North Dublin Differential Response Model
Early Implementation Report

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Glossary of Terms

AR – Alternative Response
CAAB – Children's Act Advisory Board
CAMHS – Child and Adolescent Mental Health Service
CP – Child Protection
DOC – Daughters of Charity
DoCCFS – Daughters of Charity Child and Family Service
DRM – Differential Response Model
DV – Domestic Violence
GM – General Manager
HIQA – Health Information and Quality Authority
HSE – Health Service Executive
IA – Initial Assessment
PSW – Principal Social Worker
RED – Review, Evaluate, Direct
Ryan Report – Report of the Commission to Enquire into Child Abuse
SW – Social Work
SWIS – Social Work Information System
YAP – Youth Advocate Programme

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1. Introduction

1.1 Project Background

The North Dublin Differential Response Model (DRM) was developed in the aftermath of a seminar held by the then Children's Act Advisory Board in May 2008. This seminar involved a series of presentations, including presentations on the Minnesota differential response model entitled *A Solution and Safety Orientated Approach to Child Protection Case Work* and a presentation on the Foyle Trust 'New Beginnings' model entitled *The Development of a Family Support Strategy: The Child in Need Continuum.* Following this seminar a series of meetings and communications took place which led to the decision to pilot the differential response model in North Dublin.

A project manager and national governance group were put in place and a phase of planning and development was undertaken. The pilot became operational on the 18th of October 2010.

1.2 Evaluation Methodology

This report is the first of three reports that will be produced on the pilot of the DRM in North Dublin. There will also be an interim and final report.

At an overall level, the evaluation has two aims: first, to describe the development of the model and its implementation; and second, to establish whether the intended outcomes from the implementation of the model have been achieved. As an early implementation report this report is formative in nature and is improvement oriented. It is intended to inform the continued development and implementation of the model. As is to be expected in a formative, improvement oriented evaluation, the findings presented in this report are focused on the challenges the project is encountering and how these can be overcome. Also to be expected with a project in the early phase of implementation, the status of implementation changed during the timeframe of the fieldwork. Fieldwork was carried out between the 3rd of February and the 21st of April. The administrative data used in the report was collected by the Social Work Management Team and is based on the period from the 18th of October 2010 to the 30th of April 2011.

In order to maximise the contribution of this report to the continued development and implementation of the model and to address the continuously evolving nature of the DRM implementation, two steps were taken to provide information that is additional to the fieldwork. Firstly, information is included from the Social Work Department on the context that preceded the fieldwork, specifically the design and development phase (Appendices B and C). Secondly, the local steering group was asked to review the contents of the draft report and provide the evaluators with information on how the challenges identified were being addressed subsequent to the fieldwork undertaken. These contributions of information are clearly identified in the report as separate to the findings of the fieldwork.

The report outlines data collected as part of a baseline survey relating to the expectations of DRM held by staff of the HSE Social Work Department. More detailed data from the baseline survey is included in Appendix E. Focused fieldwork was undertaken with a small amount of

stakeholders involved in the implementation of the DRM over the first six months of operation. The report does not attempt to quantify the number of stakeholders that have expressed a particular view. Instead, the views of stakeholders are included only where these views are held by a significant number of people or, where an individual expresses a view, the view is included if the individual holds a key role in DRM implementation or the evaluators considered it beneficial to include the individual view for the purpose of learning and discussion. Where challenges were identified that may have been addressed since the fieldwork was undertaken these challenges are included to ensure the journey of early implementation is fully documented, to ensure all learning is captured and to honor assurances to participants that their views would be represented. Some issues were identified as being both successful and challenging and where this is so, each iteration of the issue will be dealt with separately as a success and as a challenge with minimum repetition.

Quotes are used to illustrate findings and are coded to ensure confidentiality. The code used indicates the interviews with management and specifies the organisation the manager works for as either HSE or DOC. The focus groups are identified using FG and are also numbered with HSE and DOC used to indicate the organisation the focus group was held with.

1.3 Report Structure

This report contains an introduction with background to the project, the methodological approach and the structure of this report. Chapter 2 contains some brief information on the Minnesota approach and detailed information on the design and development of the North Dublin DRM. Chapter 3 sets out the findings including data from the baseline survey on staff's expectations for the project and successes, challenges and improvements that relate to organisational issues, the model itself, practice developments and partnership between agencies. Chapter 4 includes an update on measures taken to address early challenges as well as a set of areas identified by the evaluators as requiring ongoing attention for the development of the project.

2. Model Development

2.1 The Minnesota Model

The term alternative response or AR is used to refer to DRM in Minnesota. The AR is defined as a "strength-based and community-oriented approach to addressing child maltreatment reports that do not meet Minnesota statutory requirements for a mandated investigative approach" (Minnesota Department of Human Services [DHS], 2000, p. 5 cited in Merkel-Holguin, Kaplan and Kwak, 2006, p. 43, 44).

The goal of alternative response is to keep the child safe by working with both the child and the family to meet their needs. The local county welfare agency screens an accepted child maltreatment report and determines the response track using a statewide screening tool. The tool assigns all reports alleging substantial child endangerment to the traditional investigative track. All other reports may be assigned to the family assessment track.

The RED team — an acronym for review, evaluate, and direct — is responsible for screening reports and directing accepted child maltreatment reports to either a traditional or family assessment response. If a family is experiencing domestic violence within the home, their case will be assessed by the Domestic Violence Response Team (DVRT).

The Minnesota approach is also characterised by collaborative partnership between a state agency and non-state service provider. The information on the Minnesota model presented at the CAAB Seminar in 2008 can be viewed directly in the report of an evaluation of that model (Institute of Applied Research, 2004 cited in Loman and Siegel, 2005). This evaluation found:

- Fewer child protection investigations (down 97%);
- Less repeat child maltreatments (down 12%);
- Less children in placement (down 55%);
- Less court involvement (down 30%);
- More children served (up 200%);
- More family involvement (up 700%).

The key elements in the successful change management and the maintenance of this approach presented at the seminar included:

- Appropriate legislation;
- Strong and clear leadership;
- Structured decision making;
- Evidence based framework to guide practice;
- A practice model;
- Strong supervision and ongoing training;
- Community partnerships;
- Collaboration among service providers.

(CAAB Evidence to Practice Seminar Report, *A Different Response Model: Refocusing from Child Protection to Family Support,* 22nd May 2008)

2.2 North Dublin DRM

The unique North Dublin DRM was developed during the service design and development phase of the project. The core elements of the particular model were defined through this process. The process involved site visits to Minnesota and Derry, stakeholder workshops, focus groups with Social Work Department staff, workshops facilitated by staff of the Child and Family Research Centre, NUI Galway and relevant training.

Prior to the development of DRM there were a series of key events and developments related to Social Work Services in North Dublin, as identified by the Social Work Department. The full details of these are outlined in Appendix C but in brief they involved:

- Changes to the duty social work system.
- Allocation of additional temporary staff to duty teams.
- Health Information and Quality Authority Inspection.
- Allocation of additional staff to deal with assessments of relative carers.
- Statement of requirements report for the implementation of DRM.
- Secondment of social work posts from the Daughters of Charity to support DRM implementation.
- Appointment of social work posts following from the Ryan Report.
- Appointment of temporary social work staff to cover maternity leave.

