Cavan Local Health Office Area, which was guided by two UK-based experts – Dr. Suzanne Regan and Professor David Thorpe. Both of these academics had close associations with the CAF model in North Lincolnshire and introduced the Child Care Manager to personnel there, as well as in several other authorities in England, who were implementing the process. At that stage, it was clear to all involved that the *referral to social services* model (*see above*) was a serious error and was a detour back to the risk model, creating more paperwork and assessments, but not more service delivery. As will be discussed later, when ION was developed for the Irish context, it was made clear in the training with agencies that ION is *not* the completion of common assessment explicitly linked to referral to social services or about getting other agencies to do the job of social workers. Rather, ION is a multi-agency response to family need.

Pithouse *et al* (2005) and Pithouse (2006) reported mixed findings in relation to the CAF pilot in Wales. Their research, relating to common assessment that is clearly linked to referral to social services, found that the CAF facilitated better information-sharing and less missing information, and it appeared to promote more focused service response to referrals. However, they also found that it revealed a limited capacity among some occupational groups to complete particular assessment dimensions, such as a child's identity and social presentation, emotional and behavioural problems, and family and social relationships. They concluded that these gaps demonstrated the need for more interagency training on assessment. Another key finding was that professionals generally gave little prominence to the expressed wishes of children who were of sufficient age to give their views.

The evaluation by Brandon *et al* (2006a) of the CAF and Lead Practitioner guidance and implementation (not linked to referral to social services) found that there was considerable enthusiasm at both front-line and management levels in relation to the implementation of the CAF and LP (Lead Practitioner), and that over half of the practitioners and managers felt that it was promoting better multi-agency working, helping agencies to come together much faster and follow through more rigorously in delivering services. Practitioners also identified positive impacts on children and three-quarters of respondents thought that it would lead to better outcomes for children (*ibid*, p. 6). Key challenges were also identified by Brandon *et al* (2006b): two-thirds of practitioners and managers felt that CAF and LP implementation was adding to their workloads and it was difficult for some sectors to come to terms with the changes required for holistic assessment and partnership with families; in some instances, lack of clarity and support, threshold differences and a lack of joining-up between agencies and sectors led to anxiety and frustration (*ibid*, p. 6). A summary of the factors identified by the authors as helping and hindering the implementation of the CAF and LP are outlined in Table 2. While they found that a history of

good interagency working helped implementation, they did not find that it was necessary to have a long history of multi-agency experience and in some instances it might have been easier to 'start from scratch'.

Table 2: Factors that helped or hindered the implementation of the CAF

Factors that helped implementation	Factors that hindered implementation
<ul style="list-style-type: none"> • Enthusiasm at grass roots and managerial level • Perceived benefits for families • History and practice of good multi-agency working • Learning from others • Existing IT system • Clear structure for CAF/LP process • Good training, support, and supervision 	<ul style="list-style-type: none"> • Lack of agency join-up/conflicts of interest • Lack of professional trust • Mismatch between the 'vision' and the practice • Confusion and muddle about processes • Skill/confidence gaps • Lack of support • Anxiety about increased workload • Anxiety about new ways of working

Source: Brandon *et al* (2006b, p. 400)

Gilligan and Manby (2008) examined the extent to which Government rhetoric in relation to the CAF (not linked to referral to social services) matched the reality experienced on the ground. They found the relationship between identifying and meeting need to be quite problematic – whereby need was identified, but not met. They also considered that the process could not be described as child-centred, given that the child was not present for completion of the CAF form in 72% of cases and even when they were present, their level of involvement and recording of their views depended on the skill and views of individual practitioners. Fathers were not sufficiently involved and parent or carer almost always meant 'mother'. They also found a disproportionate focus on boys with behavioural problems. Lastly, they found that the CAF was another service rationed according to agencies' priorities rather than a different way of all agencies working as outlined in *Every Child Matters*.

Examining the roll-out of the CAF in a rural context, Adamson and Deverell (2009) summarised the potential benefits as being ease of involvement of families, early awareness of practitioners of difficulties in families, and in-depth relationships with families supporting early intervention. Disadvantages identified were resource issues, skills and confidence of practitioners (particularly in relation to dealing with sensitive matters), and a lack of contact with, and therefore potential distrust of, other agencies.

Integrated, outcomes-focused, preventative interventions delivered in partnership with children and families

There is an increasing rationale for integrated, outcomes-focused (Frost and Stein, 2009) preventative and partnership-based working in children's services. Frost (2005) conceptualises partnerships in children's services across a hierarchical spectrum, ranging from cooperation, to collaboration, to coordination, to integration. In Ireland, the Children Acts Advisory Board (CAAB) in its *Guidance to Support Effective Interagency Working across Irish Children's Services* define interagency cooperation as (CAAB, 2009, p. iii):

'Any joint action by two or more agencies that is intended to increase public value by their working together rather than separately. It can involve the exchange of information, altering activities, sharing resources and actively enhancing of the capacity of other agencies for mutual benefit.'

The key enablers, benefits and challenges associated with interagency working are well documented (Duggan and Corrigan, 2009; Frost, 2005; Horwath and Morrison, 2007; Percy-Smith, 2006; Sloper, 2004). Duggan and Corrigan (2009) summarise the impact on services users as:

- easier/quicker access to services;
- referral to appropriate agencies/services;
- increased focus on prevention/early intervention and reduced need to access specialised services;
- reduced stigma attached to accessing services;
- enabled children and young people to remain in their local community;
- improved support for children and young people;
- improved educational attainment.

The New South Wales Department of Community Services in its *Prevention and Early Intervention Literature Review* (Watson *et al*, 2005) states that:

'Prevention and early intervention strategies aim to influence children's, parents' or families' behaviours in order to reduce the risk or ameliorate the effect of less than optimal social and physical environments.'

The report by the OMC (2004) on the *Forum on Prevention and Early Intervention for Children and Youth* outlines some of the evidence base in favour of prevention and early intervention. The Forum was focused on the key themes of:

- the development of prevention and early intervention as part of children's service design;
- service design that is outcomes-focused and based on evidence of effectiveness;
- the development of integrated thinking, planning and delivery of services across agencies and sectors for greater effectiveness and more holistic child- and family-centred provision.

Frost and Stein (2009) maintain that integrated working and outcomes-focused working are intimately linked since the rationale for integrated working is to improve outcomes for children and families. Furthermore, thinking about outcomes necessitates thinking about how organisations can work together to achieve those outcomes (Canavan *et al*, 2009). Equally, thinking about outcomes effectively necessitates the participation of children and families in determining the desired outcome.

The joint report by the Child and Family Research Centre and Cooperation and Working Together (CFRC/CAWT, 2008, p. 19) states:

'Participation implies involving services users and the wider community in service design and provision so as to increase responsiveness of service to their needs, improve equality and access to service, transparency and accountability, and enhance ownership of and satisfaction with the service.'

As well as varying degrees of evidential support for these approaches, there is also a growing policy framework underpinning the need for integrated, outcomes-focused, preventative interventions and for the participation of children and families in these interventions, where they are at the centre of the process and where their expertise and strengths are privileged.

Irish policy underpinning the ION

This section outlines some of the relevant policy documents that create the context within which the ION initiative operates. The list is not exhaustive, but covers the policy that is most specifically relevant.

The National Children's Strategy (2000-2010)

The National Children's Strategy, *Our Children – Their Lives*, was published by the Department of Health and Children in 2000 and sets out a vision over a 10-year period for all children and young people in Ireland:

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

The National Children's Strategy is grounded in six operational principles – that all action taken will be:

- child-centred;
- family-oriented;
- equitable;
- inclusive;
- action-oriented;
- integrated.

The National Children's Strategy outlines the concept of the 'whole child' perspective, which helps to shape the three national goals of the strategy, which are: (1) children will have a voice; (2) children's lives will be better understood; and (3) children will receive quality support and services to promote all aspects of their development. A new National Children's Strategy is currently being worked on and will be published during 2011 to cover the next 10-year period.

The Agenda for Children's Services: A Policy Handbook (2007)

The Office of the Minister for Children (OMC) published *The Agenda for Children's Services: A Policy Handbook* in 2007. This document builds on the work of the National Children's Strategy and other policies that promote a 'whole child-whole system' approach to meeting the needs of children, with a particular focus on better outcomes for children and families. *The Agenda* (OMC, 2007, p. 12) identifies 7 national outcomes for children and young people – that children should be:

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

The Agenda (*ibid*, p. 14) proposes that children and families should experience services as being:

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

In order to achieve these services, *The Agenda* (*ibid*, p. 16) identifies 5 characteristics that services need to strive towards:

- connecting with family and community strengths;
- ensuring quality services;
- opening access to services;
- delivering integrated services;
- planning, monitoring and evaluating services.

The Agenda was a key document in the planning and development of the ION model.

Report of the Commission into Child Abuse: Implementation Plan (2009)

In the aftermath of the Report of the Commission to Inquire into Child Abuse (known as the Ryan Report after the Chairperson of the Commission, Mr. Justice Sean Ryan) published in May 2009,² the Office of the Minister for Children and Youth Affairs (OMCYA) developed an *Implementation Plan* in response to the report's recommendations, which was published in July 2009. The Plan identifies children in need of welfare and support as a distinct category along with children at risk of chronic neglect or harm and children at risk of offending. According to the Plan, in general, children are best served by community-based family support services that work directly with them and their families. The Plan states that:

'Generic services, such as youth services, have much to offer and should be involved at planning and operational level with those services that work with neglected children and those at risk. It is a failing of the current child care system that cooperation among agencies and staff is dependent on local leaders rather than on standard practice. Agencies working together with families for whom there are child welfare concerns should identify a key worker – not necessarily a social worker – to ensure duplication of services does not occur and the child's needs are met.'

The *Implementation Plan* further reiterates the new policy direction of the State set out in *The Agenda for Children's Services* (OMC, 2007) and also referred to in *the National Review of Compliance with Children First* (OMCYA, 2008). It also emphasizes the role of *The Agenda* as the 'overarching national policy for all children's health and social services' that promotes a 'whole child-whole system' approach to meeting children's needs, with a clear focus on achieving better outcomes for children and families through the promotion of interagency work.

Towards 2016 – Ten-Year Social Partnership Agreement (2006-2015)

This Social Partnership Agreement sets out the Government's commitments in relation to Children's Services Committees (CSCs). The Agreement identifies the HSE as being best placed to chair the committees and outlines its objective (CES, 2010, p. 8):

'At local level, a multi-agency Children's Committee will be established within each of the City/County Development Boards. These committees will be chaired by the HSE who are best placed to drive this initiative to achieve coordinated and integrated services ... The objective of this initiative [Children's Services Committees] is to secure better developmental outcomes for disadvantaged children through more effective integration of existing services and interventions at local level.'

Donegal was among the first four Children's Services Committees to be established around the country in 2007 (the other three pilots being in Dublin City, South Dublin and Limerick City). There is not yet a CSC in Sligo or Leitrim. However, the Children and Families Committee is explicit about their work to create a CSC for Sligo.

Other innovations in children's services in Ireland

Differential/Alternative Response Model

The differential response model ensures low and moderate risk cases referred to child protection services receive a comprehensive family assessment and timely services without a formal determination or substantiation of child abuse or neglect; only high risk cases receive the traditional investigative response (Merkel-Holguin, 2005).

South Dublin – Alternative Response Model, Interagency Protocol and Information Sharing Guidelines

² The report dealt with the abuse of children placed by the State in residential institutions run by religious orders.

As part of the work plan of South Dublin Children's Services Committee, a pilot implementation of an Alternative Response Model (ARM) has taken place in Jobstown in Tallaght. An Interagency Protocol and Information Sharing Guidelines have also been developed for piloting in the South Dublin area. The Jobstown ARM involves restructuring the response of the Social Work Department to certain selected child welfare cases to allow for a supportive interagency response. The rationale of the ARM process is to offer, as part of Jobstown Social Work Department's role in promoting the well-being of children and families, a comprehensive family assessment and intervention in partnership with a broad range of statutory and voluntary partners. The aims of the model are:

- to improve outcomes for children and families through enhancing interagency collaboration and the cohesive response of services to families;
- to facilitate timely access by children and families to appropriate early intervention support services on the basis of assessed need;
- to reduce the number of children and families notified under the Child Protection Notification System.

An evaluation report on the Jobstown ARM by the Child and Family Research Centre, NUI Galway, is forthcoming.

North Dublin – Differential Response Model

On foot of a proposal by the Office of the CEO of the HSE in 2008, a decision was made to pilot the Differential Response Model (DRM) in North Dublin. After a period of comprehensive service planning, this project commenced in November 2010. Its key priorities are:

- **Standardised Assessment Framework (family assessment tool):** The *Framework for the assessment of vulnerable children and their families* by Buckley *et al* (2006) was identified as the standardised assessment framework that would be used by social workers undertaking family assessments under the DRM.
- **Implement the Signs of Safety Approach/Group Consultation:** Signs of Safety and the use of a process of group consultation were identified as the practice principles that would underpin all social work practice in the implementation of the DRM in Dublin North.
- **Duty Screening Protocols and Procedures under DRM:** The development of comprehensive screening protocols and procedures in order to provide clarity for other professionals, stakeholders and service users was critical in terms of defining how the DRM will operate differently and what implementing the DRM means in practice.
- **Engagement of partners:** The identification and engagement of partners in the process of change is perceived as critical to its success. The DRM is not something that 'social work does' and then 'refers on' to others. Successful implementation of the DRM means real and meaningful engagement with all stakeholders.

The North Dublin DRM is being evaluated by the Child and Family Research Centre, NUI Galway, and a report on the project will be published in 2012.

Limerick – Assessment of Need project

The Limerick Assessment of Need System (LANS) is a project of the Limerick City Children's Services Committee and is managed by the HSE. The purpose of the LANS project is to set up a child welfare-based interagency system between those agencies that have a statutory remit for the care of vulnerable children and young people, i.e. the HSE Children and Family Social Services, National Educational Welfare Board, Juvenile Liaison Office and the Young Persons' Probation. The LANS project has a number of components to it:

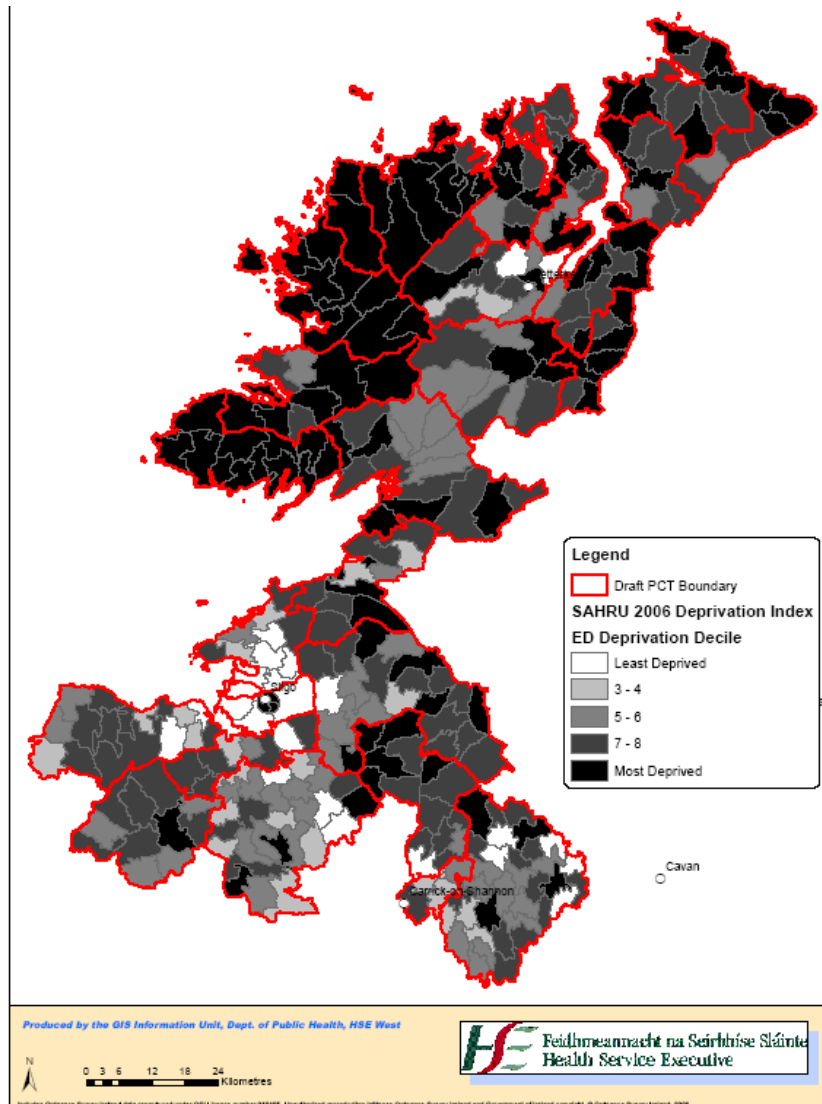
- Information-sharing system (strategic and operational service).
- Common Assessment Framework – shared assessment tool for use across all children's services, based on UK models. Its aim is to help early identification of need and to promote coordination of service provision to meet identified needs.
- Resource panels – interagency/interdisciplinary panels with the capacity to put in place a package of support for children or young people with additional assessed needs.

The LANS is currently being piloted and an evaluation is being undertaken.

Local context

This section outlines some of the local factors that are relevant to the development and operation of the ION process. Figure 1 outlines the SAHRU deprivation index for the North West of Ireland, based on figures from the 2006 Census.

Figure 1: SAHRU 2006 Deprivation Index for North West of Ireland



- Donegal has a population of 147,264 people, 40,288 (27%) of whom are aged 0-17.
- Sligo has a population of 60,894 people, 14,610 (24%) of whom are aged 0-17.
- Leitrim has a population of 28,950 people, 7,133 (25%) of whom are aged 0-17.
- West Cavan has a population of 1,209 people, 293 (24%) of whom are aged 0-17.
- Sligo/Leitrim/West Cavan together have a population of 91,053 people, 22,036 (24%) of whom are aged 0-17.

Sligo/Leitrim Children and Families Committee

The Children and Families Committee was formed in 2008 with the overall purpose of providing an inter-service lever for the development of integrated responses to the needs of children and their parents/carers in the Sligo/Leitrim/West Cavan Local Health Office (LHO) Area. The Committee is convened and chaired by the HSE Child Care Manager and is responsible to the

General Manager for Primary Community and Continuing Care (PCCC) for Sligo/Leitrim/West Cavan. A list of agencies represented on the Committee is provided in Appendix 1.

The Committee is responsible for overseeing the development of integrated services in the Sligo/Leitrim/West Cavan LHO Area in order to address the needs of all families in which children and young people have unmet needs that may adversely affect their development. In its work, the Committee adopts the 7 national target outcomes for children and young people as specified in *The Agenda for Children's Services* (OMC, 2007). In so doing, it facilitates the development of a *common approach* – a common language, common processes, common policies and coordinating structures – in order to identify and meet need. The work of the Committee involves:

- promoting the early meeting of need through the development of shared access points to services;
- increasing inter-service awareness and promoting the development of inter-service responses to meet need;
- recognising that each service retains its autonomy and responsibility for its own service delivery and internal procedures;
- maintaining close advisory and consultative links with all statutory, community and voluntary services and agencies dealing with children and families, and with other integrated structures, such as Primary Care Teams and Networks.

The Committee has a strong ethos of partnership with children and families. In particular:

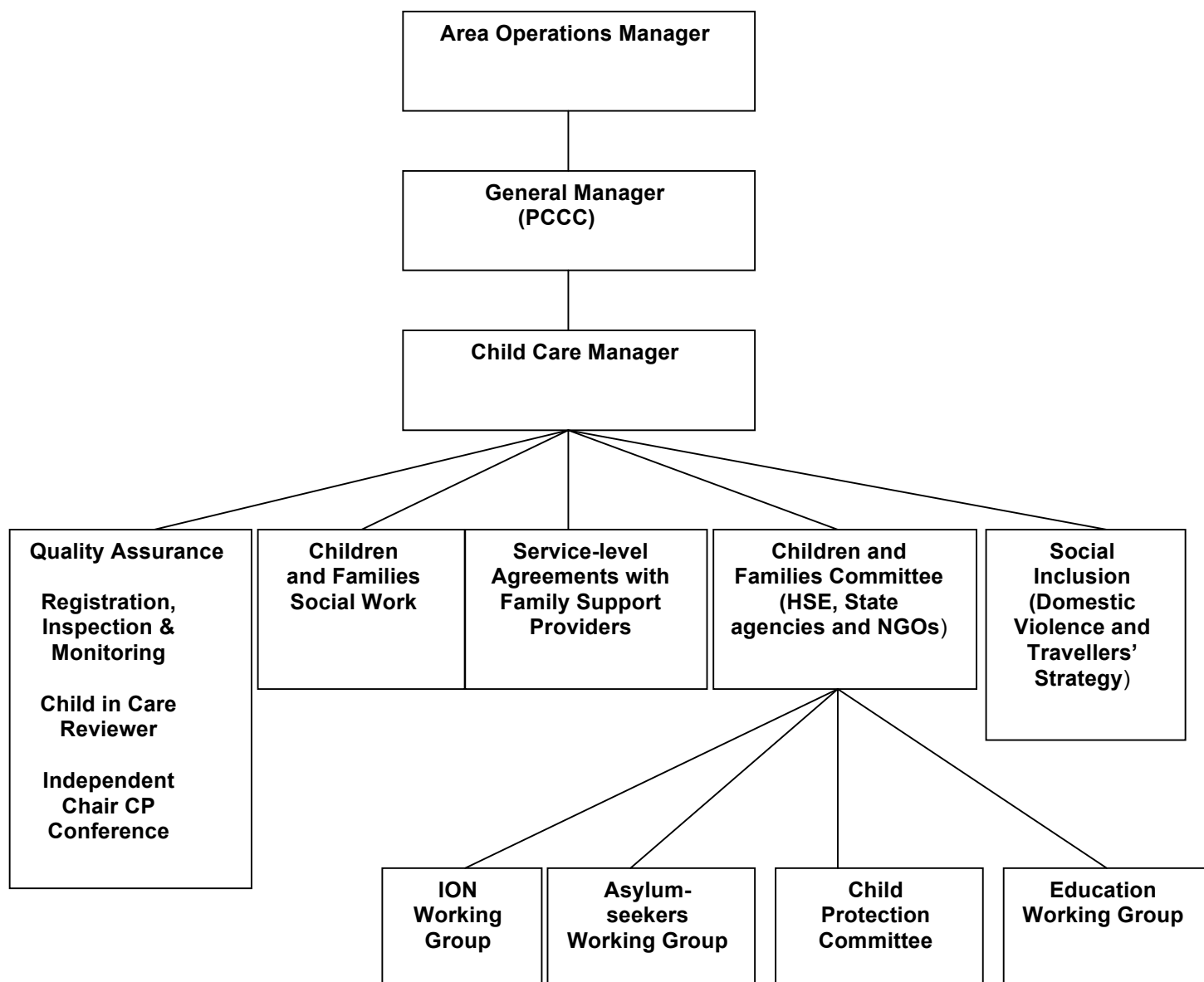
- it promotes partnership with children, young people and families in the planning and delivery of services and encourages and facilitates the development of clear and accessible information about services, policies and procedures;
- it recognises that families have rights, both to control the storing and sharing of information about them and to access that information.
- in pursuing its objective of integrated service planning and delivery, the Committee promotes and develops best practice in these matters, as informed by national and European legislation.

In July 2010, the Committee identified the priority issues that needed to be addressed and the following is a synopsis of those issues:

- **Child protection:** Continued demand for child protection training, increase in child protection concerns, abuse issues not being detected in the system.
- **Parental support:** Challenging behaviour of children, supporting parents around school attendance and promoting positive behaviour.
- **Teenage issues:** Substance misuse, sexual health, mental health issues, anger management, ADHD, transport, ASB, eating disorders.
- **Education:** Removal of SNAs from schools, special needs; lack of alternative education options, threat to monitoring of processes in education.
- **Asylum-seekers:** Outcomes deficit in work with children and families in Direct Provision (exception being physical health), lack of options for children when they reach the age of 18.
- **For referral to HSE:** Lack of alternative accommodation for young people (aged 15-16) resulting into acceleration into detention, tenancy problems, general lack of services for 16/17 year olds, lack of awareness of services available.
- **General:** Effects of economic downturn on families; indiscriminate nature of moratorium on recruitment leaving critical gaps in services.

The Children and Families Committee meets on a bi-monthly basis. In the intervening period, its functions are carried out through a number of Working Groups (including ION), all of which report to the main Committee every second month. The working structure of the Committee is shown in Figure 2.

Figure 2: Structure of the Sligo/Leitrim Children and Families Committee



Family Action Letterkenny

The North Western Health Board (now the HSE Donegal Local Health Office Area) in conjunction with the Donegal County Childcare Committee initiated an assessment of need in relation to families, children and young people in Letterkenny in 2004. The purpose of this review was to provide a snapshot of the family support needs of those living in the Letterkenny area. The purpose of this needs assessment was:

- to put the views of parents, children and young people at the centre of any future development;
- to build on and complement the work already being carried out by other agencies – statutory, voluntary and community;
- to identify gaps in service provision as identified by families and service providers.

The assessment resulted in a document designed to influence positively family support provision in Letterkenny and to develop recommendations based on the needs assessment for the delivery

of family support services, including integration with other service providers. A list of agencies involved with Family Action Letterkenny is provided in Appendix 3.

Donegal Children's Services Committee

Donegal Children's Services Committee (CSC) is one of four pilot sites throughout the country chosen for development of CSCs. Established in 2007, the Donegal CSC is a cross-departmental team, charged by the Office of the Minister for Children and Youth Affairs (OMCYA), with the aim of working together to enrich and improve the lives of all children, young people and their families in Donegal. It is developing initiatives to test models of best practice that promote integrated, locally led, strategic planning of children's services. The Identification of Need (ION) process is a named and targeted initiative of the Donegal CSC with the objectives of:

- securing better outcomes for disadvantaged children through more effective integration of existing services at local level;
- intervening early in children's lives to avert them succumbing to the risks associated with disadvantage, as well as giving them the resilience to overcome those risks.

The CSC was endorsed by Donegal County Development Board in January 2007 as a substructure. Its first meeting was held in April 2007, chaired by the Local Health Service Manager, HSE. Committee members work closely with the National Children's Strategy Implementation Group to support the development of a national model to roll-out to the rest of the country. Donegal is the only rural pilot CSC. Membership of the Committee is given in Appendix 4.

Services landscape in North West region

ION has been developed within an existing landscape of services for children and families in the North West region. By visiting the website www.families.ie, it is possible to explore the range and breadth of these services. The website is a project developed jointly by the Family Support Agency and the Health Service Executive (North Western Area), Regional Children's Services. It was developed in response to the frequently heard comment, 'We don't know what's happening out there, even in our own area'. The website aims to inform everyone (parents, children and teenagers, as well as those who work to support families) what is 'out there' in terms of services, information and support available.

It is outside the remit of this study to document the extent of these services in detail. However, it is clear from the website that Sligo, for example, has a considerable infrastructure of family support services as compared to Leitrim. The existence of a plethora of such services makes the coordinating role of ION in addressing the needs of families more effective than in a situation where there are fewer services. Therefore, since ION was initially developed for Sligo/Leitrim and Donegal, it is important to keep this variation in mind.

Development of the ION model

This section outlines the developmental process that led to the establishment of the ION model and describes the model as it is intended to be implemented.

Background to the ION Process

In 2004, the North Western Health Board carried out a needs assessment in the Letterkenny area. As a result, over 30 agencies (primarily youth agencies) and services began meeting in 2005 to discuss ways of working together to support children and families. A number of different models were considered and in early 2006 Family Action Letterkenny decided to adapt the Common Assessment model developed since 1999 in North Lincolnshire, and now being implemented throughout England and Wales. The introduction of the Common Assessment Framework in North Lincolnshire had led to improved inter-service trust and cooperation, a growth in needs-led service provision to families, a reduction of 49% in child protection referrals

to Social Work, a reduction of 64% in inappropriate (i.e. unlikely to be allocated) family support referrals to Social Work, and a reduction in multiple assessments (Ward and Peel, 2002).

The vision, organisational framework and common language (including forms and processes) for an Irish model were developed over the next two and a half years in discussions between representatives of service providers. In September 2007, a steering group was set up to oversee the development of a pre-implementation pilot. Building on the experience of North Lincolnshire's Common Assessment Framework (CAF) and on international research, the objective of the Irish Identification of Need (ION) process is to develop a framework and culture of early intervention, focused on meeting the needs and maximising the strengths of families. A needs-led service demands the integration of a wide range of agencies dealing with the whole spectrum of social provision.

During the various consultations and meetings that informed the service design, a key decision was made that the ION would not be characterised as an assessment. This decision was informed by the fundamental commitment of the stakeholders to a family-centred and family-led process. It was felt that the term 'assessment' was particularly associated with professional decision-making and the gate-keeping of access to services. In contrast, the ION seeks to facilitate families to 'tell their story' and identify their needs themselves. This is a nuanced, but critical distinction, particularly because the ION process uses the dimensions of an assessment framework (called 'My World Triangle' by the Scottish Executive, 2005 – see *Figure 3*) as a guide. While these dimensions are used, they are not used for their ordinary purpose of guiding professional assessment; rather, they are used to guide the family in identifying their own needs in an holistic way so that those needs can then be quickly and effectively met through the ION process.

The ION is a process of multi-agency support for families: parents, children and young people. It is aimed at children and young people who are experiencing difficulties and are unlikely to realise their full potential. It can be used when a child's needs are unclear or if it appears that an effective response to addressing those needs is likely to require the coordinated support of a number of services. The ION process does not replace existing child protection systems or procedure; instead, it adds a component to the continuum of care and support available to children and families and is designed as an early intervention and prevention tool.

The ION process began formally within the HSE in October 2008. Following an initial planning phase, the process was rolled out in January 2009 as a regional pilot initiative in the North West Local Health Office (LHO) Areas of Donegal and Sligo/Leitrim/West Cavan. The ION is funded through the HSE Innovation Fund: initial funding expired in December 2009, but two sequential 6-month extensions were granted and the pilot phase was funded until the end of December 2010.

The ION process has been managed by a Regional Management Group, with members based in Sligo/Leitrim and Donegal. The implementation of ION in each LHO was managed by the respective HSE Child Care Manager, both of whom acted as joint Project Managers. Despite working towards the same brief, the implementation in each area was somewhat different as a result. There are now two separate components to the management structure: a Project Board (which is the executive decision-making body) and a Regional Management Group (which advises and directs on all aspects of ION's operation). The management process is based loosely on the PRINCE methodology. In each area, a part-time Project Coordinator is responsible for the implementation of ION. In Donegal, the ION Coordinator is employed by the HSE and in Sligo/Leitrim/West Cavan, by Sligo Social Services Council Ltd. Area-based Working Groups advise on local implementation and Sector Convenors act as champions for initiative in their respective sectors. These sector groupings are the Community and Voluntary sectors; Education; Allied HSE Services; and Crime Reduction.

Interagency training formed a key element of the developmental process for the ION initiative and is also intended to form a cornerstone of the ongoing implementation of the ION (see *Table 3*). The HSE Children and Families Training Unit was significantly involved in the initial roll-out of training, although this role has been reduced due to resource constraints in December 2009 after an internal review process. Approximately 140 practitioners across all sectors have been trained in the ION process in Sligo/Leitrim between January 2009 and July 2010, and over 160 in

Donegal between February 2008 and September 2010. The training is interactive and the feedback is used to develop and refine the ION itself. It is part of the continuous dialogue and evolution that is built into the process of interagency cooperation and is a key to the flexibility and adaptability of the ION. Promotional material (including leaflets and posters) has been developed and distributed to raise awareness of the ION initiative. In addition to this work, one of the primary functions of the ION Coordinators is to raise awareness of ION in all relevant fora.

Table 3: Details of sectors engaging with ION training

Sector	Agencies engaged with training	Number of participants trained
Community and Voluntary	Leitrim Lifestart	3
	Northside Community Centre	1
	Sligo Social Services Council Ltd.	9
	Sligo County Childcare Committee	2
	Childcare providers	23
	Avalon Centre	1
	Sligo Lifestart	13
	Sligo Rape Crisis Centre	1
	Sligo Travellers' Support Group	1
	St Angela's College	1
	Foróige	5
	Resource House	4
	Focus Ireland	1
	Family Resource Centre	1
Cranmore Regeneration Project	4	
Education	Home Youth Liaison Service	6
	Sligo Adult Guidance Education	1
	Mercy Primary School	2
	Sligo VEC	1
	Strandhill National School	2
	St. Brendan's National School	1
	Afterschool Project	1
Allied HSE Services	HSE	29
Crime Reduction	An Garda Síochána	4
	Youth Action Project	3

Chronology of key events in ION development and implementation

Table 4 summarises the chronology of key events in the development of the ION process. This information was provided to the evaluators by the ION Regional Management Group.

Table 4: Chronology of events in development of ION process

April 2005	Western Region Conference hosted by North Western Health Board on Common Assessment Framework (CAF) methodology. Presentations on North Lincolnshire experience by Dr. Suzanne Regan and Professor David Thorpe.
November 2005	Family Action Letterkenny: Statutory and voluntary agencies in Letterkenny meet to discuss how best to support young people.
February 2006	Family Action Letterkenny adopts the CAF methodology and sets up an interagency group to develop it.
April 2006	HSE Child Care Manager of Children and Families Social Work (Donegal and Sligo/Leitrim/West Cavan) begins doctoral research into North Lincolnshire CAF to explore transferable learning.
May 2006	Research is undertaken involving a file study of 30 Social Work initial assessments equally divided between Sligo/Leitrim/West Cavan and Donegal. The study is carried out by the 2 Principal Social Workers for HSE Children and Families Social Work, the independent Child Protection Conference Chairperson and the Child Care Manager. 54% of the initial assessments categorised as appropriate for CAF prior to

	referral to Social Work.
November 2006	Presentation by Child Care Manager to all Social Work staff in then North Western Health Board on CAF model.
March 2007	Further research undertaken involving file study of first 259 referrals in the North Western Health Board in 2006. The researchers were 5 social workers, 1 member of the training team and the Child Care Manager, supervised by Prof. Thorpe. 65% of cases were categorised as potential CAFs.
February 2008	First training day takes place in Donegal in association with the HSE Regional Child Care Training team.
March 2008	In the wake of the division of the North Western Health Board into 2 Local Health Office (LHO) Areas (Donegal and Sligo/Leitrim/West Cavan), the Regional Children and Families Committee is reconstituted as the Sligo/Leitrim/West Cavan Children and Families Committee. In May, it adopts the ION as a local model of service delivery. In Donegal, the Children's Services Committee subsequently adopts the ION.
May 2008	First attempt to begin pilot in Letterkenny area of Donegal.
September 2008	Initiation of ION process funded by HSE Innovation Fund in two separately managed areas. Project Manager for Donegal is Child Care Manager/HSE Donegal; Project Manager for Sligo/Leitrim/West Cavan is Child Care Manager/ HSE Sligo/Leitrim/ West Cavan.
October 2008	ION Coordinator in Donegal appointed. First meeting of the Project Board takes place, involving HSE Local Health Managers from Donegal and Sligo/Leitrim/West Cavan. Meeting decides that Sligo Social Services will employ part-time Coordinator in Sligo/Leitrim/West Cavan. First ION request received in Donegal.
November 2008	Information seminar takes place in Sligo with over 50 agency representatives attending.
January 2009	The ION Coordinator for Sligo/Leitrim/West Cavan takes up post on half-time basis. Appointment is on basis of one-year pilot. Sligo Working Group established, chaired by the ION Coordinator, and attended by the Project Manager for Sligo/Leitrim/West Cavan. Terms of reference developed and Sector Convenors agreed. The Working Group will meet on a monthly basis. First training day takes place in Sligo in association with the HSE Regional Child Care Training team. Training will continue on a monthly basis. First ION referral received in Sligo/Leitrim/West Cavan.
February 2009	Working Group in Donegal dissolved by the Donegal Child Care Manager. First ION support meeting in Sligo/Leitrim/West Cavan takes place.
March 2009	Decision made to amalgamate Training Sub-Group with Regional Management Group. Following feedback from practitioners indicating that the time and resources required to carry out an ION process were an impediment to referral, Regional Management Group decides that administration in relation to ION be carried out by the ION Coordinators.
April 2009	Local Health Manager in Sligo/Leitrim/West Cavan issues letter to HSE Heads of Service indicating that ION is formally a part of the business process of the HSE.
June 2009	Local Health Manager in Sligo/Leitrim/West Cavan agrees to extension in Coordinator hours, to 4 days per week. Hours in Donegal remain the same at 2½ days per week.
August 2009	First Social Work referral received in Donegal (through the Primary Care Team system).
October 2009	HSE decides to extend ION as a pilot initiative until June 2010. Interim evaluation report produced internally.
December 2009	HSE Child Care Training team review undertaken. Role in delivering ION training changes under HSE internal re-organisation. Training team is no longer in a position to retain an all-day involvement in the ION training.
March 2010	Donegal Project Coordinator moves from Children's Services to Social Inclusion within the HSE. Formal supervision of ION (as per the original structure) ends. 100th person participates in training in Sligo/Leitrim/West Cavan.
May 2010	Decision made to extend pilot until end December 2010. Regional Management Group informed the Child Care Manager in Donegal will no longer act as ION Project Manager. Regional Management Group decides that families can no longer self-refer to ION, i.e. that the ION Coordinator cannot assume the role of lead practitioner.
June 2010	Administrator begins work in Sligo/Leitrim/West Cavan on 15 hours per week basis. Seminar takes place in Donegal to share the learning from Sligo/Leitrim/West

	Cavan. This leads to the reconstitution of the Donegal ION Working Group. NUI Galway appointed to conduct external evaluation of ION on a regional basis.
July 2010	ION Coordinator in Sligo/Leitrim/West Cavan reverts to 3-day week.
October 2010	Local Health Manager in Sligo/Leitrim/West Cavan agrees to mainstream ION and to extend funding for 2011.

The ION Model

The developmental process described above has led to the characterisation of a unique ION model. The ION is an agreed standardised approach to identifying children's needs for services, in partnership with parents/caregivers and children themselves. It is used in situations where a parent or someone working with the child or family has reason to believe that a child might not meet one or more of the 7 national target outcomes for children, as outlined in *The Agenda for Children's Services* (OMC, 2007). It has been developed for the use of families and practitioners in all services so that they can communicate and work with each other more effectively. It is of particular benefit in identifying and tackling difficulties at an early stage, before they become serious, but may also be used in more acute situations.

A key aim of ION was to move away from a predominantly parent-blaming, forensic, risk-based way of working with families (often perceived as the *modus operandi* for traditional social work practice) to a predominantly enabling and assisting model, with parents and children as the active agents of change. However, there has been a gradual shift in social work training and practice towards a strong ethos of strengths based work with families. The differences between the ION approach and child protection social work are outlined in Table 5. Despite the significant difference in focus between the two approaches, risk and child protection remain central to the ION training process.

Table 5: Contrasting ION with Child Protection Social Work

ION model	Child Protection model
<ul style="list-style-type: none"> • Parents initiate and control the process • Permission sought from carers for sharing and seeking information • The child is seen in context • The carers (and child, depending on age) are viewed as experts 	<ul style="list-style-type: none"> • Parents rarely initiate the process • No permission sought from carers for sharing and seeking information • The focus is on an event, or series of events, seen in isolation • Records are critical and focus on carers' faults (the 'forensic' focus)

The ION is a process of gathering and interpreting the information needed to decide what help a child (or their parent/caregiver) needs. It provides a structure to help practitioners undertake and record this process, with the parent/caregiver and child, and decide with them what to do next. As discussed above in relation to the model's development, ION is *not* an assessment process. It is part of a wider continuum of integrated services and is designed to achieve the following:

- **Bring timely support to families**, by providing methods to help practitioners who come into day-to-day contact with children and families (such as those providing ante- and post-natal services or those in early years settings and schools) to identify strengths, needs and solutions at an earlier stage.
- **Develop multiple access points to services**, by creating a network of all services that work with children and families.
- **Improve multi-agency working**, by enabling lead practitioners to maintain a single overview record of the needs and responses to a child in contact with several agencies; by embedding a common language of identification, need and response; and by improving trust, communication and information-sharing between practitioners and families, and among practitioners. Where a child is being supported by more than one service, possibly involving specialist assessments, the ION provides a structure to summarise information from different services into a single simple format. The ION could become a key tool to support practitioners working in multi-service teams at primary care or network level.