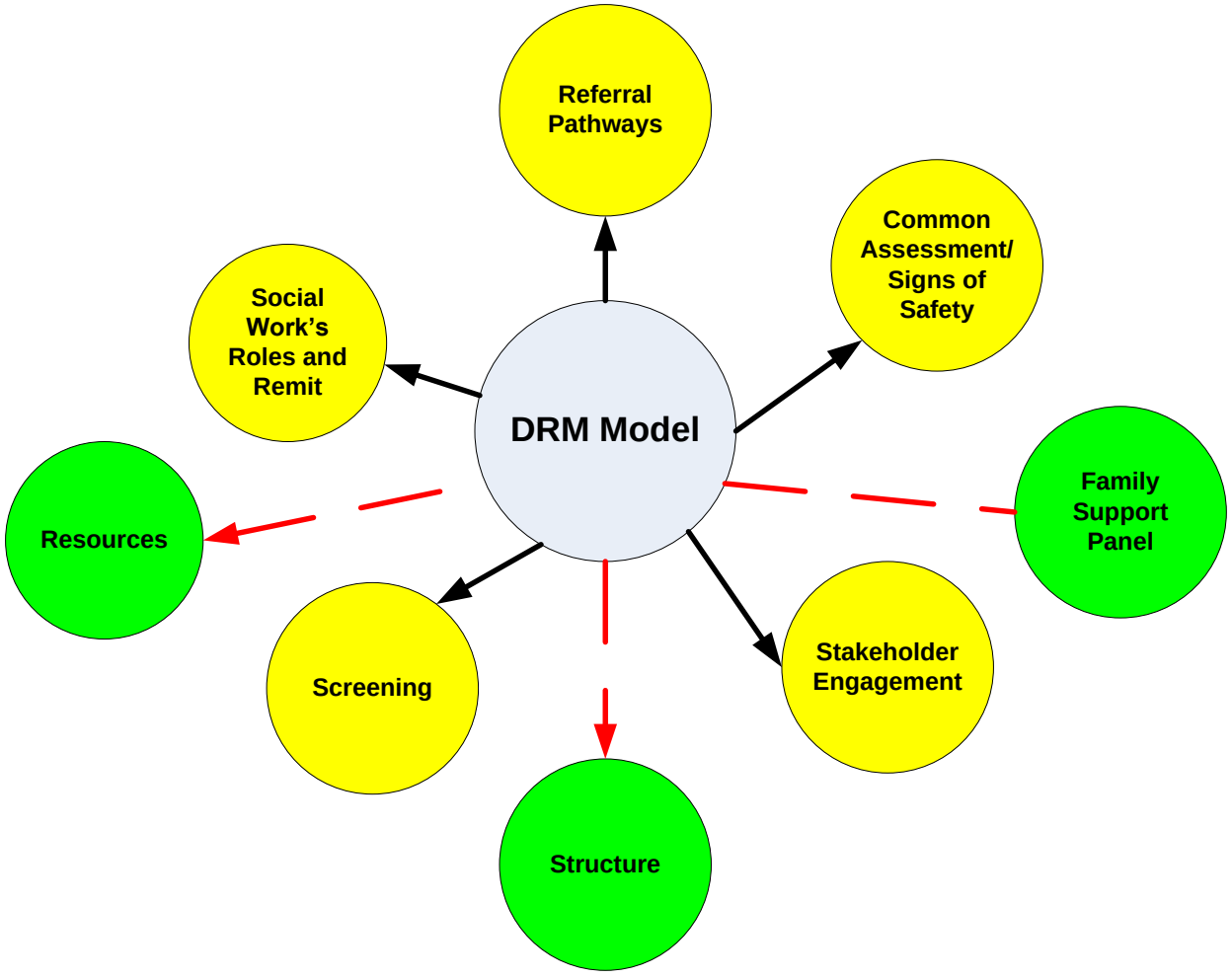
A detailed chronology of milestones during the design and development phase provided by the DRM Project Manager is included in Appendix D in order to contextualise the findings of the fieldwork presented in Chapter 2 of this report. A copy of the Project Manager's operational report to the National Governance Group is also included in Appendix F. Some of the key milestones included in appendix D are the CAAB seminar in 2008; the identification of North Dublin as the pilot site; site visits to Derry and Minnesota and the appointment of a Project Manager for DRM. This appointment was then followed by a DRM stakeholder workshop which subsequently resulted in the identification of the Daughters of Charity as the main partner of the HSE in DRM implementation. Joint training events took place on the Signs of Safety and on the Minnesota Differential Response Model. The Social Work Department began using the Group consultation process in September 2009. In October 2009 the decision was taken to begin the restructuring of teams in the Social work Department to create dedicated children in care teams. The initial start date for DRM of February 2010 was delayed as a result of wider industrial action related to health service reform. A process of changing the management structure of the Social Work Department from one Principal Social Worker to three Principal Social Workers with differing responsibilities began in October 2010 with the appointment of the Principal Social Worker with responsibility for Children in Care.

DRM commenced on the 18th of October 2010. The involvement of the Daughters of Charity in DRM implementation was for one month due to data protection concerns and commenced one month later following liaison with the Office of the Data Protection Commissioner. The management restructuring process was the subject of engagement between the Trade Union, Impact and HSE Senior Management and subsequent to an internal competition the process was

finalised in January 2011 with the appointment of the Principal Social Worker with responsibility for Child Welfare and Protection. This process also resulted in the discontinuing of the role of Child Care Manager and the creation of the position of General Manager Child and Family Social Services.

The design and development phase culminated in the characterisation of the North Dublin DRM summarized in figure 1 below. Each component of the model is intended to be inter-related and needs to be brought together in order for the model to work effectively. The black (complete) arrows indicate those elements which are central to the implementation of the model from the outset. The red (broken) arrows indicate the components which facilitate, support and sustain its operation in the longer-term.

Figure 2.1



The implementation of the model is supported by a guidance document for staff. This document sets out the overall aim of the project as adopting a different approach to child protection.

This approach promotes the assessment of need and the provision of supports rather than on investigation and fact finding which is primarily focused on the confirmation of abuse/ reported concerns. This shift in focus emphasises the identification of family strengths and safety factors as being central to an assessment of risk. It is proposed that such an approach will result in better outcomes for children & their families by ensuring connections are made to available services as quickly as possible, thereby ensuring that children are safe from harm and free from impaired development. (HSE Dublin North - DRM Guidance for Staff, October 2010).

- *Common Assessment Framework and the Signs of Safety Approach*

  The guidance document for staff outlines a series of underpinning values as well as twelve practice principles that build partnership and six practice principles based on the Sign of Safety approach (Turnell and Edwards, 1999). The Signs of Safety approach is integrated with the *Framework for the Assessment of vulnerable Children and their Families* (Buckley, Harworth and Whelan, 2006) to provide the overall *HSE Dublin North Practice Framework* (Appendix A).

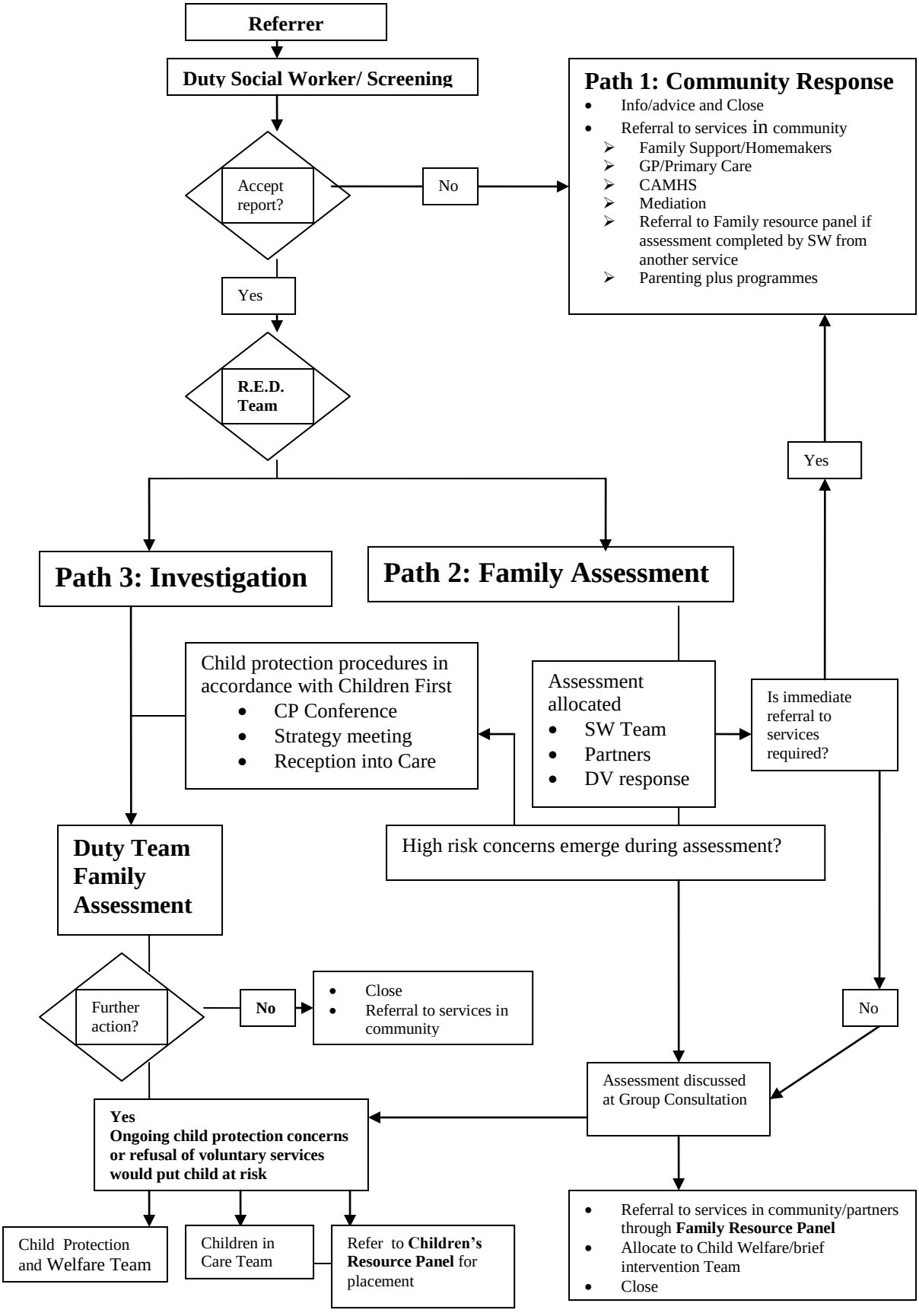
- *Referral Pathways*

  The document also outlines the three referral pathways of the model, Path 1 – Community Response for referrals which do not reach the threshold for social work intervention but may benefit from support from local community services, Path 2 – Family Assessment Response and Path 3 – Child Protection Investigation Response. The process diagram below outlines the screening process and three possible referral paths as well as the potential interventions at each stage throughout the process.