- **Reduce bureaucracy for families**, by providing practitioners (including lead practitioners) with a fuller overview of a child's needs and responses, thereby reducing the number of assessments and inappropriate interagency referrals.

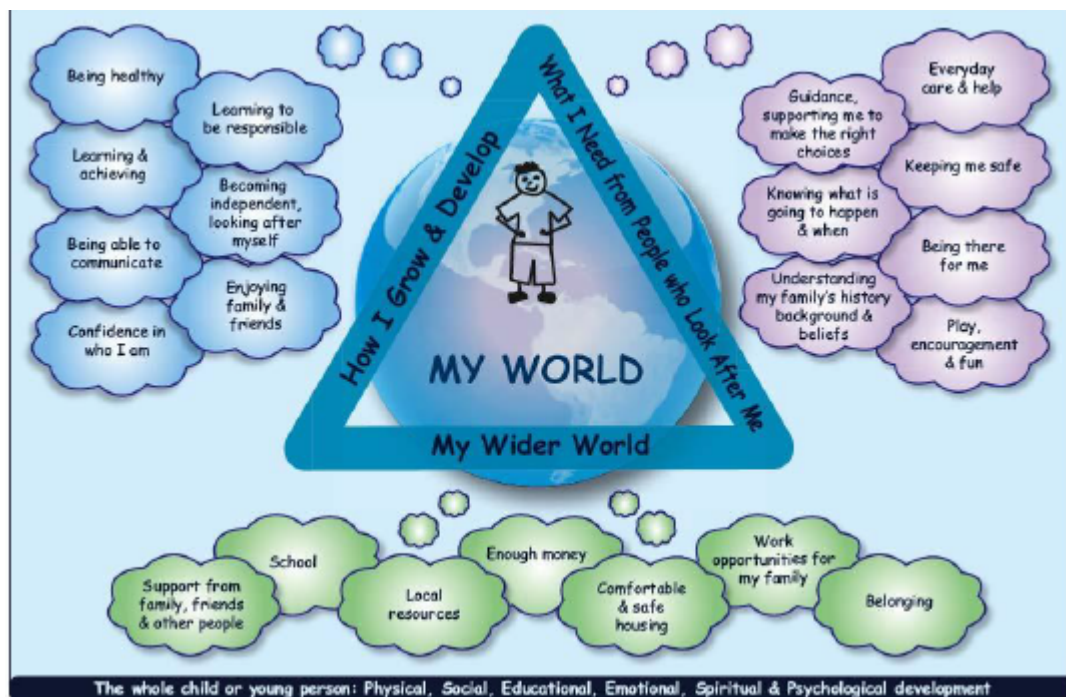
The ION aims to enable parents and children, assisted by practitioners, to identify their own needs. It seeks to build on and formalise current practice. Practitioners in any agency are capable of undertaking an ION. The essential quality is not professional training, but a helpful and respectful relationship with the family. It is intended that the ION be adopted by all agencies working with children and families. Completing an ION will provide practitioners with a good overview of a child's needs. In doing so, it will preclude the need for *some* assessments to take place. However, the ION cannot replace specialist frameworks (such as educational assessments or drug screening) and assessment tools, and it does not aim to do so in any way. In such cases, the ION may act as a gateway to these specialist assessments.

There are a number of non-negotiable principles that are universal to every ION process, namely:

- The ION is voluntary – all aspects, from the decision to request an ION, to the nature of information to be shared, to the end point of the process, are controlled by the parents/caregivers and child.
- An ION meeting cannot take place without the involvement of at least one parent.
- The parents determine the agencies to be involved in the ION process.
- The ION process looks at the whole child in an all-round (holistic) manner, in the context of his or her family and environment.
- It takes into account strengths as well as difficulties and needs.
- It privileges the voices of the parent/carer and child, recognising them as experts in their own situations and assisting them to identify their needs and ways of meeting them.

The ION is based on the 'My World Triangle' used by the Scottish Executive (2005) as part of its guide to policy initiative *Getting it right for every child* (see Figure 3). Although this is an assessment framework, the ION is not applying it as such; rather, it is used as a guide to facilitate a family to identify their own needs. Figure 3 shows the child at the centre of the model considering 3 issues: 'What I need from people who look after me?', 'How I can grow and develop?' and 'My Wider World'.

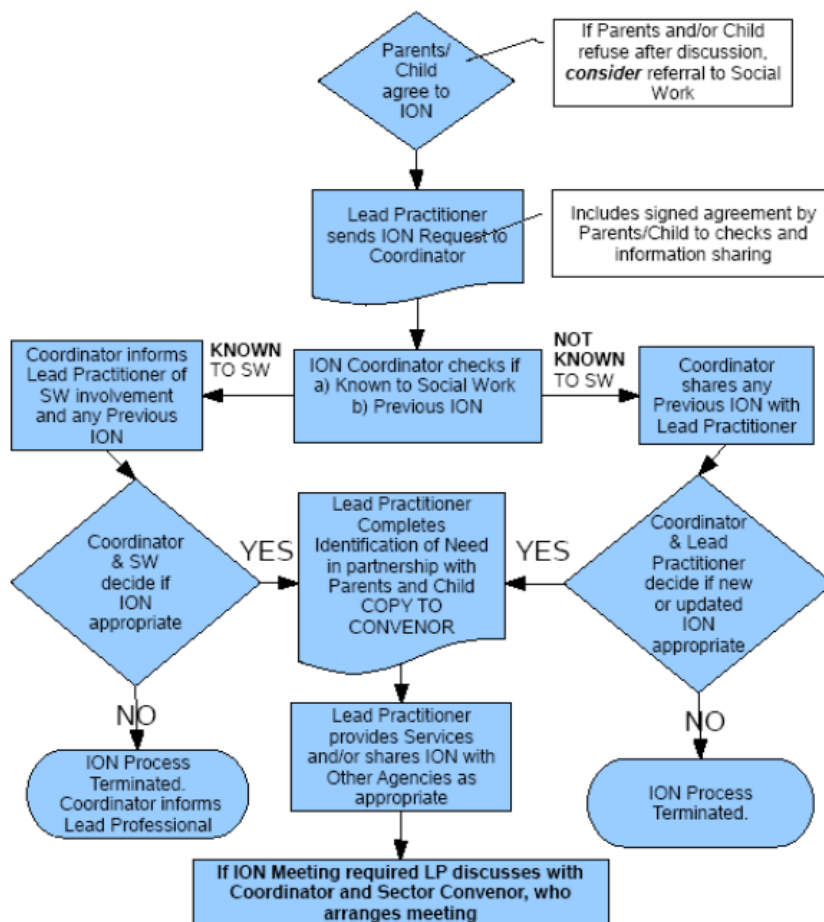
Figure 3: 'My World Triangle' assessment framework



Source: Scottish Executive (2005)

Figure 4 outlines the ION model as it was initially developed. Minor adjustments were made during implementation and Figure 5 shows the revised process.

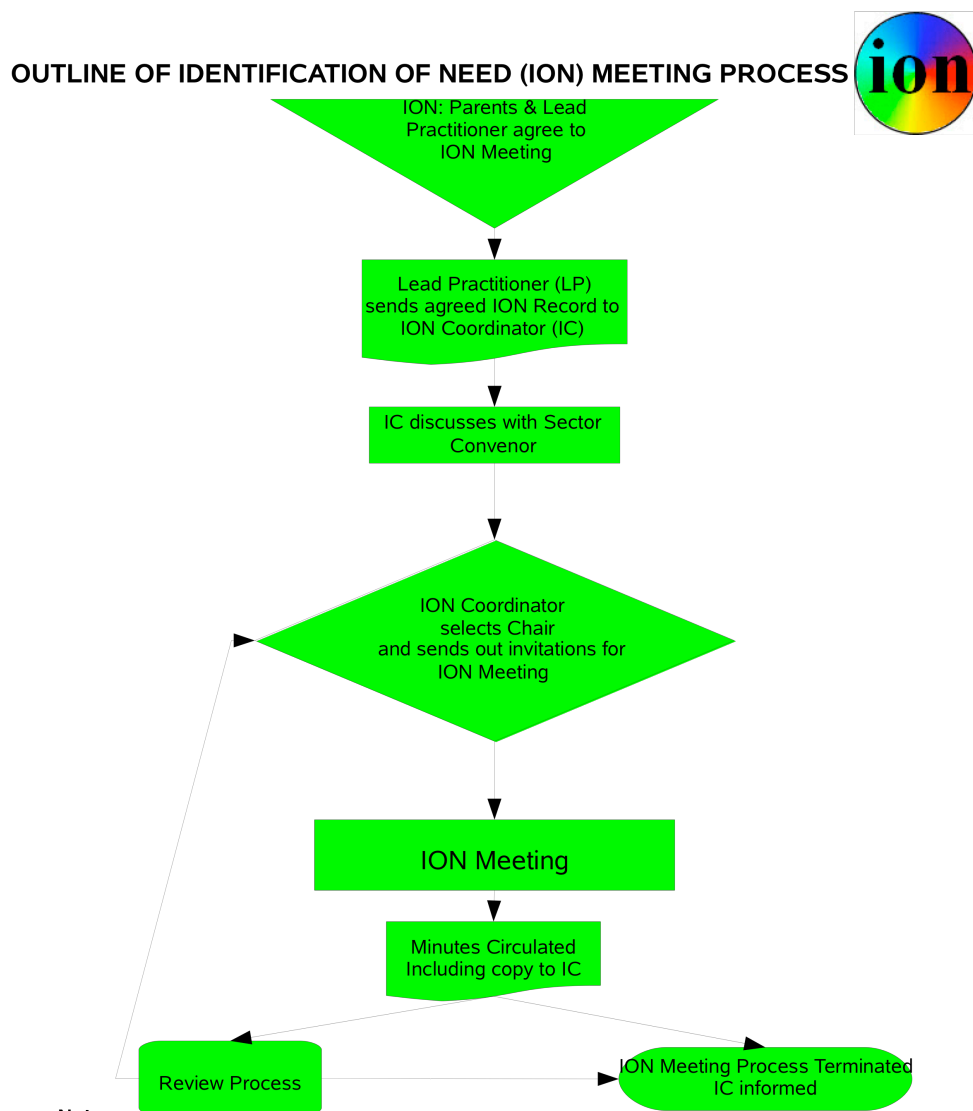
Figure 4: Outline of original Identification of Need (ION) process (SW = Social Work)



Notes

1. The ION is not appropriate for cases involving suspected abuse or neglect. If a Lead Practitioner is unsure about the appropriateness of an ION, the Coordinator is available for discussion/clarification and will have access to SW advice.
2. If a family/child refuse an ION or withdraw from the process please inform the Coordinator.
3. If a family/child refuse an ION or withdraw from the process, and if there is continuing concern, consider a referral to Social Work.
4. The ION process will be tracked by the Coordinator, who will contact the Lead Practitioner if the ION is not received within 2 weeks, and the Sector Convenor if there is no reply or receipt of ION after 3 weeks.

Figure 5: Outline of revised Identification of Need (ION) process (SW = Social Work)



Notes

1. An ION Meeting may be held at request of Social Work, if agreed by parents and Lead Practitioner
2. An ION Meeting is not appropriate for cases involving suspected abuse or neglect. If a Lead Practitioner believes that there may be child protection concerns, s/he should refer this to the Children and Families Social Work Service.
3. If a family/child withdraw from the process please inform the Coordinator.
4. If a family/child withdraw from the process, and if there is continuing concern, *consider* a referral to Social Work
5. The ION Meeting will be tracked by the Coordinator, who will contact the Sector Convenor if minutes not received within 4 weeks of decision to hold meeting.

Key issues identified by internal mid-term review

Prior to the present evaluation, a mid-term internal review of ION was conducted in October 2009. At that time, a total of 19 ION processes had been initiated. Referrals had emanated from the Education Welfare Service, GPs, Public Health Nursing, Social Work Team, Assessment of Need Service, Lifestart, Northside Community Centre (Sligo), Home Youth Liaison Service, Sligo Social Services Council Ltd., Youth Action Project Sligo, Springboard/Resource House (Cranmore, Sligo), Mental Health Social Work Team and an independent community playgroup. In total, 35 agencies had engaged with ION processes, including health and social care, crime prevention, education, the Local Authority and the community and voluntary sectors. Varying levels of additional services were provided to families as an outcome of these processes.

The review identified a number of factors that contributed to the success in the implementation of ION. These were the engagement of key stakeholders in the community who were considered to have 'bought into' ION; the regular delivery of training, which involved 64 agencies in total; and the willingness of the management team to adapt the ION process in response to feedback from practitioners. Some of the risks identified as potentially affecting the successful implementation of ION included the short-term nature of the pilot initiative; the challenge of encouraging agencies to deviate from existing referral procedures and protocols; and the difficulty of engaging parents in a process that is new.

The introduction of ION as an additional support for children and families was considered to have benefited agencies and families alike.

- **Benefits identified for families** included the availability of another option for families in need of support; the availability of a model over which parents have control; increased or more efficient targeting of services to families; and a reduction in the sense of helplessness experienced by families who felt they were on their own in dealing with complex home situations.
- **Benefits identified for agencies** included engagement with other services in addressing issues they were formerly addressing alone; the development of a formal structure for increased cooperation; the development of a collective response to complex issues; and more effective targeting of resources.

Summary

This chapter has outlined the theoretical and policy context within which the ION process has emerged and the rationale and purpose of the specific model adopted in Sligo/Leitrim and Donegal. It has tracked an important service design and planning process whereby important adaptations and key distinctions were made in order to develop a unique and context-specific model. While the model retains the ability to be developed and tweaked during its implementation, the fundamental principles of the model were finalised during this planning and development phase. The most important of these principles was the emphasis on parental participation and this is what makes the ION model most unique among other similar initiatives. Chapter 2 outlines the results of the Evaluation Team's fieldwork, including the views of stakeholders on the implementation of the ION model.

2. Results of ION Evaluation

The overarching aim of this evaluation is 'to assess the effectiveness of ION as a model of early intervention for children and families and to capture the learning from the pilot phase'. To address this, qualitative testimonial data collected from key stakeholders in ION is presented here, followed by a review of ION's case files from Sligo/Leitrim and Donegal. Finally, three cases vignettes provide a picture of the issues facing families engaged with ION and the subsequent help that followed for families after the ION process was initiated.

Testimonial data from stakeholders in Sligo/Leitrim and Donegal

This section presents data collected from groups of stakeholders in Sligo/Leitrim and Donegal, namely: parents, ION Chairs, Lead Practitioners, Working Groups and Social Work Departments. An analysis of data on non-referring agencies in Sligo is followed by a presentation of data from the ION Regional Management Group.

PARENTS IN SLIGO

Ten parents from Sligo were interviewed on an individual basis as part of the evaluation process. Some of them had completed the ION process and moved on, while for others their case was still ongoing. The interviews established how each parent had come to find out about and use ION. The vast majority of parents had been introduced to the concept of ION through a practitioner they had gone to for help in a service in Sligo. Following either their first meeting or a series of meetings over time, the parents were encouraged by this key contact, who later became their lead practitioner, to consider using an ION approach to investigate and help them resolve the issues for their child. A small minority had made a self-referral to ION; these parents were practitioners themselves and were aware of the initiative.

An interesting finding was that approximately half of the parents seemed puzzled when asked to explain what they thought the ION process was all about. They were virtually unaware of ION, what it meant or what it did. Instead, they knew the process in which they had been engaged not by its name but rather as a process initiated with them and a lead practitioner in a service they had sought out. This depicted ION as not being a service in itself, but as an invisible glue that pulled relevant agencies together to support a family with specific needs.

Parents began the ION process for a variety of reasons. Some, for example, involved school-based educational issues affecting their child, peer bullying, their child having a low level of psychological well-being, their child acting-out for no apparent reason, relationship difficulties between the child's family members, and poor social skills. (A fuller description of the presenting issues for families is dealt with below, under the heading 'Review of Case Files'.) As described by one parent, 'Our family had been around the block with our [child] ... there was huge anger inside [them]', which was becoming a serious problem in school. A common experience for parents was that they had tried to get help from several agencies in the region, prior to coming to ION, but nothing was effective or seemed to work. However, it was the experience of the vast majority of parents interviewed that this began to change for the better when they approached ION for help. Only in one of the interviews did a parent suggest that ION had made no difference to the life of their child; this parent suggested that after initial progress being made on their child's issues, the situation began slipping back to the original position soon afterwards and this, in their opinion, was primarily due to the disengagement of their child with the process.

Main success of ION

In light of their experiences with the ION process, the parents were able to identify a number of key successes of the ION approach, namely:

- Sitting down for the first ION meeting was a turning point in the life of their family, stated one parent, because their child felt that agencies were finally beginning to understand them and their issues. *'What ION did for my son was to show him that people cared, but also that there are inadequacies in the system'* that he had experienced prior to ION. Other parents noted that ION had shown their young person an alternative to acting out their problems and provided them with a space where they could air their views and concerns. One parent commented that after an ION meeting their child had attended, the child began using the term *'Fair enough'* when discussing particular suggestions made by agencies, which for this parent was a huge turning point.
- Holding an ION meeting allowed *'all the bits of the jigsaw to be put together'* concerning the young person in question. From this process, everyone present was able to appreciate in more detail the issues for the young person. For one parent, there was *'a real collective power'* to the ION meetings. Another parent noted that *'Without ION, you have to go to all the different agencies, tell the same story, fill out forms – there was a huge paper trail on [my child] ... But with all the paper on him, there was still no solution. There was nobody that had a complete file on him'*. The sentiment of this point was echoed by the majority of other parents interviewed.
- Being involved in the ION process had created a renewed sense of trust among parents for the agencies attending the meetings, given the helpful nature of these agencies.
- The ION process provided the young person with the confidence to approach issues positively (particularly on school-related matters) – issues that they had previously avoided or acted out against.
- All of the parents strongly acknowledged the fact that they were enabled – by the support of the lead practitioner primarily, but also in some cases by the ION Coordinator – to lead the process and decide on the people they wanted at the ION meetings. This was a welcome difference to the experiences many families had had up to then, when they were dictated to by some agencies on what they should be doing.
- ION encourages agencies to think differently about their practice.
- What was reflected in the minutes following an ION meeting was a *'validation for parents'* on the issues they had been facing, noted one parent.
- The agencies that attended the ION meetings were *'not there to point the finger, but were there to help'*.
- ION acted as an advocate for the parent and their child with agencies that could help.
- The parents noted that the ION Chairs were really open, welcoming and listened to what they had to say and ensured that the agencies listened too.

The future of ION

Without exception, all of the parents interviewed held the view that ION needed to be continued in Sligo as a mechanism for supporting families. These families had no suggestions for ION since they were totally satisfied with it. Nevertheless, when considering the future of ION, some parents identified a number of suggestions:

- Two separate parents commented on the formal setting of the location used for their ION meetings. One of these parents commented that *'If a parent is in a vulnerable state, meeting with the ION group can be intimidating – with the high-back chairs, the formal feel to the meeting ...'* Therefore, there was a need perhaps to make meetings more user-friendly for families given the fact, as another parent noted, that *'I am not used to meeting groups like this'*.
- Three parents felt that some of the agencies invited to their ION meetings did not really know why they were there. These parents suggested that pre-meeting work should be done with these agencies to make sure they were *'up to speed'* on the issues for the family in question and, in particular, that they were attending the meeting because they were willing to help and not just because they had to go.
- The majority of parents stated that in their respective cases, prior to ION's involvement, a solution could have been found for their child's problems a lot sooner than it had.

Therefore, *'the earlier the ION happens, the better ... all services in their own compartments – all drawers being pulled out, but no talk between all the drawers'*.

- Some parents felt that it would be really useful if they had more support (either from the ION Coordinator or their lead practitioner) prior to the first ION meeting on what they could expect in the group. This was daunting for many parents.
- Two of the parents interviewed suggested that there could have been a more timely distribution of the minutes of the ION meetings since this delay, and therefore the follow-up, hindered the work of the agencies that had attended the meetings.

PARENTS IN DONEGAL

Three parents from Donegal were interviewed as part of the evaluation process. All three were mothers. In one instance, the father was present in the home but not actively engaged in the ION process; in the other two cases, there had been a recent separation, which had led to the need for support, and the mothers were the primary carers and focus of the ION intervention. In the interviews, the three participants described the circumstances that led to them being involved with ION and gave their views about the process. In one instance, a parent who was not receiving any specific targeted service proactively sought help from a professional; in another case, the parent was receiving a service from a single agency and in the course of the intervention, ION was suggested to them by that agency; and in the last case, the public health nurse had suggested ION to the parent.

All three were aware that ION was a unique and different approach to working with them and fully understood and appreciated it. They were satisfied with the service and would recommend it to other parents (indeed, one parent had already done so). For one parent, the intervention was advanced with definitive outcomes achieved, whereas the other two described the process as being in its early days. In terms of what ION had done for these families, a series of very concrete support services were provided in one case; in another, concrete support services were planned; and the other offered more supportive advice and information. In each case, the outcome was considered appropriate and to have led to an improvement. All three parents also benefited from knowing that support was there and that access to information, even if it is not always necessary to access the support, *'has provided me with people to go to if I have questions or need support'*.

Main success of ION

The parents were able to identify a number of successes for ION, namely:

- In particular, the partnership approach of divesting full control of the process to the parent was identified as very positive by all three parents. For two, it was a key factor in choosing to go ahead with the process: *'I was told that it was all down to me. If I didn't want to do anything ... it wasn't done, which I thought was good.'*
- All three liked the informality and warmth of the process and felt that this was also unique: *'Really good, really informal, which was good because it made me feel at ease.'*
- Two of the parents recognised ION as being a uniquely strengths-based and positive approach: *'Day one, they told me it wasn't my fault. I'm not a failure. It's just that I needed that bit of support.'* (The third parent was not aware of this as a specific approach.)
- Two parents described characteristics of the ION process that were client-centred, such as using a home help person that the parent trusted and utilising a trusted playgroup leader.
- All three parents felt that there were clear outcomes that everyone was working towards and that their situation had improved as a result of ION.
- In all three instances, the parents were consciously aware of exercising their autonomy. One parent had received sufficient support and would only initiate another ION meeting if she felt it was necessary. Another was happy to engage with the process, but only on the basis that it continued to be helpful.
- All three parents felt that if ION was not in place their options would have been more limited. Two felt that they would have proceeded with a more limited single agency response. One felt that her situation would have deteriorated were it not for the ION process: *'I would have been back on medication for depression.'*

The future of ION

All three parents were positive about the future of ION. One suggested: *'It has been fantastic. I'd recommend it to anybody. I mean some people ... might be like me ... I don't want to get anyone else involved. Put plain and simple, it's ... what I want. If I don't want to do something they suggest, it doesn't get done, which I think a lot of other people would feel better about, instead of ... "We going to do this, we're going to do that" and you have no choice about it.'*

Two of the participants could not identify any area for improvement – they were fully satisfied. One participant felt that the ION record form should be simplified: *'I found the form difficult to fill in actually, but I think we got there in the end. It was just lengthy and a bit difficult.'* The same parent also felt that a professional whom she wanted to attend did not and that an ION review meeting was poorly attended, without any explanation from those professionals that were not in attendance. She felt that people should be reminded to attend review meetings and, if possible, a more suitable venue should be arranged. She commented: *'If it's sold as a thing that is parent-led and you request who you want there, then he wasn't, that was a bit disappointing. And for the review meeting, there was quite a few that didn't actually turn up ... they just forgot.'*

Two parents were using ION on an ongoing basis with further meetings due, while the third did not currently have a meeting planned but knew she could arrange one if needed. All of them felt that ION should continue and be available to other parents, with their recommendation. Indeed, one of these mothers had already recommended it to another parent.

ION CHAIRS IN SLIGO

A total of four people who had previously acted as Chairs for an ION process were interviewed as part of this evaluation. All four are extremely experienced in their current professional posts.

The ION process

All of the Chairs interviewed agreed that the ION is a simple process and concept. As one Chair commented, *'If you make it complicated, the meaning of it is lost'*. It is based on the realisation that everyone at an ION meeting is there at the behest of the parent, which grounds the process in a family-led paradigm. According to one Chair, *'The ION process disarms professionals – with a big P – who think they have all the answers through their training'*. It is akin to the old-fashioned Meitheal approach used in traditional Ireland, where neighbours helped each other in times of grief, sickness or harvest – *'the collective carrying of the can'*. Another Chair commented that *'The ION is really good at taking the pebble out of your shoe – quick successes, paying off debts, issues that have hung over families for ages. Cannot tackle large issues unless pebbles sorted first of all'*.

The level of efficiency, overall support and care of both the ION Coordinator and Administrator made the whole ION Chairing process run smoothly. The Coordinator had done really well at matching the case in hand with a suitable Chair and as one Chair commented, there are *'no square pegs in round holes'*.

Main successes and outcomes of ION

The four Chairs were asked to consider what they saw as the greatest successes of ION to-date. The following points emerged:

- In terms of outcomes for the children involved in ION, the Chairs cited examples where children had benefited greatly from ION interventions. In one case, the young person was described as *'shining and getting more confident about himself'*. In another case, the process had given confidence to a mother on how to resolve the issues at hand and had created a situation where she could transfer this learning to her other children. In yet another case, the ION process had resulted in a mother feeling comfortable to disclose a child protection concern about one of her children.
- The Working Group was considered to have been a great success because it had allowed practitioners to build new relationships with each other and to strengthen existing

ones, as well as providing an opportunity for everyone to learn about what is on offer in these agencies. As one Chair noted, *'With the working group, there is nothing you can't say – no such thing as a hierarchy. Everything is out in the open – there is an honest, open sharing'*.

- The ION process has formalised work that had been going on between agencies already. One of the most successful parts of this for one Chair was that *'there is an honour about it [the ION process] – once you leave the room, you do what you were asked to do'*.
- According to another Chair, ION meetings in general have been able to attract senior personnel from the agencies chosen by the family. This has resulted in them *'being able to make decisions and get work done'*.

The Chairing process

In general, all four Chairs were satisfied that the meetings they had chaired went well. Prior to the meetings, the ION Coordinator provided them with 'Chair Guidelines' and one-to-one support on all the relevant information needed to chair the meetings effectively. As one participant noted, *'I felt very assured going out there [to ION meeting]'*. Another Chair suggested that, despite being experienced in such a role, he found the guidelines very useful since they made him focus specifically on the aims of the ION process. The guidelines also *'put the family and child central to process'*. However, as one Chair noted, there was an expectation at the outset that the Chairs would also take minutes; this part of the ION procedure was changed following feedback from the Chair of the first ION meeting in Sligo/Leitrim, which allowed Chairs to be more effective in their role.

The Chairs made a number of suggestions for improving the process of chairing ION meetings:

- One of the Chairs raised the concern about what a Chair needs to do if a child protection disclosure is made during an ION meeting. A monthly support, information-sharing and best-practice meeting would help overcome this for Chairs. This could be used to train new Chairs and providing support in a group setting would help the ION Coordinator to use her time more constructively, rather than dealing with Chairs individually.
- Related to the previous point is the need for additional guidance for Chairs on how to deal with a situation when someone in the group is disrespectful of someone else at an ION meeting. As one Chair pointed out, *'Some professionals can say outrageous things. The job of the Chair is to make sure there is equality in the group ... When you hear the way professionals say things to families ... can be very arrogant, cutting ... the main job of the Chair is to manage that'*. These and other issues could be dealt with at regular training arranged specifically for Chairs. As one Chair noted, training would be useful because *'experience and mileage can teach you a lot, but it is what falls out of the sky in an ION meeting that needs to be tackled'* in training.
- Another point raised was the need for Chairs to be trained on how best to challenge the agencies and families in meetings. This was reflected in the comment: *'[We] can't be all nicey-nicey in meetings ... need to maintain support, but need to challenge too'*. It was the Chairs' opinion that this would result in better outcomes for the families involved in ION.
- One Chair suggested that there needed to be better clarity about what should and should not be recorded in the minutes circulated to all agencies and the family following an ION meeting. From their experience, minutes had been circulated that contained information brought up by the family about an agency with which they had been engaging; on reading the minutes, the agency was very unhappy on two counts – first, with the nature of the dissatisfaction expressed about their service by the family and, second, the fact that this dissatisfaction was recorded in the minutes without their having had the opportunity to defend themselves on the issues raised.

The future of ION

Each of the four Chairs supported the view that ION should be continued in the future, reflected in the comment, *'It would be an absolute disgrace to let ION go'*. Another Chair noted that even having been sceptical of ION from the outset, he saw the impact it had on lives when he began chairing the meetings: *'That got me away from the theoretical side of ION to real-life issues being dealt with by an interested group of people – went from theory to the practical. Making daily life better for families is what counts – it is not rocket science'*. One Chair was surprised at the lack of an evidence-based approach in the training for Chairs and even for the ION process itself as compared to the system inherent in the UK version of the Common Assessment Framework.

Each Chair offered valuable insights into ION's future, all of which are listed below:

- In order for ION to survive in the future, it needs to be supported by national policy-makers and given a legitimacy: *'Somewhere down the line, we will have to get all policy-makers to value this process, that it is written into what we do. Otherwise, it begins to get hard to get Chairs'*. This could mean that contracts and service-level agreements of all those involved in family support in Sligo would be rewritten to include ION as a core part of their normal work. At present, being involved in ION is 'below the radar' for most Chairs since it is not part of their formal role.
- The public profile of ION needs to be raised considerably. In particular, given the close contact teachers have with children on a daily basis, a publicity blitz and training events should be targeted at all schools in the region. A selection of teachers should be freed up from schools for training. To make the training effective, schools need to organise substitution for those teachers, so that teachers do not have to attend training outside of school hours.
- As part of the publicity campaign, one Chair commented that the name 'ION' would be better being re-branded to 'Meitheal', a word with innate historical meaning for Irish people.
- One Chair suggested that even given the knowledge she had of services available to families in Sligo, she was still finding it hard to keep up to date with new developments. Therefore, there is a need for a Directory of Services to be developed for agencies and families, to be updated on a regular basis.
- The future success of ION will depend on the process being led out by ION Coordinators, as is the case now. As one Chair commented, *'If you don't have someone to lead this out, it will fail. None of us have time to lead out on this. You need a Coordinator to do all the work. Practitioners don't have time to do ION admin'*.
- One Chair held the view that following the present evaluation, ION should be allowed the space to develop to its full potential over the next 5 years. This would involve designing ways to measure outcomes and progress for the families involved. The ION process could then undergo a rigorous summative evaluation and the subsequent results used to develop a definitive ION model, which could then, if suitable, be implemented on a national basis.
- The relationship of the ION process with the HSE Children and Families Social Work Department was also raised. It was the perception of the four Chairs interviewed that the HSE Children and Families Social Work Department had not fully engaged with the process. In terms of why, one Chair felt that it might perhaps be due to social workers seeing it as the Child Care Managers' 'baby' – and therefore developed without their input. It was the firm view of three of the Chairs that whatever relationship builds over time between the ION and the HSE Children and Families Social Work Department, the ION needs to be kept separate from social work – *'If it becomes contaminated or tainted by the statutory process, child protection, Courts, then it is lost in the system.'*
- For ION to succeed, it will need to be resourced accordingly. One Chair suggested that a possibility not yet explored is for all agencies involved to contribute money from their budgets to the running costs of ION.

ION CHAIRS IN DONEGAL

One ION Chair was interviewed in Donegal. The interview covered the person's involvement in the ION process, the impact of the process, the barriers to implementation and the future for the ION initiative, summed up below.

Main success of ION

- The ION is an opportunity to meet the needs of more children and families effectively. This is especially the case for small organisations with limited resources.
- Despite the limited number of cases that have gone through the ION process, there has been great value for those families.
- The informal approach of the ION process works well for families.
- The ION process facilitates agencies to engage with parents in their homes rather than working with parents in agencies' offices or working with children and young people in isolation.
- Agencies that engaged with the ION process have been very supportive of families.
- Agencies learn more about other agencies' systems and processes.

Main challenges for ION

- Getting people to buy into the potential benefits of the ION process.
- Some agencies, particular statutory agencies, do not always have the supportive relationship with families needed to first initiate the ION process.
- It was initially intended to have ION meetings in the family home. This has tended not to happen because some agencies, mainly schools, do not visit family homes. Therefore, the issue is not one of difficulty in initiating ION meetings, but of participating in ION meetings as they were originally intended.
- Some individuals and organisations lack the willingness to take on the commitment involved in initiating the ION process.
- Organisations have not taken on ownership or responsibility for the ION process. The low number of referrals in Donegal is reflective of this.
- It is challenging to ensure agencies take accountability for implementing tasks agreed in ION support meetings.
- Developing a culture of interagency working in general has been challenging. People are only responsive to interagency initiatives when it is mandated by funding agencies. It is preferable that people engage willingly rather than because of being mandated by funders. There is a culture of competitiveness in relation to interagency working.

Suggestions for the future of ION

- There should be specific standardised training for people undertaking the role of Chair.
- It should be made clear to families that the ION process will not result in agencies solving all their problems and that the children and parents will need to take responsibility for their own well-being along with the agencies.
- The ION Working Group needs to support the ION Coordinator and help remove any barriers relating to the implementation of the ION initiative.
- There needs to be a change in culture within organisations with respect to interagency working. This change could be initiated by making the engagement by HSE-funded agencies with ION a performance indicator in their HSE service-level agreement.

LEAD PRACTITIONERS IN SLIGO

Three Lead Practitioners from Sligo were interviewed as part of the evaluation process. To start their interviews, they described the cases they had referred to ION, which ranged from specific behavioural issues to broader concerns about child well-being. All three had become aware of ION either through attending training provided by the ION Coordinator or through the ION

Coordinator addressing a meeting in their own service. All three were extremely satisfied with the professionalism of the ION Coordinator and latterly the ION Administrator.

The ION process

The three Lead Practitioners interviewed identified a number of factors central to the ION process which they saw leading to its success. For example:

- The ION process is totally family-led and voluntary, and helps identify the needs of the individual child, in conjunction with their family and supportive agencies, in a non-threatening way. Prior to ION, the Lead Practitioners had all experienced bringing agencies together to examine issues relating to young people and families with whom they work. However, these meetings were often difficult to arrange and were narrow in terms of membership and scope, as well as being sometimes rather 'ad hoc'.
- The ION process has also helped the Lead Practitioners to develop a broader understanding of the range of support services available to families and young people outside of their own area of expertise.
- From the experiences of the Lead Practitioners interviewed, the Chairs of the ION meetings they had attended had been very effective at creating a supportive environment in the meetings and were diligent in checking that parents were aware of what was being discussed at all stages. All of the ION meetings are formally recorded via minutes. This formalised the process and ensured that at follow-up meetings, the Chair was able to assess what work had been achieved since the last meeting.

Main success and outcomes of ION

The Lead Practitioners were asked to describe what they regarded as the main successes and outcomes of ION. Despite some minor differences in how they gauged success, all three perceived the successes of ION in similar ways. For example:

- A main success of the ION process is that it formalises the approach of getting agencies together and makes it much easier to get all relevant agencies to meet. The process provides a structure and framework for services to sit together with the family and talk out specific issues of concern for that family. It also provides more clout to Lead Practitioners when trying to get support for the family in question afterwards.
- The ION meetings allow for all participants to receive relevant information on the young person in question and thus 'co-generate' a more rounded view of the young person and an appreciation of all of the issues affecting them. As one interviewee commented: *'We all have professional views, but may be blinded by certain factors. Sitting around the table with a family and agencies broadens that view and you can figure out what to do.'*
- The ION process has fostered an ethos that the well-being of children and families 'is everybody's business ... [ION offers an opportunity for a] much more community-based response to need'.
- One Lead Practitioner suggested that if ION was not in place, all of the referrals made by him would have gone to the Child Welfare section of the Social Work Department. Therefore, ION had helped defer non-child protection cases away from Social Work. This participant also suggested that in many cases, Social Work was quick to close welfare cases if the family did not engage. ION was there, however, to work with families in the absence of the HSE Children and Families Social Work Department.

On the issue of outcomes for children involved with ION, the three Lead Practitioners interviewed noted varied successes, ranging from dramatic improvements in the life of the child to situations where after some initial improvement, the situation of the child had stagnated or slipped into a worse position. All of them suggested that as well as the engagement of the young person in the ION process, the availability of appropriate services in the area and a host of other related issues, the overall success of ION depends very much on the nature of engagement of parents. In relation to achieving positive outcomes with families, they suggested that change in any family can only be incremental and so practitioners as well as families need to be patient about what can be achieved over a specific timeframe.

The future of ION

The general consensus from the three Lead Practitioners was that ION definitely has a place in the landscape of family support in Sligo for the future. It is a simple, but effective concept that gets agencies to come together to discuss issues with a family in a supportive way. A number of suggestions concerning the future of ION emerged, including:

- A suggestion from one of the Lead Practitioners was for ION to help develop a Directory of Services for the Sligo region. This would help lead practitioners understand the breadth of help available, which in turn would help them advise families on possible agencies to invite to their ION meetings.
- A worry for one of the Lead Practitioners centred on the future administration of the ION process. It was his firm view that if the current level of administrative support was ever transferred back to the individual practitioners, the ION process would fail. Therefore, every effort needs to be made to ensure that the current level and format of administrative support stays in place.
- Another issue raised by one of the Lead Practitioners was about the need for the Chair of the ION meetings to make sure to establish ground rules at the beginning of the meeting.
- A further thought from one of the Lead Practitioners concerned the lack of involvement of Social Work in the ION process in general. He suggested that this could be overcome if at every ION meeting, a social worker could be present. This would help foster the relationship between ION and Social Work. The social worker could act as a sounding board for decisions made and help further support the work of the lead practitioners and the process in general. It was his view that the social worker should only be part of the larger ION team and should not be seen as 'running the meetings'. Also, if the ION case then got referred to Social Work, the social worker would be familiar with the details and thus would avoid having to spend extra time getting to know the family and their case. The involvement of Social Work in the ION process was not supported by the other two Lead Practitioners.
- At present, ION is perceived as pre-front door to Social Work. One of the Lead Practitioners suggested that ION could also work with a family that had been referred to Social Work once the case is closed, as part of its standard practice. This engagement could fill the void often felt by families when Social Work closes their case.
- A final suggestion for the future of ION was that at present, there were very few referrals being made to ION from duty social workers. If a case is deemed not to be child protection, one of the Lead Practitioners suggested that Social Work could refer these cases to ION instead of taking them into the duty system.

LEAD PRACTITIONERS IN DONEGAL

Three Lead Practitioners from Donegal were interviewed as part of the evaluation process. They described the cases they were involved with and gave their views on the ION process. All three became aware of ION through the awareness-raising work of the ION Coordinator and then decided to undergo training. Two of the ION interventions came about as a result of parents proactively seeking support and the other was due to the Lead Practitioner suggesting it to a family she was already working with. All of the Lead Practitioners interviewed had a positive experience of the ION process and felt that as an initiative it should continue.