- *Engagement of Partners*

  The effective implementation of DRM requires the establishment and development of close working relationships and partnerships with key internal and external stakeholders. Roles, responsibilities and service capacity issues are negotiated and agreed in order to

secure better outcomes for children and to work towards connecting families to services more quickly. A critical component of this process is the development of joint working relationships in the delivery of particular services.


Referrer
Duty Social Worker/ Screening
Accept report?
No
Path 1: Community Response
Info/advice and Close
Referral to services in community
Family Support/Homemakers
GP/Primary Care
CAMHS
Mediation
Referral to Family resource panel if assessment completed by SW from another service
Parenting plus programmes
Yes
R.E.D. Team
Yes
Path 3: Investigation
Path 2: Family Assessment
Child protection procedures in accordance with Children First
CP Conference
Strategy meeting
Reception into Care
Assessment allocated
SW Team
Partners
DV response
Is immediate referral to services required?
Duty Team Family Assessment
High risk concerns emerge during assessment?
Further action?
No
Close
Referral to services in community
No
Assessment discussed at Group Consultation
Yes
Ongoing child protection concerns or refusal of voluntary services would put child at risk
Referral to services in community/partners through Family Resource Panel
Allocate to Child Welfare/brief intervention Team
Close
Child Protection and Welfare Team
Children in Care Team
Refer to Children's Resource Panel for placement

2.3 Summary

This chapter has outlined the context within which the North Dublin DRM has developed including the influence of the model in Minnesota, local events and developments in social work services prior to DRM implementation, key milestones in the development of DRM and the unique North Dublin DRM developed through a service design and development phase.

3. Findings

3.1 Introduction

This chapter will outline the findings of the fieldwork undertaken. This will include the expectations of DRM held by staff of the Social Work Department as expressed through an online survey carried out prior to DRM implementation; perceived strengths and weaknesses of pre-existing services; the early successes of the project which are divided into sections entitled *Organisational, Model Implementation, Practice Development and Partnership with Agencies*; the early challenges experienced by the project which are divided similarly and scope for improvement, also divided in the same way.

3.2 Staff Expectations of DRM

The baseline survey was carried out with staff of the Social Work Department prior to DRM implementation. Details on the population surveyed and response rates are included in Appendix E. The respondents were asked to comment on their level of familiarity with the DRM approach, prior to its introduction. The results showed that 84% were very familiar/familiar with DRM with 16% stating that they were unfamiliar.

Table 3.1 below presents the findings on the perceived impact DRM would have on the work of those surveyed. The general trend was that for all of the areas listed, their perception was that DRM would have considerable/some impact. The largest anticipated impact for those surveyed would be in interventions with families with 92% stating DRM would have considerable/some impact in this area. A similar pattern was found in risk assessment and needs assessment with 90% and 87% respectively stating DRM would have considerable/some impact.

Table 3.1 Perceived impact DRM will have on work of respondents

Answer Options	Considerable impact	Some impact	Little impact	No impact	Not sure	Response Count
Risk Assessment	43.6% (17)	46.2% (18)	2.6% (1)	5.1% (2)	2.6% (1)	39
Needs Assessment	35.9% (14)	51.3% (20)	5.1% (2)	5.1% 2)(	2.6% (1)	39
Interventions with families	38.5% (15)	53.8% (21)	5.1% (2)	2.6% (1)	0% (0)	39
Level of inter-agency working	31.6% (12)	44.7% (17)	18.4% (7)	2.6% (1)	2.6% (1)	38
Effectiveness of inter-agency working	27% (10)	48.6% (18)	18.9% (7)	2.7% (1)	2.7% (1)	37
Work informed by research Evidence	42.1% (16)	39.5% (15)	10.5 % (4)	2.6% (1)	5.3% (2)	38
Personal job satisfaction	26.3% (10)	44.7% (17)	10.5% (4)	2.6% (1)	15.8% (6)	38

The baseline survey also gave participants the opportunity to answer open ended questions in relation to their degree of optimism that group consultations will lead to better assessment and their expectations for the implementation of DRM. Most staff members were optimistic that group consultations would lead to better assessments. There were a range of views expressed in relation to expectations of DRM implementation. While many were positive and optimistic, some expressed concerns and reservations about the implementation process. These concerns and reservations related to the timing of the implementation and the readiness of staff to begin implementing the DRM; a failure to acknowledge the quality of pre-existing practice; an underestimation of the difference in context between Ireland and Minnesota; a failure to resolve data protection concerns expressed by staff; the involvement of staff without a social work qualification in the assessment process; and the impact of external processes such as the National Business Standardisation Process and the PA consulting Report on Management restructuring for Children and Family Services in the HSE.

3.3 Perceived Strengths and Weaknesses of the pre-existing services

Subsequent to the baseline survey part of the fieldwork on early implementation involved questioning participants about what they felt were the strengths and weaknesses of the pre-existing services both in relation to the Social Work Department and in relation to the Daughters of Charity. In relation to the Social Work Department many participants felt that there had always been a high standard of practice in North Dublin, with a good continuity of staff, a good skills mix on each team, strong management and a good culture in relation to supervision. Some participants mentioned the relatively low number of children in care as being a possible strength, although some of those who highlighted this trend, questioned whether it should be accepted as a strength without further scrutiny. Many participants felt that these strengths were borne out by a report by the Health Information and Quality Authority (HIQA). The principal weakness of the pre-existing service identified by many participants was the existence of considerable waiting lists.

If a family phoned in…was screened by the duty worker and team leader and was not deemed as high risk, it could be fourteen weeks before they were actually seen and if they missed that appointment you're then talking another fourteen weeks of course the problem was then we weren't getting to families. What might have been deemed low risk, by the time they were seen it was high risk. (Manager 8 HSE)

The continuity and skill levels of staff were also identified as strengths of the Daughters of Charity services. The main weakness of Daughters of Charity services identified was also the issue of waiting lists.

As a result there was a sense expressed by some managers in both services that there was a degree of alignment in the strategic plans of both organisations, specifically to make changes in order to address the issue of prolonged waiting lists.

3.4 Early Successes

3.4.1 Organisational

There were some clear organisational successes identified by stakeholders. For the Daughters of Charity it was felt that the organisation had managed the change process quite effectively and that the reconfiguration of services had occurred relatively smoothly. It was felt that the team development process was working effectively, newly formed teams were working well together.

It was project managed extremely well in that everybody that we have working to this model, managing it are all people who have been selected and self selected to participate in it…All of out teams fell into place, we increased the size of our assessment team and we were able move along on the basis of the demand for the service. (Manager 4 DOC)

It was felt that the transition from long term therapeutic interventions to short term assessment, a considerable change for the Daughters of Charity, had been undertaken successfully. It was also considered that the unique ethos of the organisation had survived this change and that this ethos was now been brought to bear on the short term assessment work.

Some participants felt that for the Social Work Department to come through such an intense period of organisational change both related to DRM and wider organisational changes was a success in itself. One HSE staff member felt that the specialisation of teams was a positive development as carrying the type of case load mix that existed under pre-existing system was very challenging.

3.4.2 Model Implementation

Timely access to an assessment and subsequent services was considered the most important and dramatic success of the DRM thus far. Families are progressing fluidly through the process of duty response, screening, assessment and intervention. Staff contrasted the current system with the previous system and remarked on the speed with which families are seen under the current system. The absence of any waiting list at the entry point to the social work system was viewed as a major transformation compared to the previous system.

I've worked here for ten years and… this is the first time I have ever seen that clients get a timely service. They are responded to within one to two weeks of a referral...consistently across the board, they get the same worker for the duration of that assessment…that is an amazing feat…I've never seen that before. (Manager 6 HSE)

"The one good thing is that they are happening quickly, the one big flaw before was that people would wait months to be seen, you could get a call and unless it was really serious they had to wait for an appointment sometimes six weeks sometimes longer, they were kids in a family with concerns and nobody even seeing them for that amount of time, that's the one big thing that they are getting seen quicker" (FG 1 HSE)

The RED (Review, Evaluate, Direct) team process has been developmental in nature and the process has been refined in action. In total 319 cases have been reviewed by the RED team, of these 285 have been deemed to require an assessment. Whilst there are challenges that necessarily emerge in the development of the RED team process which are discussed below, the staff who are involved in the RED team feel that the process is continuously improving.

The teething problems that would have happened along the way, I think they are beginning to clear up now; I'm beginning to feel like the process has become smoother…we are beginning to get a sense of the journey of this family from the time...they first come to the RED team. (FG 4 DOC)

Of the 285 families identified as requiring an assessment 209 families have received a family assessment response since October. Of these, 148 have been completed by HSE staff and 61 have been completed by Daughters of Charity staff. Of these 61, one case has been returned from the Daughters of Charity for a child protection investigation mid assessment and one post assessment. That such a small number of cases have needed to be returned from the Daughters of Charity for a child protection investigation was identified by some participants as evidence of the success of the decision making process of the RED Team. Of the 285 families requiring assessment, 76 families received a child protection investigation response. Daughters of Charity staff reported that they enjoyed the assessment process and found the standardised assessment

frameworks and practice tools very useful. Participants considered the quality of the response to be high.