Main success of ION

The three Lead Practitioners interviewed generally perceived the successes of ION in a similar way, although some observations that are unique to particular interventions are included:

- All the Lead Practitioners fully understood the ION process.
- All of them felt that the ION process worked well, particularly the informality of the process, the degree of control the parent has over the process, the responsiveness to need and the flexibility (such as having meetings when and where it suited the parent). One Lead Practitioner commented: *'What I like about it, it's quite relaxed, the parent is there and is able to say what she or he needs and at the same time whoever is in the area that can provide support and is providing ... services are invited along and it gives them a chance to let the family know what's out there and what way they can help the family.'*

- All the Lead Practitioners felt that the chairing of the meetings was conducted in a good and professional manner, particularly in making the parent feel at ease.
- All the Lead Practitioners found the ION Coordinator to be helpful in supporting them.
- Each of the Lead Practitioners felt that ION added value compared to their previous experience of interventions, particularly in enhancing the quality of multi-agency working. One commented: *'I think ... the whole process works ... It makes sense ... It should have been happening years and years ago. Everyone knows what everyone else is doing for the family or what everyone else's role is, so there is no ... duplication ... of work.'* Another commented: *'All the other agencies were around the one table, where before we wouldn't have known who was going in and who wasn't ... so now we can all work together.'*
- The Lead Practitioners felt that ION added options to the continuum of care offered to families and that if the ION process was not in place, there would likely be a single agency response that would be inadequate to meet need. One Lead Practitioner felt that she would have attempted to deliver a similar intervention, but that it would have been a lot slower since she would have been trying to pull people together on her own. All three Lead Practitioners felt that this was particularly important in a rural context where options to access services are limited. This was reflected in the comment: *'Well, that parent had nowhere to go really. She felt she had nowhere to go. She didn't want social services [meaning Social Work Department] involved; she didn't need social services, but she needed other agencies. But I suppose the old-fashioned way was the only agency you had was the GP or social services.'*
- Two Lead Practitioners felt that the support for themselves as workers was also an important aspect of the ION process. As one put it: *'I felt supported because all the other agencies were around the table.'* Another felt: *'I know there is back up there ... I don't have to carry this can on my own ... there is a lot more people involved now so it's more spreading of the responsibility.'*
- All the Lead Practitioners felt that they were working towards clearly defined outcomes.
- All the Lead Practitioners had experienced an ION process that had delivered support services effectively and had improved the situation of the family. In particular the speed of delivery of services was identified as a strength: *'She didn't feel, like, "Well, I'm going to be stuck here now on a waiting list for six months" ... it was rolling on and she had support straight away.'*
- All of the interventions described by the Lead Practitioners utilised a relationship with a trusted professional. In two instances, a trusting relationship was in place with an existing professional and in the other, a trusting relationship was built up as a result of the ION process.
- One Lead Practitioner felt that by involving the parent, the visibility of the intervention to them was greater and as a result their understanding of the challenges encountered and degree of effort made by professionals was greater, thereby leading to less frustration on the part of the parent and a more positive relationship as a result.
- One Lead Practitioner felt that using local services known to parents was a non-intrusive and non-stigmatising way of providing support.

Future of ION

All of the Lead Practitioners felt that the ION was a positive development in practice and should be maintained and expanded. All three had positive experiences of ION training. The time lag between completing training and making a first referral was an issue for two of the Lead Practitioners since it meant that the training was no longer fresh in their minds. The importance of the role of lead practitioner in ensuring the momentum of the process was emphasized. One Lead Practitioner felt that she would have benefited from more specific training in relation to the role of lead practitioner as compared to other roles, as well as some written guidance on roles.

While all the Lead Practitioners found that there was a considerable degree of work involved in completing the ION record form and found it a challenge doing it for the first time, only one felt that it should be altered. This Lead Practitioner felt that it was lengthy, repetitive and intimidating for the parent, and so should be shortened and simplified. Two of the Lead Practitioners spoke about taking their time in completing the form with the parent: one completed a few parts at a time, taking a break and returning to it a different day because the parent was finding it

distressing; another felt it was important not to put pressure on the parent to complete every section and so left some sections uncompleted. One Lead Practitioner felt that the parent she was working with was uncomfortable with the form being read by all the professionals in front of her at the outset of a meeting and that the form should be read in advance to avoid this.

There was a general sense that the level of awareness and understanding of ION needed to be enhanced. One Lead Practitioner felt that not all agencies fully understood the process when she contacted them in her role as lead practitioner. It was felt this could be achieved through enhanced communication and more written information, as well as using various existing agency networks. Greater awareness, it was felt, would lead to more referrals. One Lead Practitioner felt that in a rural context awareness among medical services (such as public health nurses and GPs) needed to be developed since they were potentially a key referral source. All of the Lead Practitioners felt that a similar model should be developed nationally, but with a focus on each local context.

WORKING GROUP IN SLIGO

A focus group interview was held with the Sligo Working Group, with 11 members present. The interview focused on the progress of the Group's work since the start of ION and members' views on the ION process and its future.

When asked to describe what purpose it had as a group, the consensus was that the Working Group was meeting on a regular basis to review the ION process as it was operating in Sligo. One member of the Group summed it up by saying: *'The working group has made the UK version of ION its own ... If there is an owner of ION, it is the working group'*. Each meeting led to a refining of the ION process, drawing on the experiences of others in their approaches to working with families. This, members agreed, was of particular importance to ION Chairs. Feedback was also provided at each meeting from the ION Coordinator on how training, presentations, meetings and general promotion work was going with agencies in the community. In particular, feedback on the barriers and challenges facing agencies helped focus discussions. Members agreed that each meeting of the Working Group provided an opportunity for a check-in as well as space for problem-solving. The Working Group also functioned as a means of discussing the recruitment of additional Chairs.

Main success of ION

Members of the Working Group described what they regarded as the main successes of ION to date:

- The Working Group itself was a key reason behind the success of ION. It was action-focused, creative and non-hierarchical. The ION Coordinator was also highly praised for her role in developing ION to where it is today.
- One of the primary successful components of ION noted by one member of the Working Group was that the approach is *'dynamic, changing, moving all the time. That is what the process is – we can change, not be stuck rigidly and always do it this way'*. Another member commented that ION is about *'moving out of our trenches and being flexible'* with families.
- ION is not another service for Sligo. Instead, ION is a process that enhances what supports are there already for families. As one participant suggested, ION is *'not rocket science. The value is us moving up a notch on how we work together and improving that relationship and that communication is central'*.
- ION is all about what families need, driven by families, where parents set the agenda.
- ION is characterised by simplicity. As one participant noted, *'It is what we wish would happen, but it never did. It formalises what was happening anyway'*. All agreed that it is important not to overcomplicate ION, summed up by one member's comment: *'It is formalisation of best practice and a way of putting some structure and monitoring into place. ION is a simple concept. It about talking about things with families and then doing the agreed things – formalisation of stuff that goes on everyday.'*

The future of ION

All members of the Working Group were of the opinion that ION should continue into the future. For one member, ION should be continued simply because it was an early intervention approach: *'If the focus was on this [early intervention], we wouldn't need as many fire engines – trying to solve ills that sometimes are nearly gone too far. ION can be there when people begin to struggle. For too long, things didn't go to Social Work until they had to. ION can get in there before this occurs.'*

However, if ION is to continue, the following suggestions need to be considered by the ION Regional Management Group:

- One member of the Working Group raised the point that there was still a lack of knowledge of ION in the primary and secondary schools throughout the region and that schools were unclear about when they could go to ION with a case instead of referring it to the Social Work Department. Given the relationship teachers have with children, the future success of ION, in the opinion of this participant, will depend on buy-in from schools. However, due to the formal training teachers have received from the HSE on the *Children First: National Guidelines for the Protection and Welfare of Children*, they are *'fearful of having informal discussions with anyone except Social Work'*. In addition, the same person suggested that *'A lot of teachers don't see it as their problem. They see it as the Principal or Vice Principal's job ... so the latter go to training and second-hand information on ION gets back to teachers'*. It was suggested that the best way to tackle this issue was for the Department of Education and Skills to adopt ION as a standard way of working for schools.
- Members of the Working Group also raised concerns about the relationship of ION with the HSE Social Work Department and the lack of buy-in from the HSE. When ION started, Social Work saw it as *'left field'* and, as suggested by one participant, asked *'Why are YOU doing that? WE do family support'* [authors' emphasis]. A more detailed discussion needs to happen between ION and Social Work in order to clarify their relationship. The Group agreed that if the current Child Care Manager had not supported ION from the start, its relationship with Social Work would be even worse than it is now.
- Another issue raised by one member of the Working Group centred on the question of what happens to a family that disengages from ION and still has outstanding issues. In their opinion, this was extremely worrying since the family could potentially *'fall between the stools'* of ION and Social Work.
- The Working Group acknowledged the fact that more work needed to be done on assessing outcomes for the families that engage with ION. At one level, members agreed that the very nature of the ION process – with agreed tasks for families to achieve, regular check-ins and progress tracked over time – makes ION very accountable and outcomes-focused. In addition to a need for this information to be written up formally on all ION cases, members agreed that a longitudinal study should be designed and implemented in the next phase of ION's existence. Therefore, ION needs to be given a further 5 years of operation, by which time the issues raised by this evaluation can be addressed. The possibility of rolling ION out nationally could then be addressed.
- If ION continues to expand in Sligo, its future success will, according to one participant, depend on the availability of Chairs. A strategy needs to be developed to ensure a suitable pool of Chairs is always available for ION meetings.
- Another issue raised by members of the Working Group was that ION is currently based on the idea that agencies will meet with families when requested to do so by ION. However, not one Working Group member has a contract that names ION as part of their core business. Therefore, the fear exists that if funding becomes tighter in the future, agencies will not have the time or resources to engage with ION in the same way. To counteract this possibility, all those involved in ION need to have their service-level agreements re-written by the HSE or funders to include ION as core work.
- The Working Group was extremely satisfied and happy with the work of the ION Coordinator. Members did note that from the start this work was curtailed due to the lack of administrative support. Without this, agencies would not have been able to engage with ION. The cost of the involvement of the ION Coordinator in administration has been a slower than expected broader strategic development of ION. Members agreed that the

future of ION thus depends heavily on the continuation of administrative support for the Coordinator.

WORKING GROUP IN DONEGAL

A focus group interview was held with the Donegal Working Group, with all members attending save one, who was interviewed separately later. The interview explored the role of the Working Group, the ION process and its strengths, the challenges faced and the future for ION.

The overall consensus was that the Working Group and the ION initiative both face many challenges in Donegal. There was a strong sense that the Working Group is not currently functioning and needs to be reviewed. Despite the major challenges identified, there was also optimism and enthusiasm for ION and many suggestions were put forward for its future development.

Main success of ION

Members of the Working Group found it difficult to identify the success of ION in Donegal because they acknowledged that the initiative is behind its developmental target and therefore, due to an absence of completed and/or open cases, they could not comment fully. They were all convinced of, and enthusiastic about, the value of ION. Some members had first-hand knowledge of successful ION interventions, although this was limited both by the specific roles of the Working Group members in their respective agencies and by the limited number of cases their agencies had been involved in. They cited the following points as evidence of success:

- ION leads to a very quick intervention. It opens up access to services and information on services for the family. It gives parents control and puts them at ease. It leads to more coordination of interventions.
- The continual improvement of ION training was seen as a success.

Main challenges for the Working Group

Considering their experience to date, members of the Donegal Working Group identified a number of challenges facing them:

- Not all members regularly attend meetings. Therefore, the Working Group does not have the necessary spread of representatives in terms of relevant agencies or geographically. The core group that are now attending are struggling to make progress: *'We've sat here, you know, with four or five members, kind of disjointed, kind of floundering'*. Those who are not attending need to be communicated with regarding their non-attendance.
- When the Working Group first began meeting, there was a lack of continuity in personnel attending, which may have acted as a disincentive to some members who are not currently attending.

Main challenges for ION

Members of the Donegal Working Group identified the following challenges for ION:

- There is a lack of understanding of ION among some individuals and groups, leading to a failure to realise the potential benefits for families. Also, there may be unrealistic expectations in relation to short-term outcomes and a failure to recognise that ION is a long-term initiative with long-term outcomes.
- It is difficult to demonstrate the benefits of ION to potential referrers until a series of interventions are processed and it is difficult to process these without more referrals.
- There is insufficient 'buy in' from management across a range of agencies. ION is not perceived as an initiative of the Donegal Children's Services Committee (CSC). Members of the Working Group were not aware of any formal link or communication between ION and the CSC, or of ION being a priority on the agenda of the CSC or its sub-groups. It was considered difficult to achieve 'buy in' from agencies in the absence of a mandate from a governance framework such as the CSC.

- Numerous people attended training on ION, but did not subsequently initiate the ION process with any families. Members of the Working Group were concerned that some people who attended the initial training may have been daunted and put off, and may not be aware that the training has since been adapted: due to the wealth of experience gained, training is now more focused and less theoretical. As one member commented: *'I think there was a start-stop element to this project, that there was no momentum, people that were training, they were trained back, I remember, two years ago.'*
- It was suggested that some agencies may feel that they are already working in an interagency way and do not need the structure of ION in order to engage in interagency working. They may not understand the additional benefits of ION and an effort needs to be made to communicate these to such agencies.
- There are unique challenges for ION in Donegal as compared to Sligo, such as the potential that ION could be viewed as an HSE initiative due to the location of the ION Coordinator within the HSE. Also, it was considered challenging that the Coordinator's HSE post was split between ION and other work, leaving less time for promoting awareness of ION. It was felt there was more 'joined-up thinking' in Sligo due to better functioning of interagency fora. However, it is important to recognise the antecedents to the development and role out in Sligo and Donegal as these were very different.
- It was felt that there were some factors acting as barriers or disincentives to the initiation of the ION process among the practice community in Donegal. The open-ended nature of the ION process meant that some people could be afraid of not knowing what level of commitment is required by the process or that some people may be afraid that interagency working will damage their own agency. One member of the Working Group noted: *'Sometimes if something is referred to as a process ... it's so unpredictable of what your outcome is going to be, that could mean you're going to be there for a year and a half ... It's that unpredictability that can sometimes scare people, to be honest.'* Another member commented: *'There is an element of fear too about interagency work ... I do think some groups, because they're not used to it, are terrified that they're going to sell out their own project and someone else is going to come in and take over.'*
- One case was discussed where there was disagreement between agencies in the course of an ION intervention. It was agreed that this needed to be fully resolved to ensure that it did not impede the future involvement of any agencies in the ION process.
- It was felt that some practitioners found the ION record form cumbersome and may be discouraged from initiating the ION process as a result. It was also felt that some practitioners may be concerned that asking certain questions may damage their relationship with families or they might not feel competent to complete certain sections of the ION form, not being aware that it is not necessary to complete it all.

Future of ION

The general agreement among members of the Donegal Working Group was that the ION initiative should be maintained and become the core process for working with vulnerable families: as one member observed, *'It's a new way of working and people are slow to embrace new ways of working because they have tried and tested models, so why should they ... want something that's new and different. It takes time to ... embed that into how organisations do their business'*. Another member commented, *'ION should be the norm, not a new initiative'*. Other suggestions for the future were:

- Membership of the Working Group needs to be reviewed and expanded to ensure all relevant agencies and geographical areas are represented. Two comments summed up this suggestion: *'They really need to be brought back. There needs to be something done to bring all of those people back to the table and even to hear our experiences now ... Something needs to draw them in because it is a very worthwhile process'* and *'I think until this group of people have actually had something tangible to say, we are not going to get other people, bums on seats, to join'*.
- Whatever the differences between the ION initiative in Donegal and in Sligo, the unique characteristics of the Donegal model should be built upon positively.
- As success is achieved with a small number of ION interventions, then these case studies should be used to build momentum and to demonstrate the benefits of ION for children and families.

- Attendance at ION training should be linked to a commitment to engage with the ION process.
- More effort needs to be made to promote the ION initiative in the various community and interagency fora in the county and to communicate its benefits. The Working Group itself must increase its efforts to support the ION Coordinator in doing this.
- The link between the ION initiative and the Donegal Children's Services Committee (CSC) must be strengthened, with regular communication flow between the CSC and the ION Working Group, including formal updates from ION to the CSC.
- The roles of the Lead Practitioner and Chair in communication procedures should be formalised and written up as guidelines (e.g. communicating the intervention plan, dates of meetings and communicating with families).
- The ION record form should be simplified. Also, it should be made clear to potential referrers that the ION *request* form is sufficient to initiate the ION process and that they will be supported in the completion of the ION record form.
- Professionals attending an ION meeting should be familiar with the content of the ION record form before the meeting commences.
- The benefits of an initiative like ION should be considered in terms of the national policy context.
- The name 'ION' should be changed to be more reflective of what the process actually does.

REPRESENTATIVES FROM HSE SOCIAL WORK DEPARTMENT

So far, this chapter has presented results obtained from stakeholders central to the ION process, namely parents, ION Chairs, Lead Practitioners and ION Working Groups in Sligo/Leitrim and Donegal. The interrelation of these distinct groups is a core component of ION at a micro level. Nevertheless, ION does not operate in a vacuum and is subject to a set of macro influences. One such external influence are the HSE Social Work Departments in Sligo/Leitrim and Donegal. Given this albeit indirect relationship, from the outset the Evaluation Team was keen to interview representatives from Social Work as part of the fieldwork. Considering this, four social workers were interviewed as part of this evaluation (2 based in Sligo, 1 in Leitrim and 1 in Donegal). A brief summary of these results is presented below.

Social Work Department in Sligo

The 2 social workers interviewed in Sligo were aware of ION and acknowledged its usefulness for those practitioners in the community who recognise a family needs support, but have concerns about the impact a referral to the Social Work Department might have on the family. In that situation, ION is an ideal solution: '*The fact that it is outside Social Work is a huge strength.*' They also pointed out that they had been asked by their manager to use ION as part of their normal work.

Analysis of the data revealed a number of **perceived concerns with the ION** process:

- A core issue for both participants was the lack of inclusion of social workers in the development of ION. For them, ION had been developed without their input.
- One participant was concerned that ION was a replication of work already being done by the Social Work Department in Sligo – members of that department also actively provide family support services to the community.
- One participant was concerned that any referral, to their knowledge, that had come from ION has been in crisis. The concern was that the potential success of any intervention provided by Social Work to families is dependent on building a relationship with that family; if ION takes on a family and the case eventually ends up needing to be referred to Social Work, crucial relationship-building time with the family may have been lost to the social worker. This participant was unaware of any protocols that existed between Social Work and ION on, for example, when to refer a case to Social Work from ION or what information is shared.
- A fourth concern, common to both social workers, related to the identification of need assessment conducted by ION. They were unsure as to the focus and content of the

assessment, with one participant suggesting that perhaps ION could investigate the possibility of having a social worker involved in *all* ION assessments.

- Finally, one of the social workers wondered whether ION was value for money, especially given the current economic climate.

On the **future of ION**, both social workers agreed, to varying degrees, that:

- ION was in itself a good idea in supporting families. However, they believed that if ION is to continue, it needs to develop in conjunction with the HSE Social Work Department.
- Another suggestion for the future was that ION could be used to investigate where HSE funding spends money on family support services. Their feeling was that this process would uncover replication of services, the resolution of which could be arrived at via ION working closely with the HSE and these agencies.
- Finally, one social worker suggested that if ION continues, it should establish a longitudinal evaluation methodology to show outcomes achieved over time by the families worked with.

Social Work Department in Leitrim

The single member of the Social Work Department in Leitrim interviewed acknowledged that they had a limited understanding of the ION process. Thus the comments presented here need to be viewed in this context.

Up until recently, the ION process had not operated in Leitrim. However, ION has taken a small number of referrals in the recent past from the Social Work Department in Leitrim. The social worker interviewed raised a number of issues about the ION process:

- On the timeframe for response by ION to need, the participant was aware of one recent case that was referred to ION during the summer of 2010. However, by the time ION had responded and set up the initial meeting (due to agencies being on annual leave), the family had come back to Social Work. The participant was of the opinion that ION was slow and that Social Work could respond more quickly to need.
- It was questionable as to whether there was a need for ION in Leitrim given the fact that Social Work had developed a strong family support approach in the county over a number of years.
- It was questionable as to whether or not ION was value for money given the relatively small caseloads it carries in comparison to Social Work.
- The final concern suggested that if ION was to develop in Leitrim, a strong PR campaign would be needed at community level in order to familiarise people with the concept. Related to this point, the participant thought that ION would have a better chance of working in Leitrim in the future if the ION Coordinator was based in the county, where they would be visible 'on the ground'.

Social Work Department in Donegal

One representative from the Social Work Department in Donegal was interviewed and stated that within the Social Work Department the ION process is considered a valuable initiative. The main challenges identified for ION were a lack of clear communication and feedback between the Social Work Team Leader and the ION Coordinator, leading to a lack of awareness of ION within Social Work and within the broader practice community.