I honestly think that the families that are coming in through our service are getting a really high quality assessment, they are engaging with people who are warm, who are open to looking at what the strengths are. (FG 4 DOC)

I find with the families that I've worked with, the supportive part has really gotten the family engaged and it has been a positive experience for a lot of them and that really helps me as a worker in knowing that and in carrying out future assessments. (FG3 DOC)

There hasn't been any situation whereby any of the family assessments have been criticized in terms of…how they were completed or how they were written up….so I think that speaks for itself. (Manager 9 HSE)

The process of gaining informed consent for a family assessment from families has also developed and is working well. This process involves the family receiving a pro forma letter from the Daughters of Charity on behalf the HSE explaining to them that a referral has been received by the HSE and that the Daughters of Charity will be in contact in relation to an assessment. Staff of the Daughters of Charity then visit the family, explain the assessment process to them and seek their consent to access HSE files in order to undertake the assessment.

The post assessment process is also working well. Details of the progression of referrals are outlined in Tables 3.2 and 3.3 below. A full copy of the Operational Report completed by the Project Manger is included as Appendix D.

Table 3.2 Daughters of Charity Assessment Team, St Benedicts

Total Number of Assessments received	61
Number of Assessments completed	44
Number completed within 20 days	15
File returned/ family moved to different area	2
Number returned to HSE mid assessment for Investigation	1
Number requiring HSE Investigation post assessment & closed	1
Number of cases requiring allocation to HSE social worker	3

Table 3.3 Assessments undertaken by HSE

Total	224
Coolock Duty Team	85
Airside Duty Team	74
Other HSE SW Team	65
Other HSE	-
Adult Mental Health	1
Primary Care SW	4
Number of Assessments completed	49
Number referred to Saint Clare's Unit for assessment (Child Sexual Abuse)	18
Number closed/family moved to different area	4
Number completed in 20 days	24
Number of cases requiring allocation to HSE social worker	21

The progression to intervention, when deemed necessary, is working fluidly in terms of the various interventions offered after assessment. It was felt that the process whereby 40 cases have progressed to the Daughters of Charity Rapid Response Team post assessment is working well.

It working very well from the point of view of referral onwards where also then our response team picks up on the families coming out of assessment and that transfer over is a very smooth transfer. (Manager 4 DOC)

The group consults are also considered to be a valuable aspect of the model. Group consults occur both solely within the Social Work Department and with both the Daughters of Charity and the Social Work Department present. The benefits of the group consults with both agencies present were expressed, both in terms of participants from different practice backgrounds learning from each other and also in terms of the more basic purpose of building relationships through face to face contact.

The team certainly got a lot from it, and I think the social workers on the ground would have taken on board suggestions so there was quite a collaborative consultation process. (FG4 DOC)

The relationship building of both front line staff and at an organisational level I found it really good….so I think we are feeding off each other I think that's a good way to put it. (FG3 DOC)

One participant found the shared responsibility of group consultations and the wider DRM model helpful.

In terms of giving you a picture of what you have maybe missed and what there is to do….that is definitely helpful….you…get other peoples' views…I find that shared responsibility , it's one element of DRM I like is the shared responsibility, that wasn't there before so that is quite…helpful. (Manager 6 HSE)

One component of the model relates to the use of particular assessment frameworks. This component is included below as it pertains to practice development.

3.4.3 Practice Development

Participants considered the overall practice framework for the DRM to be useful. This overall framework (See Appendix B) includes the Framework for the Assessment of Vulnerable Children and their Families (Buckley, Horwath and Whelan, 2006); the Signs of Safety Framework (Turnell and Edwards, 1999) and the Three Dimensions of a Child's Life or 'Three Houses'. The application of the Signs of Safety Framework represents a key aspect of the model. Although the North Dublin DRM formulates the application of these assessment frameworks as a core component of the model itself many staff viewed the frameworks as distinct from DRM but related to its current implementation in North Dublin. As a result many staff formulated their views about the frameworks in relation to their individual professional practice and separate to their views about the DRM.

The frameworks were considered particularly useful for less experienced workers who now have much more support, guidance and role clarity in carrying out their duties. One worker with limited experience felt that there is more guidance and support on what is appropriate assessment role as a result of the practice framework. Although staff found it difficult to say the extent to which this related to DRM implementation or to a pre-existing culture of good support and guidance for new staff, it was felt that the practice framework had added to this support. The benefit of greater role clarity as result of the practice framework was also felt by more experienced staff. Participants felt they had a:

Better idea of what you are going in for, what you are going to do…..being clear with clients about why you are there. (FG 1 HSE)

Participants also felt that the frameworks led to an improved documentation of decision making processes.

So that say you were taking over a file, you kind of have it captured on a page or two and the most salient points should be on that page or two…it is the way you write things up, the way things get structured in a file so the structure is much better. (Manager 7 HSE)

The recording is much more concise and evidence based. (Manager 8 HSE)

Participants feel that the practice framework led to more direct work with children and young people. Some staff felt that this was the most positive development associated with DRM implementation.

Where practice has been enhanced is the focus on communication with children routinely. (FG 1 HSE)

Bringing the kids involved, we would all individually meet with the kids and ask them…what would they like to see changed, one of the three houses you do is their kind of dreams and their worries and what is going well….that was the piece missing before where children didn't get their views heard….that can really determine how the assessment is going sometimes. (FG 3 DOC)

Staff also found the practice framework helpful in increasing the level of participation of parents. The tools used, including the emphasis on strengths, meant that parents could be better engaged and had a clear role themselves in inputting into the assessment process and that it is very *open and transparent*. (FG 3 DOC)

The training and development opportunities arising out of DRM implementation were appreciated by staff. They enjoyed the training that was offered and felt that it had added to their practice. Training also helped to generate enthusiasm for the model and to motivate staff.

3.4.4 Partnership between agencies

The central partnership in this project is that between the HSE Social work Department and the Daughters of Charity. The key success identified in relation to this partnership was the strategic relationship agreed and enacted by senior management. It was felt that this relationship was characterised by a *huge amount of goodwill* (Manager 4 DOC).

Where participants had been involved in explaining the model to other agencies or professionals such as schools or General Practitioners during the course of an assessment the response to the model was frequently positive.

3.5 Challenges Encountered

3.5.1 Organisational

Organisational issues including team restructuring, management restructuring and personnel changes have impacted on team morale which in turn has impacted on DRM implementation. Whilst these issues are not intrinsic to the DRM they have affected its implementation.

Some participants feel quite strongly that recent team restructuring has affected the climate within the Social Work Department and so has had a knock on effect on DRM implementation. There are mixed views about the decision to create a separate duty; child protection and welfare; and children in care teams. Staff members understood that these changes may have arisen irrespective of the DRM implementation. However as changes that were made to facilitate the implementation of DRM, they are associated closely with it. Irrespective of staff member's views about the pros and cons of specialist teams, many staff felt that the process of transitioning to these teams was not complete when DRM implementation commenced. This meant that staff felt the teams were in a state of flux rather than readiness for DRM implementation and this contributed to a feeling of instability within the Social Work Department.

DRM was rushed a bit at the start, we didn't have separate child protection teams before and it took a long time to organise that….DRM started in October but the structural changes hadn't been completed yet and new staff were only starting so we were thinking at the time it would have been better to wait until the structural changes were done and everyone was in their own teams, there was time to transfer cases and then we would have been ready for DRM but it had to start in October so there was a lot going on at the same time so that was kind of difficult. (FG 1 HSE)

A further impact of the creation of separate teams is a sense amongst those involved in the children in care and fostering teams that they are removed from the process of DRM implementation. It is perceived by some that as the work with children in care is not seen as part of the DRM the teams were restructured to clear the work with children in care out of the way so that DRM implementation could proceed more fluently.

There was a strong sense that children in care was being parked to allow this big new development to steam ahead without the complications of children in care getting in the way of what really was about an intake allocation process. (FG 2 HSE)

For some, this constitutes a perceived prioritisation of the needs of children in the community over children in care. Furthermore, some participants feel that this had a negative impact on the welfare of children in care and on the overall quality of service provision to children in care.

One of the most enormous losses…it goes back to the longevity of people here, all that change, how it was managed, it it's being implemented somewhere else a lot of thought has to go into the change process and preparation for change. Children who had the same social worker for six or seven years suddenly have three social workers in six months and there's a loss to the children, a loss to the families, a loss to the foster carers and a huge loss of expertise to our team. (FG 2 HSE)

One manager who was interviewed felt that management staff members were aware of these concerns and about how the core of the existing system needed to be managed whilst the change process was occurring.

A huge amount of focus in terms of foster care and what needed to be done, so planning the DRM was constantly competing with those operational demands and pressures and priorities. (Manager 2 HSE)

The effect of staff on the fostering and children in care team not feeling part of the DRM and the sense amongst some members of all teams in the Social Work Department that the restructuring of the teams was not properly managed, appears to have had a negative impact on some participants' goodwill towards DRM implementation. This loss of goodwill represents a considerable challenge for DRM implementation.