In terms of the future of ION, it was suggested that although awareness-raising work has been done with Social Work and the Community sector, it needs to be repeated and increased to ensure awareness of ION. In addition, the interviewee stated that the Social Work Department Intake Team needed to start routinely considering ION for families that are referred to them but do not require Social Work intervention.

NON-REFERRING AGENCIES IN SLIGO

At the initial meeting with the ION Regional Management Group focusing on the content of this evaluation, the researchers were asked to look into reasons why some agencies that had received training on ION never subsequently referred a case to ION. Two agencies in Sligo that fitted this profile were chosen at random – the School Completion Programme and the National Educational Welfare Board – and interviews were conducted with their representatives.

Both representatives were very aware of ION since they had been involved with it in a number of guises – either as a member of the Working Group or as an invited member to ION process meetings with families. When asked why their specific agencies had not made a referral to ION, the representative from the School Completion Programme stated that it was simply due to the fact that all of their cases were currently engaged with Social Work, which automatically precluded them from referring them to ION. In the case of the National Educational Welfare Board, the reason for non-referral was due to an existing internal mechanism that must be used to investigate a case upon referral. It was their experience that this process usually solved the problem and therefore there was no need to take the case to an ION.

ION REGIONAL MANAGEMENT GROUP

All five members of the ION Regional Management Group were interviewed individually and a summary of their combined input is presented below.

Main success of ION – Sligo and Donegal

Each participant was asked to consider what they saw as the main success of ION to date:

- The **Sligo Working Group** was deemed to be a core factor in the success of ION to date in Sligo. The championing of ION by members of the Working Group allowed the idea of ION to spread. One of the interviewees suggested that *'the working group is like a web – all of the people there fit into all the parts of the web in Sligo'*. The Working Group also served as a think-tank and a forum for exploring ideas.
- The **principles of ION** (e.g. being family-led) are central to the success of the process and are honoured by those practitioners involved in the various ION meetings with families. This way of working has been a change in culture for some agencies and thus was challenging. As one interviewee suggested, the ION meetings have uncovered some very strong stereotypical attitudes held by practitioners towards families.
- The **role played by the ION Chairs** was also cited as being central to the successful running of ION. The Chairs have taken control of the meetings with families with great skill; for one interviewee, *'this determines the efficacy of the process'*.
- The **level of commitment of the agencies** that attend the ION meetings was exceptional and key to the success of ION. These agencies, particularly the lead practitioners, have taken on the responsibility of supporting families through the process and, as one interviewee said, have been *'very generous with their time and expertise'*. Agencies have also been able to adopt flexibility in their own work practices as a direct response to ION. The combined work of these agencies, for one interviewee, was a definite better use of resources and funding.
- The ION process has helped **practitioners to realise that they can get help and support from their colleagues** at ION meetings. Therefore, the process *'shows them that they are not the only ones in that position'* of needing help on a particular issue.
- The very existence of agencies, *'all sitting at the same table'*, means that **duplication of resources is avoided**, which for one interviewee was a fundamental success of the ION process.
- The ION process has offered support to families that are not in a total crisis stage. Therefore, in many cases, ION has acted as an **early intervention mechanism**.
- The ability of ION to **be flexible** was cited as a core strength. For example, at the outset, the ION training was very theoretical. However, after feedback from practitioners, it was adapted to become more practical. The Regional HSE Training Team was also praised for its efforts in this regard: training on the *Children First: National Guidelines for the Protection and Welfare of Children* was blended into the ION training sessions and this

gave ION the imprimatur it needed with practitioners by demonstrating the way in which ION fits in with child protection and welfare concerns.

- The existence of ION has begun to force a **debate on the differences and similarities** between the family support work done by the HSE Social Work Departments and that done by the ION process.
- ION's **training materials and delivery** have been refined and as a result greatly improved. As people see the applied benefit of the ION process, they are more enthusiastic.
- **Front-line workers** are beginning to grasp the value of the ION process.
- The ION process has benefited from being seen as **non-stigmatising and separate** from Social Work intervention.
- Those who have engaged have found that the ION process has **brought improvements** to the way they work, improved their knowledge of other services and increased their capacity to deal with particular issues.
- The ION process has delivered **practical and immediate support** to families.

Issues in implementation of ION in Sligo

Members of the ION Regional Management Group were able to name a number of areas that emerged as problematic during the initial implementation of ION in Sligo:

- A central issue identified was about the perception of the usefulness of ION by the statutory agencies, particularly Social Work. According to the interviewee, Social Work questioned ION on the basis that *'If ION is not a formal assessment, is it valid?'* It was suggested that this may have inhibited the development of a better partnership between ION and Social Work.
- There was a delay in ION taking on an administrative person from the start of the process. This hampered the extent of the roll-out of the ION process since the ION Coordinator had to take on this role and some of the more strategic developmental work, for example, was by necessity given a 'back seat'.

Issues in implementation of ION in Donegal

Similarly in Donegal, members of the ION Regional Management Group identified a number of problem areas during the initial implementation of ION:

- The ION Coordinator must divide his time between coordinating the ION initiative and another demanding post within the HSE. The comment was made: *'It's becoming increasingly difficult to manage both together.'*
- The ION Coordinator does not have administrative support and thus has been drawn into administrative and practice tasks.
- The ION Coordinator does not currently have a line manager supervising his role.
- There has been a lack of 'buy in' from key managers, particularly within the HSE.
- In the early phase of implementation, ION was viewed as an HSE initiative. This has been gradually overcome. As one interviewee noted: *'In the early days, there may have been a reluctance when, as they saw it, the HSE was funding this programme ... We were at pains to say ... this is not an HSE programme – the HSE is facilitating it, the programme is multi-agency because everyone can use the ION process.'*
- It has been challenging to overcome resistance based on perceptions that referral to Social Work discharged all of a person's responsibilities in supporting families or that ION was beyond a person's role. Also, there was the challenge of developing people's understanding of the identification of need, partnership and active consent.
- Individuals may feel they are already engaged in interagency working and may not see the value of ION.
- Due to the geographical spread of Co. Donegal, it is common to find a lack of cohesion between services in terms of the work they do with families.
- The ION initiative is *'a little bit ahead of its time'* in so far as the broader system of children and family services is not sufficiently developed to fit with ION.
- For reasons of service re-organisation, the ION initiative is not managed within the HSE Children and Family Social Services and the Child Care Manager has been unable to be fully involved.

- The ION initiative has not been sufficiently viewed as part of national policy implementation and *The Agenda for Children's Services* itself, embodying the overarching principles of national children's policy, is not broadly known or used. As one participant commented: *'That [The Agenda] got completely lost. It has no audience here, it never had. It came out, but there was never any implementation plan around it. I think it's a really good manual and asks really good reflective questions, but there hasn't been the opportunity to do that work.'*
- There has not been consistent representation from the Social Work Department on the ION Donegal Working Group.
- The promotion of the ION initiative within the Donegal Children's Services Committee has been limited.
- Despite widespread training and awareness-raising, there have been limited referrals.
- Without a critical mass of referrals, it is challenging to recruit Chairs for ION: *'It is a bit like a chicken and egg ... If there were more people involved in ION, then your pool would be bigger in terms of drawing people in as Chairs.'*
- People have been discouraged from referring by the ION record form, which needs to be revised and simplified.
- There was a break in momentum between the Sector Conveners Group disbanding and the Working Group being set up.

The future of ION

Members of the ION Regional Management Group identified a number of issues on the future of ION, some of which were general points while others were specific to Sligo and Donegal:

- If ION is to cease in the future, a withdrawal process needs to be developed to ensure that the needs of families continue to be met in the absence of ION.
- If ION is to continue in the future, it should engage in a longitudinal study and evaluation of its work over the next 5 years. This will reveal the true extent of its impact on the lives of families and services with which it engages.

The final component of the interviews with members of the Regional Management Group asked each of them to discuss what they saw as the future of ION in both Sligo/Leitrim and Donegal. The results of these discussions are presented below.

Perceived future of ION in Sligo

- It was the view of all the Sligo-based members of the Regional Management Group that ION should be continued in the future and should remain outside of the HSE Social Work Department. Despite this, there was agreement that there needs to be a much closer relationship between both parties. As one interviewee commented: *'ION needs to be seen by Social Work as less oppositional.'*
- It was the view of one of the Sligo-based members that the administration of ION is still problematic. ION is administratively heavy and the current 15 hours allocated to the Administrator is not sufficient to carry the current caseload. This results in a weekly 'overspill' into the work of the Coordinator. The end result is that the future development of ION will be threatened if this issue is not resolved.
- Another issue that arose for a number of the Sligo-based members of the Regional Management Group was the need to support the ION Chairs. At present, the Chairs are not receiving training or having structured group discussions, which is a major shortcoming in the ION process. As noted by one interviewee: *'There have been child protection disclosures and racist comments made in ION meetings and ION is not supporting Chairs on that. This could turn people off in the future.'*
- It was also acknowledged by Sligo-based members that it was becoming increasingly difficult to find suitable Chairs. Suitability for the position is an issue, as one interviewee noted: *'It is a highly complex, skilled process. Not everyone can do that. They have to manage the meeting process, as well as manage the ION principles. Not everyone has that set of skills.'* Therefore, the lack of Chairs is potentially a stumbling block for the future of ION.

- If ION is to continue, it was the view of one of the Sligo-based members that a core step to be taken is to document the structural blocks that ION cases have encountered to date. For example, existing practices and protocols within some service agencies appear to conflict with the perceived appropriateness of them getting involved with ION. This adds another layer of bureaucracy, which may be avoided if structural blocks were identified and solutions sought.
- A definite position needs to be taken on the roll-out of ION in Leitrim.
- A final issue raised for ION in Sligo concerned the continuity of the posts of ION Coordinator and ION Administrator. A firm decision needs to be made on the future contract for both posts.

Perceived future of ION in Donegal

- The ION process should be routinely considered as a potential referral route for families referred to the HSE Children and Families Social Work Department and are not deemed as meeting the threshold necessary for social work intervention: *'Social workers on the ground are more aware now that inappropriate referrals to their service can be redirected to the ION process.'*
- The ION initiative should be located within the HSE Children Services.
- The link between ION and the Donegal Children's Services Committee (CSC) needs to be strengthened and ION should be a standing agenda item with the CSC. However, ION would firstly need to be adopted as the family support inter-agency model of choice before it could be promoted throughout the county.
- There should be a full-time ION Coordinator with administrative support.
- There should be national guidance on the roll-out of initiatives like ION.
- The ION initiative needs to be located within a broader service model for family support, with open engagement between agencies about thresholds of need for all services.

Review of ION Case Files

The second part of this chapter on the results of the ION evaluation provides data collected following a review of ION case files and supplements the qualitative testimonial data from stakeholders presented in the first part of this chapter. The purpose of the review was to provide a systematic appraisal of ION records profiling the information gathered from agencies and families in relation to the domains outlined below, as well as to provide a snapshot of the extent of ION implementation at the time the review was carried out.

Information on Agencies – domains

- profile of agencies/services opting to initiate ION;
- profile of agencies engaging in ION process through invitation;
- profile of agencies not engaging in ION process (and reasons for same);
- identification of additional services provided as a result of ION.

Information on Families– domains

- profile of families using ION;
- nature of issues being experienced by families;
- levels and nature of agency involvement with ION families prior to and following the ION process;
- outcomes for families.

There are some limitations in collecting data from such a review:

- The case file only contains information that the templates elicit. There may be data relevant to the overall aim and objectives of the evaluation that the case files do not document.
- Although basic information is consistently documented in the case files, the nature of specific issues in particular cases means that the type of information documented is not always routinely documented across all case files, such as indicators of progress and outcomes for families.

- The complex nature of the work is not always reflected in what are relatively brief and semi-structured templates.
- Following on from the above, there may be valuable work carried out by practitioners working with a family that is not fully documented in the ION case file.
- The case file review does not involve a comparison with case file data from similar interventions that are not part of the ION process.

Considering these points, the ability of the case file review to shed light on the more complex and in-depth issues involved in the implementation of the ION process or the added value of the ION process is limited. Therefore, the case file data should be viewed in the context of the overall fieldwork – the qualitative data collected as part of the individual and focus group interviewing.

The case file review provides an overarching snapshot of the profile of ION implementation in Sligo/Leitrim and Donegal in September 2010. Since the initiative is ongoing, there were further referrals received subsequent to the case file review being carried out and these are, of course, not captured in the review. Also, the case file review does not capture the breadth or depth of intervention occurring as a result of the ION process. For example, the fact that an agency was engaged or a service was delivered does not capture the quality of that engagement or service, or whether the quality of engagement or service delivered was substantially different as a result of ION. These issues are more effectively explored in the individual and focus group interviews. The case file review did not reveal any information in relation to non-engagement of agencies. However, this issue was addressed by interviews undertaken with agencies in Sligo (*see above*). Similarly, the case file review data showing additional services provided as a result of ION does not capture the potential supportive benefit experienced by families from the offer of services that are not taken up nor the differences in the flexibility or integration of support services delivered through the ION process. The level and nature of agency involvement prior to ION was not consistently recorded. Agency involvement following ION was also difficult to establish since there are only a small number of cases that have gone through the ION process and have been closed.

REVIEW OF SLIGO/LEITRIM CASE FILES

Table 6 presents data on the agencies identified as being involved with families in Sligo/Leitrim prior to ION being initiated.

Table 6: Agencies immediately involved with families in Sligo/Leitrim prior to ION being initiated

<ul style="list-style-type: none"> • Avalon Centre • Cluid Housing Association • Community Childcare Facility • Council Housing Section • Cranmore Regeneration Project • Foróige • Gardaí • HSE Adult Mental Health Services • HSE Family Therapy Service • HSE Paediatric Department 	<ul style="list-style-type: none"> • HSE Psychology Service • HSE Public Health Nursing • HSE Speech Therapy • Home Youth Liaison Service (HYLS) • Lifestart • National Educational Psychology Service • National Educational Welfare Board • Schools • Sligo Social Services Council Ltd. • Youth Action Project Sligo (YAPS)
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Table 7 lists the agencies that initiated the ION process in Sligo.

Table 7: Agencies initiating the ION process in Sligo

<ul style="list-style-type: none"> • Avalon Centre • CRIB Youth Project and Health Café • Home Youth Liaison Service (HYLS) • HSE Mental Health Services – Family Therapy Service • HSE Mental Health Services – Social Work Team • HSE Public Health Nursing • Little Pathways Crèche 	<ul style="list-style-type: none"> • Northside Community Partnership • Our Lady of Mercy School • Parents – self-referral • Sligo Family Support – Lifestart • Sligo Social Services Council Ltd. • Sligo Springboard – Resource House • South Leitrim NYP – Foróige
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There were 32 referrals in total. The geographical distribution of referrals in Sligo/Leitrim was generally concentrated in Sligo town (17), with 5 referrals from Ballymote and 1 referral each arising from Grange, Carrick-on-Shannon, Gurteen, Manorhamilton, Carrick-on-Shannon/Arigna, Dromohair, Easkey, Carrigallen, Strandhill and Mohill respectively.

Table 8 shows the agencies engaging with the ION process in Sligo/Leitrim.

Table 8: Agencies engaging with the ION process in Sligo/Leitrim

<ul style="list-style-type: none"> • Community Afterschool Project • Avalon Centre • Community Childcare Provider • Sligo County Council Housing Executive • Cranmore Regeneration Initiative • Home Youth Liaison Service • Focus Ireland • Foróige • Gardaí • General Practitioner • HSE Addiction Counselling and Substance Misuse Service • HSE Adult Mental Health Services • HSE Area Medical Officer • HSE Family Therapist • HSE Paediatrics Department 	<ul style="list-style-type: none"> • HSE Psychology Service • HSE Public Health Nursing Service • Lifestart • Mohill Family Support Centre • Money Advice and Budgeting Service • National Educational Welfare Board • National Educational Psychology Service • Probation and Welfare Service • Schools(see Table 9) • School Completion Programme • Sligo Family Resource Centre • Sligo Social Services Council Ltd. • Sligo Springboard Resource House • Visiting Teacher for Travellers • Young Enterprise Centre • Youth Action Project Sligo (YAPS)
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Table 9 shows the schools engaged with ION in Sligo and Leitrim, and the number of instances where the respective schools engaged with the ION process.

Table 9: List of schools engaged with ION in Sligo/Leitrim

School	Number of instances where school is engaged with the ION process
• Summerhill College, Sligo	4
• Our Lady of Mercy Primary School, Sligo	5
• The Project, Sligo	1
• Magh Ene College, Bundoran	1
• Grange Secondary School	1
• Colaiste Mhuire, Ballymote	1
• St. Clare's Comprehensive, Manorhamilton	1
• Rathlee National School	1
• Marist Girls School, Carrick-on-Shannon	1
• St. Attracta's, Tubbercurry	1
• Scoil gan Smál, Ballymote	1

Table 10 shows the additional services provided as a result of ION in Sligo. These range from access to summer programmes and activities, to home tuition, to training courses at the young enterprise centre.

Table 10: Additional services provided as a result of ION in Sligo/Leitrim

<ul style="list-style-type: none"> • Access to summer programme of activities, HYLS, Springboard and Avalon Centre • Avalon Centre, youth development • Childcare services • CLASP transport services • Council Housing Executive, support with housing needs • Counselling services • Focus Ireland, support with housing needs • Foróige, youth development, youth mentoring • Information on parenting support • Home Tuition • Homework Club • HSE Addiction Counselling • HSE Community Welfare Support 	<ul style="list-style-type: none"> • HSE Family Therapy • HSE Medical Assessment by AMO • HSE Smoking Cessation Counsellor • HSE Psychological Services • Incredible Years • Information on parenting support • Money Advice and Budgeting Service, household management support • Paediatric Department, intensive support with medical needs • St. Vincent de Paul, household management support • Support Services, HYLS, YAPS, Springboard • Young Enterprise Centre – Training Course
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Profile of families availing of ION in Sligo/Leitrim

As families were at different stages in the ION process, the extent of information recorded in the case files was not uniform. However, it was possible to collate information on the profile of families (see *Table 11*). There were 11 families where both parents were together and caring for the child and 14 families where the parents were separated. Where the parents were separated, in all instances the mother was the principal carer and the father was non-resident. In the cases where the father was non-resident, there was some engagement between the father and the ION process in 9 cases. In 5 cases, the father was not engaged with the ION process.

Table 11: Household composition of families in Sligo/Leitrim

Parents living together	11
Parents separated – mother in primary caring role with father engaged with the ION process	9
Parents separated – mother in primary caring role with father not engaged with the ION process	5
Father deceased	2
TOTAL	27

As Table 12 shows, the majority of families (17) were White Irish and English-speaking. There were 2 Traveller families and 1 non-White family.

Table 12: Ethnicity of families in Sligo/Leitrim

White Irish, with English as first language	17
Irish Traveller	2
Other Asian, with English as first language	1
TOTAL	20

Table 13 outlines the number of issues identified as referral reasons by age and sex. The purpose is to give an overview of the issues encountered through the ION process. It is important to note that in some cases, there may have been more than one issue per single ION case; therefore, there are more cases accounted for in this table when totalled than the 32 referrals noted above.

In the majority of cases (20), a boy was the subject of the ION. There were 3 cases where a girl was the subject of the ION and 2 where the referral was in respect of a sibling group. There was an even divide between teenage (12) and pre-teen children (13). Emotional and behavioural difficulties were the most common issues being experienced by families, identified as an issue in 22 cases. The need for support was identified as an issue for 4 families and poor school attendance was identified as an issue in 5 cases. Other issues that arose were children with learning difficulties (2); young person in contact with the law (1); suspected substance misuse by a young person (2); housing difficulties (1); financial difficulties (1); parental illness or disability (2); and child with developmental delay (1).

Table 13: Issues identified as referral reasons to ION in Sligo/Leitrim, by age and sex*

Issues identified as reason for initiating ION	No. of instances where issue identified for a boy	No. of instances where issue identified for a girl	No. of families where issue related to sibling group	No. of families with one child subject of ION (issue identified by age category)
Emotional and behavioural difficulties	19	2	0	2 (aged 0-5) 8 (aged 6-12) 11 (aged 13-17)
A learning difficulty	2	0	0	0 (aged 0-5) 0 (aged 6-12) 2 (aged 13-17)
Suspected substance misuse by young person	2	0	0	0 (aged 0-5) 0 (aged 6-12) 2 (aged 13-17)
Young person in contact with the law	1	0	0	0 (aged 0-5) 0 (aged 6-12) 1 (aged 13-17)
Poor school attendance	3	1	1	0 (aged 0-5) 1 (aged 6-12) 3 (aged 13-17)
Family in need of support	1	1	1	1 (aged 0-5) 0 (aged 6-12) 1 (aged 13-17)
Housing difficulties	0	0	1	Sibling group
Financial difficulties	0	0	1	Sibling group
Parent with illness or disability	0	1	1	1 (aged 0-5) 0 (aged 6-12) 0 (aged 13-17)
Child with developmental delay	1	0	0	0 (aged 0-5) 1 (aged 6-12) 0 (aged 13-17)

* The references to boys in the table is a reference to instances where an issue was present for a boy; in some cases, more than one issue was present so the number of instances of certain issues is greater than the total number of boys. The same applies for girls.

Outcomes for families

Identifying and measuring outcomes from the case file review was problematic since outcomes sought (and whether or not they have been achieved) is not systematically recorded. Instead, the ION record forms note needs and actions. In a small number of cases, the outcome sought was explicitly documented, but in the majority of cases the outcome sought was implicit in the problem. For example, if the problem was 'emotional and behavioural difficulties', then the outcome can assumed to be 'improved behaviour and emotional well-being'. In some instances, evidence of achieved outcomes was documented and in a small number of cases difficulty in achieving outcomes was documented. One case documented general progress, but without reference to an outcome sought. In some cases, the outcome was not considered to be achievable through the ION process. As stated at the outset in relation to the case review, the discussion of outcomes should be considered in the context of the overall fieldwork.

REVIEW OF DONEGAL CASE FILES

Table 14 presents data on the agencies identified as being involved with families in Donegal prior to ION being initiated.

Table 14: Agencies immediately involved with families in Donegal prior to ION being initiated

<ul style="list-style-type: none"> • Community Playgroup • Gardaí • Hospital • HSE Child and Family Mental Health Services • HSE Psychology Service 	<ul style="list-style-type: none"> • HSE Public Health Nursing • Lifestart • National Educational Welfare Board • School
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Table 15 shows the agencies that initiated the ION process in Donegal.

Table 15: Agencies initiating the ION process

<ul style="list-style-type: none"> • Daybreak (jointly with NEWB) • Foróige • HSE Autism Service • HSE Child and Adolescent Mental Health • HSE Primary Care Social Worker • HSE Public Health Nursing • Lifestart 	<ul style="list-style-type: none"> • National Educational Welfare Board (NEWB) • Northern Education and Library Board • Parent – self-referral • Parentstop (jointly with community playgroup) • Schools • Springboard
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There were 23 referrals in total, originating from Letterkenny (7), East Donegal (8), Inishowen (3), South Donegal (2), West Donegal (2) and Fanad (1).

Table 16 shows information on the agencies engaging with the ION process in Donegal.

Table 16: Agencies engaging with the ION process in Donegal

<ul style="list-style-type: none"> • Community Playgroup • County Council Housing Department • Family Resource Centre • Foróige • Home School Liaison • HSE Child and Adolescent Mental Health • HSE Public Health Nursing • HSE Psychology 	<ul style="list-style-type: none"> • Letterkenny Youth and Family Services • Lifestart • Money Advice and Budgeting Service • National Educational Welfare Board • Parentstop • Partnership Care West • Schools (<i>see Table 17</i>) • St. Vincent de Paul • The Loft Youth Project and Health Café
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Table 17 shows the schools that engaged with ION.

Table 17: List of schools engaged with ION in Donegal

School
<ul style="list-style-type: none">• St. Eunan's National School, Raphoe• Errigal College• Scoil Mhuire National School• St. Eunan's College• St. Columba's College, Stranorlar• Dungloe National School• Loch an Iuir National School• Deelee College• Rathmelton

Table 18 presents data on the additional services provided in Donegal as a result of ION.

Table 18: Additional services provided as a result of ION in Donegal

<ul style="list-style-type: none">• County Council, support with housing needs• Family Resource Centre, support services• HSE Psychology Service• Lifestart, support with children's emotional and behavioural development• Parentstop, parenting support• St. Vincent de Paul, household management support

Profile of families availing of ION in Donegal

There were 7 families where the parents were together and caring for the child and 11 families where the parents were separated (see Table 19). In all instances where the parents were separated, the mother was the principal carer and the father was non-resident. Of the families where the father was non-resident, there were 3 families where the father was engaged with the ION process and 8 where the father was not engaged.

Table 19: Household composition of families in Donegal

Parents living together	7
Parents separated – mother in primary caring role with father engaged with the ION process	3
Parents separated – mother in primary caring role with father not engaged with the ION process	8
Father deceased	0
TOTAL*	18

* No data were available on the remaining 5 families referred to ION.

Table 20 outlines the number of issues identified as referral reasons by age and sex. The purpose is to give an overview of the issues encountered through the ION process. It is important to note that in some cases, there may have been more than one issue per single ION case; therefore, there are more cases accounted for in this table when totalled than the 23 referrals noted above.

All families were White Irish, except one non-Irish White family. There were 6 boys and 6 girls that were solely the subject of the ION process and 5 sibling groups. Where the ION was in respect of one child, 8 of these related to pre-teen children and 3 related to teenagers. Emotional and behavioural difficulties were the most common issue (9) identified as a reason for initiating the ION process. Other issues identified were family in need of support (7); poor school

attendance (2); child with a learning difficulty (3); housing difficulties (4); financial difficulties (2); and parental illness or disability (1).

Table 20: Issues identified as referral reasons to ION in Donegal, by age and sex*

Issues identified as reason for initiating ION	No. of instances where issue identified for a boy	No. of instances where issue identified for a girl	No. of families where issue related to sibling group	No. of families with one child subject of ION (issue identified by age category)
Emotional and behavioural difficulties	4	2	3	1 (aged 0-5) 3 (aged 6-12) 2 (aged 13-17)
A learning difficulty	2	2	0	0 (aged 0-5) 3 (aged 6-12) 1 (aged 13-17)
Suspected substance misuse by young person	0	0	0	0 (aged 0-5) 0 (aged 6-12) 0 (aged 13-17)
Young person in contact with the law	0	0	0	0 (aged 0-5) 0 (aged 6-12) 0 (aged 13-17)
Poor school attendance	1	1	0	0 (aged 0-5) 0 (aged 6-12) 2 (aged 13-17)
Family in need of support	1	2	3	1 (aged 0-5) 0 (aged 6-12) 1 (aged 13-17)
Housing difficulties	0	2	2	0 (aged 0-5) 2 (aged 6-12) 0 (aged 13-17)
Financial difficulties	0	1	1	0 (aged 0-5) 1 (aged 6-12) 0 (aged 13-17)
Parent with illness or disability	0	0	0	0 (aged 0-5) 0 (aged 6-12) 0 (aged 13-17)
Child with developmental delay	0	1	0	0 (aged 0-5) 1 (aged 6-12) 0 (aged 13-17)

* The references to boys in the table is a reference to instances where an issue was present for a boy; in some cases, more than one issue was present so the number of instances of certain issues is greater than the total number of boys. The same applies for girls.

Outcomes for families

As was the case with Sligo/Leitrim (*see above*), identifying and measuring outcomes from the case file review was problematic since outcomes sought (and whether or not they have been achieved) is not systematically recorded. There were some references to the issue of outcomes rather than an attempt to quantify them. There was an even divide between cases where explicit outcomes were identified and those where the outcome was implicit. One case documented the difficulty of achieving the outcome sought.

Researchers' commentary on ION Case Files

The ION case files are a useful source of data for the purpose of monitoring and evaluation of the implementation of the ION process. The files are based on a series of semi-structured templates (*see Appendix 5*). The templates ensure a degree of standardisation in how information is presented, but also allow for case-specific information to be recorded. In some instances, information is not consistently recorded in the same way or is absent without explanation. On some files, information on the father of the child is absent and it is not clear whether this is because he is estranged, not engaged with the ION process or his details are unknown. It is also not always clear whether the parent sought support or whether it was suggested to them by a

professional known to them. The current structure of the case files does not have a section for case notes to document conversations between the ION Coordinator and professionals or family members that occur outside of ION meetings, either by telephone or in person, and as a result these are not recorded in a standard format. Also, since there is not a template for a closure summary or for documenting when an ION is requested but does not proceed beyond request, this information is not recorded in a standard way. The same template is used for the initial meeting and for all follow-on meetings, with guidance on the conduct of a review meeting being provided on the reverse side of one page of the template.

Case vignettes

As part of the presentation of results, a final contribution to this evaluation of the ION process includes a brief presentation of three case vignettes. These were provided to the researchers by the ION Coordinator in Sligo in order to illustrate the ION process. Pseudonyms have been used and identifying details have not been included.

Case 1 – James

James (aged 11) lives in a housing estate in a small town in rural Sligo. He is one of three brothers. His extended family had been involved in feuding with another local family, resulting in particularly serious consequences for James's family. James's mother was very concerned about the effects the feud was having on her children. Anxiety prevented her from allowing her children out to play, going for walks with them or generally engaging normally in the community. At the time of the ION referral, she was also just about to finish her job (she had been working on a fixed term contract). As a result, she was concerned that she would not have the finances to continue her children's involvement in sporting activities, on which they had become dependent as social outlets. None of the family had received counselling in response to the very serious incidents that had taken place.

James was referred to ION because he was displaying extreme bouts of anger, both in school and in the local community group. His mother had been summoned for numerous discussions with both the school and community group as a result. Otherwise, James is an intelligent young lad who is doing well at school, has a warm personality and good relationships with his peers in school.

The objectives set at the outset of the ION process were to find ways of dealing with James's anger and to address the underlying causes; to provide support to James, his brothers and mother to enable them to deal with the trauma that has affected the family; and to provide some respite for the family as a whole. The ION process was chaired by a Community Development worker employed by a local voluntary organisation. The other participating agencies were Foróige, the Home Youth Liaison Service (HYLS) and another local community group (the one which James attends where his anger surfaces). The views of the school were represented through the Home Youth Liaison Officer.

As a result of engagement in the ION process, James was provided with a number of opportunities for social engagement with his peers outside the school setting. He got involved in a number of Summer schemes through the community group, the Schools Completion Service and the residential programme offered by the HYLS. A programme of one-to-one support to address issues of anger management was undertaken with the Home Youth Liaison Officer and James fully engaged with that programme. James's mother was presented with a number of options on counselling support and is now actively engaged with the HSE Counselling Service. Financial support was made available through St. Vincent de Paul to address some of the more immediate issues on payment of fees for sports clubs. Options of possible respite holidays were also made available to the family.

The ION process closed after three meetings, after which time James's mother was satisfied that all objectives had been achieved. She was assured that the process could be re-opened at any point should any of the original concerns re-surface.

Case 2 – The Murphy family

There are two children in the Murphy family – Mary aged 5 and Joey aged 2. Their mother is aged 22 and recently separated from the children's father. At the time of the ION referral, the children were doing well in terms of reaching developmental milestones; they were happy and had a good relationship with their parents. Mary attends play school five mornings a week. However, Mum's physical health was such that she was unable to play with the children, involve them in physical activities and, most importantly, lift or carry them. This was particularly problematic given that they lived in a two-storey house. They were living in private rented accommodation. Finances were a problem for the family and at the time of the ION referral, they were in arrears with both rent and electricity payments. Mum would like to apply to the local authority for bungalow accommodation, but was concerned that her arrears might affect her application.

Attending appointments relating to Mum's physical health was problematic because she had no childcare and no means of transport. She has been hospitalised because of her medical condition, but despite the seriousness of this, has recently missed three hospital appointments because of childcare and transport difficulties.

The family were referred to ION by a Public Health Nurse who felt that the family was struggling and in need of support. The process was chaired by a Community worker with a statutory agency. The other agencies involved included the Housing Department with Sligo County Council, Money Advice Budgeting Service (MABS), Focus Ireland and a Family Resource Centre. Mum's step-father also attended the meetings.

As a result of the ION process, Mum was provided with transport through a local Community Development Project on the intervention of Focus Ireland and childcare was provided by the Family Resource Centre. This enabled Mum to attend hospital appointments and carry out other basic activities, such as shopping. MABS provided the family with advice, support and practical help, which was described by the family as invaluable. A combination of support from St. Vincent de Paul and a once-off payment from the Community Welfare Office enabled the family to clear rent and electricity arrears. Focus Ireland provided support to apply for rent allowance and the family was also supported to apply for, and was awarded, a Back to School Allowance.

The family was re-located to a bungalow, which eliminated the 'stairs problem' and had the added benefit of providing play space for the children. Their new home was in a rural area and Mum's step-father started to provide assistance with transport to supplement that provided by the Community Development Project. The Family Resource Centre also provided the family with home support on a weekly basis, although there was a degree of reluctance on the part of the mother to have someone external to the family having such close contact with them.

Following three ION support meetings, the Public Health Nurse decided to make a referral to Social Work because she felt that despite the high level of support being made available to the family, there remained a concern about the welfare and care of the children.

Case 3 – Jenny

Jenny was 15 when the family self-referred to the ION process. Academically very able, she was refusing to attend school and was adamant that she would continue to do so unless she could transfer to another secondary school. She had a history of moving schools. Her Mum is parenting alone. Recently, the relationship between mother and daughter had become very strained and Mum was feeling worn down by having to constantly work at instruction, maintaining boundaries and basic issues, such as getting Jenny to eat healthy meals and get up for school in the morning. Jenny has a very strong, determined and confident personality. She had come home drunk on a couple of occasions and Mum was very concerned that she was not looking after herself in this and other respects. Mum feels that the basis of much of this behaviour is based on low self-esteem.

This ION process was chaired by the Sligo School Completion Service. Agencies involved included Jenny's current school, the school she wanted to transfer to, the National Educational Welfare Board (NEWB) and the CRIB (Sligo Foróige project). The HSE Family Therapy Service is about to get involved in the process. Jenny attended all meetings. The objectives set at the outset were to establish regular attendance in school, to encourage Jenny to sit her exams and to support mother and daughter in their relationship issues.

The Junior Certificate examinations were imminent. The school and NEWB were gravely concerned about Jenny's non-attendance. All agencies involved in the process stressed that moving schools was not a solution. At the outset of the process, Jenny reported incidents of bullying in school, both in general terms and also in terms of how she personally had been targeted by it. Jenny's preferred school stated that it would not accept a change mid-term and was also clear that changing schools was not the solution. During the course of the ION process, the relationship between mother and daughter became more strained.

A short-term interim plan was put in place to get Jenny through the Junior Certificate exams. This included an agreement with the school that she would sit 6 out of 11 subjects and a tailor-made study plan was put in place by her teachers, coordinated by the Year Head. Jenny committed to attending school in the couple of months preceding the examinations. She subsequently passed the exams. She also decided that she would no longer seek to change schools and committed to regular attendance, which has indeed worked out in practice. The bullying that had been of concern phased out naturally. Jenny was offered a range of individual and group work support options by Foróige (both as an individual and in terms of her relationship with her mother). However, she decided not to avail of any of these.

Jenny is now attending school on a regular basis and the school is satisfied both with her attendance record and progress. Jenny and her mother have just begun sessions with the HSE Family Therapy Service, despite reluctance on Jenny's part. The ION process is ongoing.

Summary

This chapter has presented the results of the research undertaken to address the objectives of the study. To this end, qualitative testimonial data collected from key stakeholders in ION was presented on their experiences of being involved with the process. Data from a review of ION's case files were then provided, followed by three cases vignettes providing a picture of the issues facing families engaged with ION and the subsequent help that followed for families after the ION process was initiated.

3. Discussion and Recommendations

Since the introduction of the Child Care Act some 20 years ago in Ireland, there has been considerable expansion and development in child and family services. Despite this positive move, some of the primary criticisms of service provision have been that there is an uncoordinated, incoherent strategy for integrated working, resulting in a failure to deliver timely support to families, a lack of clarity concerning roles, bureaucratic delay and inappropriate interagency referral. The development and subsequent piloting of the ION model in Sligo/Leitrim and Donegal has occurred against this backdrop. As a way of working, ION has been designed to respond to many of these key inadequacies in existing service provision. Given this, the overarching aim of this evaluation study was *'to assess the effectiveness of ION as a model of early intervention for children and families and to capture the learning from the pilot phase'*.

Chapter 1 of this evaluation report provided a comprehensive description of how the ION model was developed for Ireland, based on the Common Assessment Framework developed in North Lincolnshire in the late 1990s. This examined the background to the ION process, the stated purpose of ION and issues identified by an internal mid-term review conducted in 2009. In addition, a summary of the Irish policy context into which ION was born was also offered. In Chapter 2 presented testimonial data collected from a total of 53 stakeholders/organisations involved in the ION process, including parents, ION Chairs and Lead Practitioners. For ease of reading and clarity purposes, the results were broken down by geographical regions covered by ION, namely Sligo/Leitrim and Donegal. In addition, results were provided of a review of a selection of case files on families engaged with ION, held in the ION offices in both Sligo and Donegal; these data were organised broadly on the profile of agencies and families engaging with ION in both HSE Local Health Office areas.

The purpose of this final chapter of the report is to elaborate on these research findings in relation to the objectives of the study. In simple terms, at the end of this chapter, the reader will be able to answer the *'So what?'* or *'Why ION?'* questions that they may have. In essence, the strengths and weaknesses of the ION process, as identified in Chapter 2 on results, will be discussed together with the opportunities and challenges facing ION if it is to continue in the future.

The research findings are discussed below in relation to the study's objectives – the development and implementation of the ION model, its effectiveness and value, and its future orientation.

Development and implementation of the ION Model

This section focuses on a the core issues identified in Chapters 1 and 2 concerning the development of the ION model and its overall effectiveness as a way of working with families.

Development of ION Model

As outlined in Chapter 1, the ION model was initially developed and adapted to suit the local context in Ireland. After this initial development, there was a great flexibility throughout the pilot phase of implementation. Both ION Coordinators (in Sligo/Leitrim and Donegal) were flexible and supportive of the implementation and frequently undertook tasks that were not strictly intended to be part of their remit. The development of the ION model has encountered particular challenges. One of the most significant of these has been the lack of momentum in Donegal: despite the training of a large number of practitioners, the number of ION processes initiated is relatively low in that county. Key differences in the roll-out of the initiative in Donegal compared to Sligo/Leitrim, as identified by research participants, are (1) the location of the ION Coordinator within the HSE in Donegal, whereas the Sligo/Leitrim Coordinator is employed by Sligo Social Services Council Ltd.; (2) the initiative has had some administrative support in recent months in Sligo/Leitrim, whereas there is no administrative support in Donegal; (3) the work of the Sligo Children and Family Committee has embedded a culture of interagency collaboration in Sligo, which is less

evident in Donegal; and (4) a difference identified by interviewees was the absence of clear and active line management procedures in Donegal, whereas Sligo has a solid and active line management structure. Despite the challenges encountered in both areas, the results demonstrate evidence of initial success in achieving the aims of the ION initiative.

A core success factor in the ION model development has been the Working Group in Sligo/Leitrim. This has functioned well and was described as '*dynamic, changing and moving all the time*'. The Working Group in Donegal has functioned less well and has yet to achieve the momentum necessary to drive the initiative. While acknowledging the important challenges encountered, the Regional Management Group of ION has pointed to its initial successes in bringing agencies to the table, delivering support services to families in a preventative way and delivering a continuously improving training programme. Considering this information, a number of recommendations are now offered.

RECOMMENDATION 1

Given the difficulties with the Donegal Working Group, it is recommended that its membership and terms of reference should be reviewed.

RECOMMENDATION 2

It is also recommended that efforts need to be made to ensure that there is a full commitment and willingness from all agencies to engage with the ION process in Donegal. In particular, buy-in is needed among the HSE heads of discipline.

Implementation of ION Model – Squaring the picture

One of the core objectives of the evaluation process was to listen to the views of the key stakeholders involved in the ION process. The data presented in Chapter 2 described in detail the perceptions of each of these stakeholder groups. However, on starting the analysis process, it became apparent to the Evaluation Team that there were a number of misperceptions held by stakeholders about ION and how it has worked to date. Therefore, the following discussion examines these misperceptions and in doing so squares the perceptions of stakeholders with the actual reality regarding ION.