The absence on sick leave of the Principal Social Worker during a critical period in the early implementation phase was identified by many participants in both the Social Work Department and the Daughters of Charity as having been a critical challenge for the DRM. For some it was considered to be the most significant challenge. Many Social Work Department staff felt that this manager had played a key role in developing a particular culture within the Department that provided very good supervision and that had ensured staff felt supported on decisions made in relation cases. Some Daughters of Charity staff felt that this manager's absence meant that challenges that arose in the day to day implementation of the model were not being addressed. This manager has since returned to work and has taken over a new role (see management restructuring discussed below). Some participants felt that the progress of the model should not rely on an individual.

In addition to the team restructuring there has also been a management restructuring. Where previously there was one PSW managing all of the Social Work Department and a Child Care Manager each reporting to the General Manager for Primary Continuing and Community Care; there are now three Principal Social Workers reporting to a General Manager for Children and Family Social Services for the area. There is a PSW for Duty Referrals; Child Protection and Welfare; and Children in Care and Fostering. There are a number of aspects to this restructuring which some staff of the Social Work Department feel have damaged good will and morale and therefore have impacted on DRM implementation. Firstly some staff feel that DRM was used as a reason for carrying out this restructuring even though it was not necessary to do so for DRM implementation and that DRM could have been implemented under the old structure. Related to this, some staff feel that this restructuring was actually an attempt by senior management to introduce the structure proposed by the PA Consulting Group Report (2009) without explicitly communicating that the structure is the same as the 'PA structure'. Management is aware that this has impacted on staff morale.

Obviously we have a structure in there now that's needed, but that's at a price in the sense that…I'm not too sure how happy everyone might be with what we've done. (Manager 3 HSE)

Somewhere along the way and we weren't consulted or really informed….the upper echelons of management …decided to restructure our management team from one principal into three under

the new PA Consulting system and it was said it would marry with DRM better. I have no idea who thought this was such a good idea…because people now can't differentiate between the good parts of DRM and this really bad experience of this management change which has left staff feeling very low, very demoralised, really at sea. (Manager 6 HSE)

Part of the problem for DRM....[is] *because all that's been changed, staff were confident going to work, that has all been changed and the manager that people were used to is now not managing three quarters of the team,*[that] *doesn't help with goodwill.* (FG 1 HSE)

Whilst most staff understood the distinction between these changes and DRM itself, many feel that the management restructuring has further damaged good will and that low staff morale represents a major challenge for DRM implementation.

A second aspect to this restructuring that some staff feel has further damaged good will and morale is the process by which it was carried out. Although there was a process of engagement between senior management and unions some staff members perceive that the initial process of making the PSW appointments did not follow the correct procedure. A process was subsequently agreed whereby the positions were advertised internally and interviews were held.

The third aspect of this management restructuring which many participants felt represents a major challenge to DRM implementation is that the DRM Project Manager has taken up one of the newly created PSW posts with the result that the Project Manager role has been vacated during the early implementation phase. A range of participants felt that this constituted a challenge to DRM implementation.

It's absolutely ludicrous that just as we are in the real throws of moving this and progressing it that we lose the project manager. (FG 1 HSE)

A fourth aspect to this management restructuring mentioned by one participant is that where previously the Child Care Manager would chair child protection conferences it is not now clear who will perform this role. This participant felt that it was not appropriate for PSWs to take on this role due to a lack of independence. A combined effect of these organisational challenges has been that some staff members perceive that the culture of trust within the Social Work Department and the sense that workers were supported in their decision making has been severely damaged.

Before you had one manager where..you knew where you stood, you got a decision and you were supported in that decision so it's a very hard question is it to do with DRM or just that management structure has changed but I was in a recent situation where [I was told] *"if that's your decision we'll go with it"….that feeling of unsafeness came back again, we weren't being supported in the decision, if something had hit the fan over the weekend myself and my Team Leader would have been holding it, because we had to fight not…to take the children into care.* (FG 1 HSE)

Some participants felt that although this loss of trust had nothing to do with DRM per se that it greatly impacted on its implementation.

One participant felt that basic administrative issues, although each seemingly minor, were collectively challenging. An example given was the absence of DRM related forms and resources on the Social Work Information System (SWIS). Another participant identified that the Daughters of Charity staff cannot access SWIS as an administrative challenge. Some participants considered wider organisational changes to be challenging. In particular the development by the HSE of a National Business Standardisation Process and the impact of this process on DRM implementation was identified. Although there has been an ongoing process of communication with the personnel involved in developing this process nationally, some participants viewed it as a further change that could lead to instability.

3.5.2 Model Implementation

The key challenges relating to the model that participants identified were the contrast between the Irish and Minnesota context; model fidelity versus professional discretion; the rationale for adaptations to the model; data protection; consent; the RED team process; the Group consult process; introducing investigative elements to the family assessment; the governance of cases during the Daughters of Charity assessment process; and the allocations meeting process.

Many participants emphasised their belief that there are considerable differences between Irish context and the Minnesota context. Firstly many participants felt that Irish social work practice was never as forensic or investigative as Minnesota and always responded differently to lower risk cases with an emphasis on family assessment and strengths.

I personally feel that we never treated the baby with the broken arm in the hospital the same as we treated…a child who has had significant absenteeism from school. I think we've always worked to a welfare model and tried to work to families strengths…We've always looked at the strengths, the risks and done I think a fairly holistic or tried to do a holistic assessment. (Manager 7 HSE)

Some participants felt that the Irish system never applied an overly investigative approach. In their view this approach had always been reserved for cases involving non-accidental injury and child sexual abuse, and practice had always involved responding differently to families where concerns involved low or medium risk. One participant felt that one legitimate criticism of the pre-existing system was that the investigation of the aforementioned types of cases was not sufficently forensic and investigatory. Some participants felt that whilst administrative records might give the impression that the previous system was investigatory this was because of the requirement to notify abuse but that the actual practice in many notified cases was not investigative.

A second key difference identified was the significance of long term children in care as part of Irish system. It was felt that work with long term children in care was not a feature of the Minnesota context due to the differing legal context in relation to the care of such children. As a result it was felt that this impacted on the transferability of the model.

What we saw when we went to Minnesota, they didn't have large numbers of children in care. They had something like between 40 and 60 at any given point….we knew that the amount of

work involved in children in care with HIQA, with our care plans, with our performance indicators, children in care did not fit with the DRM. (Manager 8 HSE)

A third difference identified between the two contexts was that detailed legislation was brought in to support DRM implementation in Minnesota and this was not part of the Irish system.

I saw it being a good fit with Irish practice but the glaring elephant in the room …was the legislation. Their legislation was very prescriptive…there was actually words in their legislation of what constituted an incident whereas ours is Section 3.1 [of Child Care 1991]*, we've a duty to promote the welfare of children, that covers everything.* (Manager 8 HSE)

A fourth difference identified by participants was that in Minnesota, a worker from the statutory agency directly supervises the workers undertaking family assessments in a non-statutory agency. It was felt by some that the absence of this element in North Dublin was contributing to challenges related to the governance of cases during the Daughters of Charity assessment, which is discussed in more detail below.

The fifth difference identified was that the full involvement of other key agencies including the police and Courts in Minnesota is not part of the Irish system. Some participants felt that full involvement of a range of agencies also meant that there were multiple referral pathways in Minnesota whereas North Dublin currently has very limited pathways. This perceived limitation of pathways in the North Dublin DRM was a cause of concern for some participants, as they felt that although throughput of referrals was currently flowing well after a more substantial period of time of operation the system may begin to become clogged. Some participants commented on the lack of a domestic violence specific response. The lack of or limited participation by key agencies is dealt with in more detail in Section 4.4 below.

A number of participants highlighted the balance between model fidelity and the exercise of professional discretion as challenging. For some there was concern about over adherence to some elements of the model and danger of it becoming a *form filling exercise* (Manager 6).

That's the piece I worry about, that we've become so caught up with the model and adherence to the model that common sense and empathy and judgment go out the window…So I think that they're the challenges, that people need to keep aware that the model is the model but ultimately we're the professionals and we have to determine its applicability in any given instance. (Manager 1 HSE)

For others there was a concern about the rationale for adaptations being made on the hoof for pragmatic purposes without consideration of model fidelity. Examples of such adaptations were a period where no allocations meetings took place due to a difficulty with how to agree on the path of cases after a Daughters of Charity assessment; the Project Manager now PSW signing off on Daughters of Charity assessments rather than other staff; the first correspondence to a family coming from the Daughters of Charity rather than from the Social Work Department; decision in relation to the Daughters of Charity assessing cases that have been notified to the HSE by the Gardai;

You have a feeling….that it's kind of being made up as we go along, I know that's not necessarily the case but that's sometimes what it feels like, from one week to the next something changes. (FG 1 HSE)

They've taken the pieces they like, the pieces they think will work and they say great…fix this now with a plaster, you have to implement it fully in its full picture or it's not going to work the way you want it to. (FG 2 HSE)

If you repaint the Mona Lisa without a smile, it's not a Mona Lisa….there are little things we don't have to stick to but there is fundamental things that you need to stick to that often aren't being and to me then it's not DRM. (FG 4 DOC)

Data protection

Many participants mentioned how data protection had featured as a challenge during the early implementation phase of DRM. An enquiry was made to the Office of the Data Protection Commissioner which resulted in the need for a considerable degree of further liaison with that office. The challenge related to the transfer of files including personal sensitive information from the HSE Social Work Department to the Daughters of Charity for the purpose of carrying out an assessment and the return of data to the HSE after the assessment is complete. The attendance of the Daughters of Charity staff at the RED team meeting was delayed until this issue was resolved.