Perception of meeting settings being too formal

Two of the parents interviewed stated that they found the setting in which the ION meeting was held to be very formal and off-putting for them. Despite the fact that this feeling was real for these particular parents, there is evidence of a misperception on their behalf. It is normal practice for all venues for ION meetings to be agreed by the lead practitioner in conjunction with the parent. Records of where these meetings have occurred show that the location has varied – from a family sitting room, to community playrooms, community centres, Family Resource Centres, school rooms and local Primary Care Centres. Venues are suggested on the basis of what is available locally (which in some rural locations will be limited to the local Primary Care Centre or school) and on anonymity (i.e. the family could be using the building or facility for any number of reasons).

RECOMMENDATION 3

It is recommended that where possible the ION meeting should be held in a venue that is comfortable, relaxed and informal, and always agreed in advance with the parent or parents involved.

Perception of involvement of agencies in ION meetings

Three parents interviewed suggested that from their experience of various ION meetings, some of the agency representatives invited to the meetings did not really know why they were there. On reviewing the ION process, this would appear to be a misperception by these parents since it is

normal practice for all meeting participants to be contacted by telephone and requested to participate in ION meetings, at which point their role is explained. If they have not participated in ION training, an information pack is forwarded to them. All participants in ION meetings are issued with documentation in advance of the meeting, which explains their role in the ION process and requests that they contact ION if they have any outstanding queries about this role. They are also issued with guidelines and a copy of the ION record form in advance. It is expected that everybody will have read these items in advance of the meeting.

Perception of time period for follow-up of minutes

Two parents interviewed were concerned that ION was slow to forward minutes from meetings, which in turn delayed agencies working with them. After checking out the process, the Evaluation Team is satisfied that minutes are issued within 10 days of the meeting where possible. This is the stated timeframe which ION Chairs would inform families and agencies of at the ION meeting.

A Directory of Services for Sligo

A number of the ION Chairs and Lead Practitioners suggested that there was a need for a Directory of Services, outlining the breadth of agencies available to families in Sligo. The perception by these stakeholders was that ION had been asked to develop the Directory and seemed to be slow in doing so. However, when the Evaluation Team checked this point, it transpired that that a Directory of Services was discussed and dismissed at the early meetings of the Working Group in Sligo and, therefore, will not be produced by ION.

Involvement of HSE Social Work Department in the ION process

One of the most striking and significant issues to come from the evaluation data was the relationship between the Social Work Department in Sligo and the ION process. In specific terms, there were a number of issues surrounding the involvement of the Social Work Department in the development of the ION model, its involvement in ION's ongoing work with families and Social Work's relationship with ION in the future. These issues are dealt with below.

- **Perceived involvement of Social Work in ION's development:** As reported in Chapter 2, there was a clear perception among the social workers interviewed in Sligo that their Department was not involved in the development of the ION model (that they had been given no input). However, this would seem to be somewhat of a misperception since in Chapter 2 it is documented that as far back as May 2006, the two principal social workers in the region undertook a study of 30 Social Work initial assessments with a view to investigating their possibility for common assessment prior to referral to Social Work. Furthermore, the chronology of the ION model development, given in Chapter 2, reveals that other social workers were involved from the outset with ION. Despite both of these opposing viewpoints, the fact still remains that for whatever reason, the social workers interviewed felt their Department was excluded from the development of the ION model.
- **Social Work's involvement in ION's work with families:** As reported in Chapter 2, the social workers interviewed in Sligo noted that they had been asked by their manager to use ION as part of their normal work. For this reason, one of the interviewees suggested that a number of referrals had been made by the Social Work Department to ION. However, on checking the facts, it would appear that this was a misperception since the Evaluation Team found that there was one attempted referral from Social Work, which did not actually materialise because the parents did not consent to the process.
- **Referrals to Social Work in crisis:** Another issue that emerged from the social workers' data in Sligo was the view that all of the cases that had been referred to Social Work from ION had been in crisis. The issue here was simply that ION was perceived to be holding onto families too long when they should have been referred to the Social Work Department, which could have averted the crisis from occurring. Again, this seems to be a misperception since the Evaluation Team found evidence to suggest that of the three cases sent to Social Work while ION was underway, only one of the cases was assigned to a social worker; the other two cases were returned by Social Work to the ION system

following initial assessment. This indicates that, contrary to the perception, two of the three cases were not in crisis leaving ION.

- **Social worker involvement in ION meetings:** Aware of the need to build better relationships with the Social Work Department, one of the lead practitioners in Sligo held the view that ION could ask a social worker to be present at every ION meeting. This designated person could act as a sounding board for all decisions made at ION meetings and help to support the work of the lead practitioners with families. Despite appearing initially as a perfectly sound bridge-building exercise, it is the view of the Evaluation Team that this move may, in fact, contravene the very nature of ION itself. As described in Chapter 1, ION's model is built on the principle of the voluntary involvement of families and their right to pick the agencies that attend their ION meeting. Therefore, unless specifically requested by parents, the inclusion of a social worker in all ION meetings is deemed to be inappropriate.
- **Leitrim-based concerns:** The social worker interviewed from the Department of Social Work in Leitrim expressed two concerns about ION. The first involved a case that had been referred to ION during the summer of 2010; however, by the time ION had responded, the family had gone back to Social Work for help owing to the delay. This observation reveals a certain misperception about the way ION works. As the ION process is based on the involvement of agencies, if agencies are on leave the meeting cannot take place. Therefore, despite the fact being true, it is more of a structural issue than an issue with the ION process itself.

Many of the issues outlined above centre on the lack of knowledge of social workers as to what exactly ION does. The clear distinction between the ION initiative and the HSE Social Work Department is an important characteristic both in terms of ensuring that involvement with ION is non-stigmatising for families and ensuring that referrers continue to refer concerns for the protection and welfare of children appropriately to the HSE under the *Children First* national guidelines. However, the following recommendation is made.

RECOMMENDATION 4

It is recommended that the ION initiative and the HSE Social Work Departments in the North West region work towards bringing greater clarity and formalisation to the interface between both parties.

Effectiveness and value of ION Process

Using the results to paint a broad picture, it is clear that there is significant support for ION and for its continuation in the future. As described in Chapter 2, key stakeholders see further potential to communicate the potential of the ION process to complement the work done by existing services, while also retaining role clarity. Critical to this is communication with key partners within the State services of social work, education and health. Features of the ION model (such as parental control over the process, an informal approach, multi-agency intervention and an emphasis on trusting relationships and practical support) were found to be warmly welcomed by both parents and professionals. Some parents and their children need to be supported even more by ION so that their participation can be maximised. Some parents felt there was scope to offer them more support before the first ION meeting. The Lead Practitioners stated that ION provides a supportive structure that enhances interagency working and adds to the continuum of care offered to families. Similarly, the ION Chairs agreed that ION is a simple concept and one that formalises interagency working and gives confidence to families.

Despite the positivity expressed by the great majority of key stakeholders about ION, the results in relation to the effectiveness of the ION process are tentative. There was a sense among stakeholders that it was 'early days' in terms of demonstrating the effectiveness of the model, but that early indications were positive. Parents and practitioners relayed first-hand experience of positive outcomes being achieved for children and young people. Demonstrating the effectiveness and value of complex and inherently long-term work is challenging and new and innovative approaches must gradually develop an evidence base (Veerman and Yperen, 2007). The interviewing of parents, Lead Practitioners and Chairs elicited anecdotal evidence of

outcomes that was not systematically recorded on case files. Developing a more explicit approach to case planning and review utilising intervention-level outcomes and indicators would help to routinely document much of this positive work. Some standardised measures could be used to supplement this process, in addition to intervention-specific measures and indicators of outcomes sought. A long-term approach to monitoring and evaluation could be developed to measure the impact of the ION initiative, particularly (but not exclusively) in relation to its impact on referrals to Social Work services. Considering these issues, a number of recommendations follow.

RECOMMENDATION 5

It is recommended that the ION process should be more explicitly planned and outcomes focused, making use of intervention-specific measures and indicators in relation to outcomes sought.

RECOMMENDATION 6

In order to develop the effectiveness of the ION model, it is recommended that consideration be given to the development of an outcomes-focused approach, such as logic modelling, capable of identifying short, medium and long-term outcomes and indicators.

RECOMMENDATION 7

A standardised system for aggregating data from the ION process should be developed. This system should be used to inform the development of the ION process and to feed into wider children's services planning. This could include the numbers of children and families worked with; nature of issues dealt with; number of support meetings held and whether attended by both parents and child or young person; quantification of services delivered; quantification of outcomes achieved; and documentation of unmet need due to gaps in service provision.

RECOMMENDATION 8

A long-term longitudinal study should be established to develop an evidence base for the ION process.

As presented in Chapter 2, the review of case files was a core part of the data collection process. To further enhance the role of the case files in the effectiveness of ION, the following recommendations are made specifically for case files:

CASE FILE RECOMMENDATIONS

- To ensure quality and safety, it is recommended that there should be a periodic review/evaluation of the ION case files.
- If a lead practitioner cannot complete any part of the ION record form, an explanatory note should be included, stating whether it is not being completed because there is no relevant information or whether further information will be sought subsequently, or any other reason.
- The review of case files revealed that some sections on the ION record form are often not routinely completed. It is recommended that the ION Administrator tracks these issues in such a way as to make them available for focused training for all relevant stakeholders.
- The ION record form should be reviewed to ensure it is accurately recording the level of involvement or non-involvement of both parents. This should include the level of involvement of non-resident parents and should inform the plan to meet need.
- All ION case files should include a section for case notes, documenting all relevant communication or contact not covered by other sections of the case file.
- A closure summary should be used when an ION case file is being formally closed from an administrative point of view. This should include the reason for the decision to close, information on whether outcomes sought were achieved or not, and details of services that will continue to be involved if relevant.
- In the event that an ION request form is received but not proceeded with, the reasons for not proceeding should be recorded in a similar format to the closure summary (*see above*).
- It is recommended that the ION meeting form be reviewed. Consideration should be given to having a separate review meeting form and formulating the guidance, currently on page 2 of the meeting form, into template format.
- If a request to initiate the ION process originated from a parent, this should be routinely recorded in order to document accurately the help-seeking patterns of families. Currently, the extent of self-referral may be under-reported since it is the lead practitioner taking on the request who is documented, even where a parent has made the initial request.

The orientation of ION in the future

The ION initiative has been operational since October 2008 in Donegal and January 2009 in Sligo/Leitrim and, as discussed above, there is a very strong consensus among the majority of stakeholders that it should continue in the future. In addition to the need to address the specific objectives outlined earlier (on model development, implementation and effectiveness), a number of other recommendations are presented below that also need to be considered by management.

Future funding, location and management structure of ION

There was a strong view that notwithstanding the present challenging resource environment, the ION must be appropriately resourced in order to maintain and expand its impact. The need for adequate resourcing of multi-agency initiatives is strongly borne out in relevant literature (CAAB, 2009; Sloper, 2004). In addition, there are questions about the appropriate position for ION in the future.

RECOMMENDATION 9

ION must be appropriately resourced in order to maintain and expand its impact, effectiveness and value. Addressing the recommendations in relation to model development, implementation and maintenance of a high standard of work practice will require full administrative support. The rigour in the ION process and procedures should not be compromised by a lack of adequate resources.

RECOMMENDATION 10

It is recommended that the ION initiative should be located within a broader service model for children and family services. Such a model could be cognisant of the continuum of care outlined in the Hardiker Model and the need for ease of access to services. There may be scope for local engagement on a common understanding of thresholds in respect of access to all services. This process needs to be cognisant of national policy, such as *The Agenda for Children's Services*.

RECOMMENDATION 11

It is recommended that the governance structure of the ION initiative should take account of the particular service context in Leitrim. This could take the form of a specific Working Group for Leitrim.

RECOMMENDATION 12

It is recommended that engagement with the ION process should become a key performance indicator in the service-level agreements of HSE-funded organisations involved in youth and family support work.

RECOMMENDATION 13

It is essential that ION is a flagship initiative of the Donegal Children's Services Committee (CSC). Therefore, it is recommended that consideration should be given to merging the ION Working Group in Donegal and one of the sub-groups of the CSC. There should be a free flow of information in both directions between the CSC and the ION Coordinator and Management Group, including frequent updates to the CSC on the implementation of the ION initiative. However, ION must first be adopted as the model of choice and must underpin the development of interagency family support work.

RECOMMENDATION 14

It is recommended that if the ION Coordinator in Donegal is to remain within the HSE, then the operational line management of this position should be clarified.

RECOMMENDATION 15

Following from the recommendation that ION be located within a broader service model for children and family services (*see Recommendation 10*), the level of engagement of the office of the HSE Child Care Manager with the ION in Donegal needs to be clarified.

Linkages between ION and Social Work

As outlined earlier, there is significant work to be done to build protocols and linkages between ION and the HSE Social Work Department. The following recommendations address this need.

RECOMMENDATION 16

It is recommended that the HSE Social Work Department should review all referrals made to it and refer those deemed not to have reached a threshold of concern necessary to require Social Work intervention to the ION process.

RECOMMENDATION 17

It is recommended that consideration should be given to initiating the ION process in the aftermath of Social Work intervention in cases where child protection and welfare concerns have been addressed, but there is an ongoing need for support.

Ongoing training

Training of the key stakeholders has been a central part of the ION process in Sligo and Donegal since its inception. To ensure continued success, a number of recommendations are outlined.

RECOMMENDATION 18

The roles of Lead Practitioner and Chair are central to the ION process. It is recommended that specific training, written guidance and capacity-building for these groups be further developed and strengthened. This should include guidance on dealing with conflict or sensitive issues. Consideration could also be given to group-based reflection on practice by Lead Practitioners and Chairs.

RECOMMENDATION 19

It is recommended that ION training should focus on developing understanding and capacity in relation to the identification of need, child development, child participation, outcomes-focused working, and partnership-working both in terms of between agencies and with parents.

RECOMMENDATION 20

It is recommended that after training has been delivered, ION needs to follow-up on those who attended training to further support them in making any necessary referrals to ION.

ION meetings with families

It is possible to delineate a number of recommendations specific to ION meetings, as follows:

RECOMMENDATION 21

It cannot be assumed that all parents or children have the necessary skills to participate in the ION process effectively. Therefore, every effort should be made to facilitate participation, drawing on best practice in this area, for all ION meetings with families.

RECOMMENDATION 22

Some parents talked about the reassurance and support they felt when accompanied to ION meetings by a family member or close friend. A core value of family support services such as ION is to enable families to build on their current informal social support networks as a means of addressing their issues. Therefore, it is recommended that the ION process considers the involvement of informal supports such as these, in all ION meetings, as a way of sustaining the initial progress made by ION with families.

ION Chairs

The future functioning of ION will largely depend on the availability and quality of ION Chairs. Chairs are selected on the basis of having a combination of skills, experience and suitability to the requirements of the particular ION. In the first instance, Chairs need to have the skills required to move a meeting from discussion on problems and issues to agreement on clearly stated objectives and actions required to achieve those objectives. Secondly, the dynamics of ION meetings vary greatly and are determined by the nature of such factors as interpersonal relationships, the complexity of the issues, the anxiety levels of parents, and whether or not the young person is in attendance. Therefore, in addition to facilitation skills, these varying dynamics require different personality types to manage them effectively. Finally, expert knowledge on the subject matter is highly beneficial. In addition to these varying factors, each Chair must have the skills to manage challenging behaviour and attitudes, and be fully competent in managing child protection disclosures. Considering these needs, the following recommendation is offered.

RECOMMENDATION 23

It is recommended that the recruitment and support of ION Chairs for the region should be prioritised via the development of a specific strategy document.

Conclusion

The overall aim of this evaluation was to assess the effectiveness of ION as a model of early intervention for children and families and to capture the learning from the pilot phase. This has been achieved through a series of individual face-to-face, telephone and group interviews, as well as in a review of ION case files. The overall conclusion of the evaluation is that while the implementation of ION is in its infancy, there is emerging evidence of its effectiveness and value. There is also a strong desire among the stakeholders involved to proceed with and improve the initiative. The model is well placed to contribute to the implementation of policy in Ireland on delivering services to children and families. The ION initiative is a valuable start in delivering an early, preventative, timely and coordinated multi-agency response to families in need. Of all its novel characteristics, the placing of the family at the centre of the intervention is particularly promising and was remarked upon by all stakeholders. The participation of both parents *and* children as agents of change, acting to enhance their own well-being, is a fundamental shift when compared to the manner in which existing services are delivered.

In order for ION to build on its initial successes, the key challenges identified by this evaluation must be addressed. Building on the points already made, the future of ION is dependent on securing buy-in from all the relevant agencies necessary to achieve its aims. There is much more scope for work to be done to ensure this buy-in through utilising the funding relationship of the HSE with community and voluntary partners. Within the HSE, there is scope to develop the collaborative relationship with the Social Work Department, other care groups and Primary Care Teams. This goal will be more achievable if the ION initiative is clearly located within a broader service model for children and family services, with a common understanding of thresholds of need among all the key stakeholders. Securing the buy-in of all the relevant agencies must also be achieved by using the appropriate existing interagency networks and structures. In Donegal, the Children's Services Committee (CSC) must play a lead role in championing the ION initiative if it is to be successful. The same will apply if a CSC is developed in Sligo in the coming years.

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Appendix 1: Membership of Sligo/Leitrim Children and Families Committee

Chair

Child Care Manager, HSE

Members

- HSE Regional Child Care Training Team
- HSE Leaving and Aftercare Service
- Foróige
- National Educational Welfare Board
- Probation Service
- HSE Refugee and Asylum-seekers Worker
- Sligo Leader Partnership Company
- Sligo Education Centre
- HSE Primary Healthcare Practice Nursing
- HSE Children and Families Services Officer
- Sligo Family Support (Lifestart)
- HSE Public Health Nursing Service
- Sligo Social Services
- Home Youth Liaison Service
- Sligo Social Services – ION Project
- Sligo County Childcare Committee
- Leitrim County Childcare Committee
- Resource House
- HSE Social Work Team, Sligo General Hospital
- Domestic Violence Advocacy Sligo (DVAS)
- HSE Social Work Department
- Sligo Family Resource Centre
- Sligo Leader Partnership Company

Appendix 2: Agencies involved in Family Action Letterkenny

- Letterkenny Youth and Family Service (LYFS)
- Letterkenny Community Development Project (LK CDP)
- The Loft
- Foróige
- Family Mediation
- Donegal Youth Service (DYS)
- Youth Information Centre (YIC)
- Daybreak
- Donegal Travellers' Project (DTP CDP)
- Youthreach
- Donegal Vocational Education Centre (VEC)
- Doorway Project
- Donegal Youth Council
- Parentstop
- Lifestart
- Pastoral Centre
- Gardaí
- Health Service Executive (HSE Public Health Nurses, Asylum-seeker and Refugee Department, Drug and Alcohol Service, Children's Services, Health Promotion, Community Workers)
- HSE Social Work Department
- Cara House
- Town Council
- Town Councillor
- Partnership Care West (PCW)
- Regional Cultural Centre (RCC)
- Women's Centre
- Donegal County Childcare Committee (DCCC)
- Donegal Local Development Company (DLDC)
- Donegal Women's Network (DWN)
- Donegal Teen Parenting Support Programme
- Donegal Domestic Violence

Family Action Letterkenny (FAL) offices are situated in the centre of Letterkenny town and shared with Parentstop and Lifestart. FAL became a limited company in February 2009 and is funded solely by the HSE North West.

Appendix 3: Membership of Donegal Children's Services Committee

- Health Service Executive (HSE)
- Donegal County Council
- Udaras na nGaeltachta
- Department of Education and Skills*
- Donegal County VEC
- An Garda Síochána
- Donegal County Childcare Committee
- Partnership companies (x3)
- Border Action
- Department of Social Protection
- Department of Community, Equality and Gaeltacht Affairs

* The Department of Education and Skills is represented at local level on the Children's Services Committees by the VEC and the National Educational Welfare Board (NEWB).