Because of the confidentiality and because of the data protection issues that were arising they in themselves were determining the model or aspects of the model that were to be applied. (Manager 4 DOC)

A process was put in place for families to give their signed consent for the Daughter of Charity staff to access Social Work Department files in relation to the family. It was also agreed that the Daughters of Charity may retain information about their involvement with the family for the purposes of their own records. Despite these developments, some participants said that they continued to have some concerns about data protection as it relates to consent. These concerns relate to whether it was sufficient to gain consent after the RED team process had already occurred.

There is information going up on the Signs of Safety at point of referral. Even yesterday a file came in and the duty worker informed the group, the RED team that there had been three previous referrals and what they'd been. So that's going up [on the board] *and the families haven't given consent for that.* (Manager 8 HSE)

In addition to consent, some participants found various aspects of the RED Team process challenging. The process of developing shared thresholds and criteria for categorisation was challenging. Instances were related whereby there were differing views about levels of risk both between and within members of each agency. Some participants from the Daughters of Charity felt that there was an underestimation of their understanding of child protection risk and of their experience in dealing with families where complex need and risk existed. One participant was

concerned that not all members of the RED team were comfortable enough to give their full views on thresholds and risk categorisation.

I'm not sure sometimes at the end of those meeting who makes the overall decision. Is everybody comfortable at that meeting saying really what they feel because to date what I've found is that the other people at the table who maybe aren't statutory, whilst they might give their opinion, I just wonder are they totally comfortable with saying exactly where they feel a case lies, is it at the high end of things, medium, low? (Manager 7 HSE)

Some Daughter of Charity staff felt that they were starting to express their views more as the process has become clearer and they have begun to feel more involved. Some participants found the RED team process very time consuming but felt that this was likely to improve over time.

I found them very, very monotonous and tedious and just the writing up of everything….in Minnesota it's a much quicker process whereas I think we get caught up in all the minutiae and probably it's a new model and we're learning, we're not as quick as we should be. (Manager 1 HSE)

One participant found the change from individual or perhaps two individuals making a decision, such as a social worker and team leader, to a group based decision making process to be challenging. This participant was concerned that only the final decision is recorded and as result varying views expressed are not recorded. *Where do the different views get recorded?* (Manager 7 HSE)

Group Consultation

Similar challenges arose in respect of the process of group consultation. Many participants felt that group consults had not occurred as frequently as they felt was intended under the model and there had been insufficient attention given to ensuring that the consults went ahead as scheduled and that staff members were fully prepared for them. One participant found the contrast between the traditional model of individual supervision with group consultation to be challenging and was concerned as to whether it could duplicate work done in individual supervision. Some participants were concerned about who was accountable if decisions were made during a group consultation, they felt they were not clear on who was responsible for any decision made.

They were very slow to get off the ground and….for various reasons there has been a number cancelled. (FG 3 DOC)

I think they're valuable for those kind of cases where they've been worked maybe a long while and people are just reaching a bit of a road block on it, don't really know what to do next, I'm not really sure about cases in the initial assessment stage. (Manager 7 HSE)

Child Protection Notification System

The child protection notification system was identified by some participants as a challenge to DRM implementation. The challenge was twofold. Firstly the use of the notification system by the Gardai was identified as challenge. Some participants highlighted that the Gardai use the notification for all referrals to the HSE rather than solely to notify abuse.

The Gardai still send us child protection referrals because they don't have any other process of referring into us. (Manager 8 HSE)

As a result it was felt that there were some families referred to the HSE using the notification system when they ought to have been referred using the Children First standard reporting form. It was felt that this resulted in an administrative anomaly that categorised cases as child abuse referrals that may be child welfare. When the DRM was first implemented, families notified by the Gardai to the HSE did not receive an assessment from the Daughters of Charity. This was adapted during the early implementation phase to allow some Garda notified cases to be assessed by the Daughter of Charity if considered appropriate by the RED Team.

A second issue arose in relation to the notification system whereby the Social Work Department is obliged under Children First to notify cases of suspected abuse to the Gardai. Where this occurred subsequent to a family having received a family assessment some Daughters of Charity staff felt that this contradicted DRM. They found it very challenging to explain to families who had consented to a Daughters of Charity assessment on the understanding that it was a supportive assessment rather than an investigation but were then told that the Gardai must be notified or that details of a specific incident must be documented.

This is an assessment not an investigation and clients have really gotten on board with that and then to say well, by the way its not an investigation but the HSE are going to notify the Gards. I feel that's really giving mixed messages and I feel it's very much different to the literature I would have read on DRM and Signs of Safety. (FG 3 DOC)

Governance of the Daughters of Charity Assessment

The issue of how best to ensure appropriate governance of cases during the Daughters of Charity family assessment was identified as a challenge. Again there are two aspects to this challenge. The first was that some participants considered it challenging that the HSE Social Work Department, with statutory responsibility for the case, did not have day to day oversight of the case. This led some Social Work Staff to be concerned that they were carrying statutory responsibility for a case that they were not familiar with. The second element was that the Daughters of Charity staff felt clear that under their child protection policy and in accordance with Children First they must inform the Social work Department of any concerns that emerge during the course of an assessment. Participants from both agencies felt that a revised protocol was required to address both these aspects of governance as they created a challenge that was leading to disagreement between front line staff.

The HSE need to be available because they are the statutory body and our service has a child protection policy, which is to notify the statutory body when…concerns arise….and not to hold those concerns….so our organization works with the HSE in protecting children….if another concern arises in the course of the assessment there has been some difficulty in terms of communication, now not all of the time but some of the time there has been a difficulty in how that concern is received by the HSE. (FG 3 DOC)

If the Daughters felt that a case they were doing a family assessment on warranted under their criteria a notification to our Department they were still doing that and there was no policy through our Department. (Manager 8 HSE)

Post Assessment Allocation

The issue of post assessment allocation of cases was identified by many participants as challenging. Some participants identified this issue as an example of where the model was not always being adhered to. Some felt the above issue in relation governance of cases was spilling over and affecting the allocation meeting process. As a result there was a period where no allocations meetings occurred and the DRM Project Manger was directly managing the allocations process. Some participants felt that the absence of group based decision making at this point in the process represented a major flaw in the implementation of the model. Although there was a period where no allocations meetings took place the meeting has since been reinstated. Some participants felt that the role of the Family Resource Panel was not yet fully developed and that clarity was required as to what role it could play in DRM implementation.

3.5.3 Practice Development

Participants identified a range of challenges in relation to the development of their practice. Some of these related to DRM implementation and some related to practice development in a broader sense but arose during discussion of DRM implementation. One of the challenges that arose that related closely to DRM implementation was the balance between individual supervision and group based supervision. Some staff of the Social Work Department felt that it was important to retain the traditional model of individual supervision both for reasons of time efficiency and because there are aspects of their professional development that require one to one support.

A theme that repeatedly emerged was the sense that practice in the Social Work Department had always been to a high standard. Although this is not disputed, some participants felt that DRM implementation was predicated on a presumption to the contrary or that DRM implementation could disrupt the established commitment to good practice through the instability created by the change process. Some participants felt that an over emphasis on strengths could lead to a failure to appropriately identify significant risk. Some participants also felt that the specialisation of teams could lead to a deskilling of workers and a lack of range of skills and that this could have consequences whereby a social worker seeking to progress to team leader would not have the necessary range of skills to manage a team with a different specialisation to the one they had been working on. There was also a concern expressed by some Social Work staff that DRM implementation led to down grading of their professional qualification as it involved professionally qualified but non-social work qualified staff carrying out what they considered to be a social work task of assessment.

There was a general concern amongst social work staff in relation to the impact of the burden of administrative tasks related to DRM on practice. There was also a wider concern that firstly there was limited access to a wide range of academic material to support practice and that pressure of work did not allow for time to avail of the limited material available.

3.5.4 Partnership between agencies

The principal partnership relevant to DRM implementation is that between the HSE Social work Department and the Daughters of Charity. Considerable challenges emerged in this relationship during the course of implementation. There was a very strong sense amongst the Daughters of Charity staff that the HSE had not always viewed their organisation as an equal partner in DRM implementation. Some Daughters of Charity staff felt that they were at an immediate disadvantage as they had not been involved in study visits that the HSE had undertaken to observe the DRM in Minnesota and also the New Beginnings project in Derry. As a result, although they had read material on DRM, they felt that they were hearing about the model second hand and were reliant on the accounts of social work staff about some of the specific of the Minnesota model.

We were told how it was being rolled out, we weren't involved….we are very much seen as a resource and not necessarily as partner. (Manager 5 DOC)

The point was made by some participants that some of the organizational challenges outlined above had a knock on effect on relationships at the front line. Some participants felt that the absence, highlighted above, of a clear protocol on the governance of cases being assessed by the Daughters of Charity led to confusion and as a result impacted on the front line relationship. The need to address these challenges expeditiously and ensure that a spirit of true partnership was restored was acknowledged by HSE Social Work Department management. A local steering group, with membership from both agencies, has been established to address this issue.

The challenge of developing a broader range of partnerships was identified by a range of participants as being critical to DRM implementation. It was felt that not all of the relevant external agencies or other sections of HSE are yet engaged. The lack of engagement of two agencies in particular was identified as a critical challenge. The first of these was the Gardai. Although some communication has taken place it was felt by some that this had been insufficient and that the Gardai were not yet fully and clearly engaged with DRM. The second agency identified was the Mater Child and Adolescents Mental Health Services (Mater CAMHS). Many participants felt very strongly that the lack of involvement of Mater CAMHS in DRM implementation was a fundamental challenge to the success of the model. Some participants felt that the limited range of partnerships with external agencies and the limited involvement of other services within the HSE had the effect of limiting the referral pathways within DRM. The engagement of schools was also identified as a challenge.

3.6. Scope for Improvement

Partcipants highlighted a range of improvements which they felt, if implemented quickly, would greatly enhance the implementation of DRM.

3.6.1 Organisational

Some social work staff felt that it was very important that all teams be included in DRM implementation by ensuring that the practice frameworks and group consults are applied across the teams. It was felt that this would help to address the feeling amongst the children in care and fostering teams and also the child protection and welfare teams that they were a lesser part of DRM than the duty referrals team.

Fostering [and] *children in care are doing the work that they do, which is very complex and very hard and losing sight of what DRM is because they wouldn't necessarily use that pathway but they certain use Signs of Safety and the different tools that we're using so its ensuring that we bring all the team along in that nobody starts to feel that duty referral is seen as, oh we're the blue eyed boys, we've got DRM.* (Manager 8 HSE)

Some participants felt it was important that some of the simpler administrative issues be improved immediately such as forms being available on SWIS, some access for Daughters of Charity staff to SWIS.

There was a very strong sense amongst social work staff that the sense of instability and loss of trust created by the series of organisational changes that had occurred recently needed to be addressed.

This model can mean that social workers are carrying quite a bit of risk at times so we need managers like we had that make the decision, make the call, that's my decision and support you….there's a sense that that's shifted and it's on you now…if we are going to take on that model wholeheartedly then we need managers that can take on that risk. (FG 1 HSE)

If you don't have that support it fundamentally affects your practice and it has a huge impact on the children you work with, you have more children coming into care. (FG1 HSE)

Many participants felt that change in role of the Project Manager for DRM to PSW needed to addressed and that there needed to be one manager that had responsibility for progressing DRM implementation. A separate need was identified by some participants for a Social Work Team Leader employed by the HSE to work directly with the Daughters of Charity in relation to their assessments and with other agencies as the range of partnerships is developed.

3.6.2 Model Implementation

Many participants expressed the desire that the model be adhered to more closely and holistically and that decisions to deviate from the model be agreed and underpinned by a clear rationale.

I think there needs to be a decision at a more senior level about sticking to the model and going back to look at the model. If that means bringing everybody together and sitting down and having an open and frank discussion. (FG 4 DOC)

This issue was also related by some participants to the improvement of the partnership between the Social Work Department and the Daughters of Charity which is discussed in more detail below. A local steering group has since been re-established with managers from each agency and this group must now agree and sign off on protocols to support the model implementation and any adaptations to the model.

Related to the issue of wider engagement and partnership, some participants felt that the number of potential pathways both at the RED team and post assessment must be increased to ensure that neither the Daughters of Charity outreach team or the Child Protection and Welfare Social Work teams become overwhelmed. It was felt the success of the model and the fluid throughput of cases thus far could result in the system becoming clogged up if there were not sufficient referral pathways. One participant felt that the Child Protection and Welfare Teams should not be engaging in assessment so that they are freer to accept cases post assessment.

Many participants felt that the RED team process could be further improved. Improvements identified were clarification on any outstanding data protection issues, better preparation to speed up the process and rotating the facilitation.

I would say quite definitely you would be able to do fifteen or twenty if things were sharpened up. And I think if things were sharpened up and people saw that things moved quicker I think that would relieve a lot of the frustration as well. (Manager 5 DOC)

One participant felt that there should be a process for documenting alternative views amongst RED team members rather than solely relying on group based consensus decision making. Some participants called for greater clarity on the purpose of group consults and on the roles, expectations and responsibilities of staff participating. It was also felt that as the group consultation process had the potential to enhance relationships through frequent face to face contact and co-working it should be ensured that they are not frequently cancelled and attendance and engagement is maximised and that they are applied across different teams.

Participants felt that the interface between the child protection notification system and the DRM need to be closely managed. Firstly it was felt that the Gardai need to be engaged with more comprehensively about DRM both in terms of the interface with the notification system but also simply because they are key partners. Daughters of Charity staff also felt that the issue of notifying cases to the Gardai after they have been selected by the RED team for a family assessment must be addressed.

Participants in both agencies felt there was a need for greater guidance and written protocols for clear governance of cases that are being assessed by the Daughters of Charity including an agreed process for dealing with concerns that emerge during the assessment and that is fully compatible with the Daughters of Charity child protection policy.

Many participants also felt that group decision making post allocation must be maintained and that the allocations meeting must not be retained. As stated previously although this meeting did not occur for a period during early implementation, it has since been restored.

3.6.3 Practice Development

The greater application of the DRM practice framework across all teams was suggested as an important improvement to practice development. Joint and collaborative training between staff of the Social Work Department and the Daughters of Charity was suggested by one participant as a way of mutually exchanging knowledge and experience to enhance practice whilst at the same time developing relationships.

3.6.4 Partnership between agencies

Ensuring that the Daughters of Charity are treated as full and equal partners in DRM implementation was identified as the most necessary improvement required by Daughter of Charity staff. Some HSE participants also identified the improvement of the partnership between the two agencies as a critical improvement required. Towards the end of the fieldwork it was reported that this process had commenced through the restoration of the local steering group. Many participants felt that there also needed to be greater engagement and regular face to face contact at front line level, through meeting, group consults and joint training. As stated above, some participants identified the appointment of a Social work Team Leader to work closely with the Daughters of Charity as an important step that would help to achieve an improvement in the relationship with the Daughters of Charity as well as building wider partnerships.

The development of these wider partnerships was seen by many as an important improvement required. It was felt that the Gardai and Mater CAMHS should be prioritised in this regard. Schools and the Youth Advocate Programme (YAP) were also identified as important. It was also felt that partnerships should be developed internal to the HSE and that adult mental health and primary care, who are currently involved, could play a greater role. Where agencies were in receipt of HSE funding it was felt by some that the service level agreement should be altered to mandate engagement with DRM.

Some participants spoke about the need for wider community based engagement and the Family Resource Panel and Fingal Children's Services Committee were viewed as opportunities for development.

3.7 Summary

This chapter has outlined the expectations of staff of the Social Work Department prior to DRM implementation, perceived strengths and weaknesses of pre-existing services, participant's perceptions of the early successes of, and challenges for, the project and the scope for improvement, as identified by participants. As is to be expected for a project in the initial stages of development and from a formative evaluation the amount of challenges identified is greater than the successes and many of the improvements suggested reflect the need to address the challenges identified.

4. Conclusion

It is important to consider the findings outlined in terms of the response to a major organisational and systems change that they reflect. One participant described it as a *perfect storm of change*. Considerable challenges are to be expected when undertaking such a change process. There is a high degree of optimism and enthusiasm amongst both HSE Social Work and Daughters of Charity staff for the DRM and for the practice developments that have arisen in the early stages of DRM implementation. As expected, challenges have emerged which need to be addressed quickly to ensure the continued development and implementation of the project. These challenges can be broadly understood as challenges that relate directly to the implementation of DRM and challenges that do not relate to DRM but are having an impact on its implementation. It is the view of the evaluators that the improvements required to address these challenges have been identified by the participants themselves and are presented in the findings. It is critical for the success of the project that a set of systems and processes are put in place to prevent the re-emergence of these challenges and to deal with additional challenges encountered in the next phase of implementation.

The primary early success of the project has been the manner in which families have received a timely assessment, have progressed fluidly through the pathways of the model and have received follow up support services. This is considered by most participants as a considerable improvement on the pre-existing service. The main challenge to the model has been the extent to which the pace and nature of change has destabilised the normal working processes of the HSE Social work Department and the effect this has had on the morale of staff.

As outlined In Chapter 1 of this report, the methodology for this report involved the local steering group reviewing an initial draft of this report. Following this review information was provided to the evaluators on how the challenges identified in the draft report were being addressed both subsequent to and in parallel with the fieldwork being undertaken. This information is included below in table 4.1. Whilst acknowledging the updated information provided by the local steering group the evaluators consider the following areas to be priority for the project's continued development.

- It must be ensured that the partnership between the HSE Social Work Department and the Daughters of Charity is experienced by both partners as a meaningful, collaborative partnership of equals. Consideration could be given to facilitating relevant staff from the Daughters of Charity to visit a DRM demonstration site or some viable alternative to develop their own firsthand experience of DRM in operation elsewhere.

- Whilst the management capacity within the Social Work Department may have increased as a result of the creation of three PSW positions, the potential impact of the loss of a Project Manger specific to DRM should be considered in order to prevent the project losing direction. Consideration could be given to dedicating a staff resource within the HSE Social Work Department exclusively to DRM implementation and stakeholder engagement. This resource could be deployed at senior social work practitioner or team leader level without altering the existing role of the three PSWs in managing the implementation of DRM.

- The revised protocols and procedures agreed through the Local Steering Group and any future similar developments should be agreed in writing and communicated to all staff. This is particularly important for communication between the Social Work Department and the Daughters of Charity in relation to families receiving an assessment from the Daughters of Charity. Consideration should be given to assigning the additional staff resource mentioned above to ensuring there is day to day communication between the HSE and the Daughters of Charity in relation to these families.

- Whilst acknowledging recent developments, a wider engagement of strategic partners is required for the project to be fully successful. The additional staff resource mentioned could also have a role in developing these partnerships. An Garda Síochána, Mater CAMHS and schools should be prioritised for engagement. The engagement occurring through the Family Resource Panel and Fingal Children's Services Committee could be further developed in order to formulate the position of DRM within the wider children's services landscape.

- Notwithstanding recent developments, efforts should be made to address the difficulties with morale amongst some social work staff identified in the findings of this report. A process for addressing the concerns of frontline staff and ensuring clear communication should be developed. This process should effectively communicate any changes made to the process of DRM implementation and the rationale underpinning such adaptations.

- As DRM implementation is a departmental wide change process, care should be taken to ensure that all teams within the Social Work Department are included in the process of DRM implementation. Irrespective of the inherent emphasis on the duty referrals team, every opportunity should be availed to develop the overall cohesion of the Department and to ensure all teams feel valued within the Department.

- All opportunities for face to face contact and collaboration between front line workers of the Social Work Department and the Daughters of Charity should be exploited including regular group consultations, joint training and regular review meetings to discuss emerging issues or challenges.

As stated above the following information on how challenges are being addressed was provided to the evaluators by the local steering group.

Table 4.1 Update information provided by Local Steering Group		
Notifications from An Garda assigned to DOC for initial family assessment	DOC were not initially assigned notifications from An Garda Síochána due to requirement to update SWIS and complete final notifications. Initial meeting held with An Garda Síocahána and Child and Family Social Services General Manager in March 2011. Agreed Duty SW will act as liaison with An Garda where IA are being completed by the DOC. This is intended by Social work Management to facilitate DRM implementation.	March 2011
Revised allocations meeting introduced	PSW referrals commences revised allocations meeting where manager of DOC assessment team meets with PSW referrals, DOC Practice co-ordinator and DOC Manager of Turas 'Rapid Response/outreach' service. PSW child protection and welfare also attends meeting. This is intended to ensure tighter governance surrounding the joint sign off of assessments completed by the DOC and referral on to other services where required.	April 2011
Review held by DOC and HSE to address early 'teething' difficulties leading reestablishment of local steering group.	Any outstanding protocols requiring completion were identified, particularly process of managing notification of suspected child abuse/child protection concerns to HSE. Process of regular review/steering group with DOC and HSE agreed	April 2011
Staff Morale	This is being addressed through quarterly meetings with the Social Work Team Leaders and the General Manager for Children and Family Social Services. The PSWs are also actively monitoring this as part of supervision with staff and at monthly management meetings with the GM in order to ensure that recent improvements in this regard are sustained.	April 2011
Wider Stakeholder Engagement	Wider stakeholder engagement is taking place through the Fingal Children's Services Committee and through initial work to establish an interagency group in the Balbriggan area to prioritise services for young people at risk. A Family resource panel	January 2011-date

	has also been established since January 2010 and meets monthly. Members of the panel include YAP, Mater CAMHS, Primary Care Social Work, Homemakers and family support service and Daughters of Charity Child and Family Service. Information relating to the family resource panel has been distributed all primary care teams and other services in the area. Information leaflets on DRM have also been distributed.	
Administrative issues	Administrative support is being provided to the DRM project by the DoCCFS. Case notes and assessments completed by DoCCFS staff are now being transferred to the Social Work Information System (SWIS).	March 2011-date
Enagagement by Senior Management with IMPACT	Proposed re-structuring under DRM has been discussed at meetings with IMPACT at all stages in order to address concerns raised by staff	October 2010-January 2011

The purpose of this report is to inform the continued development and implementation of the DRM in North Dublin. The report has outlined the expectations of staff prior to DRM implementation and identified the successes, challenges and suggested improvements highlighted by the staff of the Social work Department and the Daughters of Charity. Lastly seven improvements have been identified for prioritising. The overall conclusion of the report is that there are considerable indications of success in the early phase of implementation. These indications are that families are being provided with timely access to assessment and follow up services, the quality of these services is high and the practice framework involved helps to facilitate the participation of children and parents. The project has encountered the types of challenges that are to be expected in any major change process but sufficient commitment and enthusiasm exists to build on the successes outlined.

Reference List

Buckley, H., Whelan, S., and Horwath, J. (2006). *Framework for the Assessment of Vulnerable Children and Their Families*. Dublin: Children's Research Centre.

CAAB [Children's Act Advisory Board]. (2008). *Evidence to Practice Seminar Report A Different Response Model: Refocusing from Child Protection to Family Support 22nd May 2008*. Dublin: CAAB.

Commission to Inquire into Child Abuse. (2009). *The Report of the Commission to Inquire into Child Abuse* (Ryan Report). Dublin: Commission to Inquire into Child Abuse. Available at: www.childabusecommission.ie. (Accessed June 2011)

HSE Dublin North. (2010). *National Differential Response Model Pilot Guidance for Staff.* Dublin: Dublin North Social Work Department.

Institute of Applied Research. (2004). *Minnesota Alternative Response Evaluation* cited by Loman, A. and Siegel, G. *Alternative Response in Minnesota: Findings of the Program Evaluation.* American Humane Association Protecting Children, 20: 78-92.

Minnesota Department of Human Services [DHS]. (2000). Cited in Merkel-Holguin, L., Kaplan, C. and Kwak, A. (2006). *National Study on Differential Response in Child Welfare*. American Humane and Child Welfare League of America.

PA Consulting Group. (2009). *Inspiring Confidence in Children and Family Services Putting Children first and Meaning it.* PA Consulting.

Turnell, A. and Edwards S. (1999). *Signs of Safety: A Solution and safety Oriented Approach to Child Protection Casework.* New York: W.W Norton and Company.

Appendix A – North Dublin Practice Framework

Framework for the Assessment of Vulnerable Children and Their Families

(Helen Buckley, Jan Harworth and Sadbh Whelan, 2006)

Three Concurrent Activities

1. Engaging
2. Safeguarding
3. Collaborating

The Five Steps

1. Responding
2. Protecting
3. Devising
4. Gathering and Reflecting
5. Sharing, Analysing and Planning

Seven Practice Principles

1. The immediate safety of the child must be the first consideration
2. Assessments should be child centred
3. An ecological approach should underpin practice
4. Assessments should be inclusive and recognise individual needs of all children irrespective of age, gender, ethnicity and disability
5. Multi-disciplinary practice is fundamental and irreducible element of good practice
6. An evidence-based and critically reflective approach should underpin assessment practice
7. High Quality supervision should be provided and used by practitioners completing assessments

The Five Key Questions

1. What facts, observations and opinions do you have to support the information gathered?
2. What does this mean in relation to the child's safety, welfare and development?
3. How do practice experience, research findings and literature inform this part of your assessment?
4. Should an intervention be made now? If so, what?
5. Where is the parent/carer within the change process?

How to conduct an assessment using the Signs of Safety

(Andrew Turnell and Stephen Edwards, 1999)

The Six Practice Principles

1. Understand the position of each family member
2. Find exceptions to the maltreatment
3. Discover family strengths and resources
4. Focus on Goals
5. Scale Safety and Progress
6. Assess willingness, confidence and capacity

12 Practice Principles that Build Partnerships

1. Respect service recipients as people worth doing business with
2. Co-operate with the person, not the abuse
3. Recognise that co-operation is possible even where coercion is required
4. Recognise that all families have signs of safety
5. Maintain a focus on safety
6. Learn what the service recipient wants
7. Always search for detail
8. Focus on creating a small change
9. Don't confuse case details with judgements
10. Offer Choices
11. Treat the interview as a forum for change
12. Treat the practice principles as aspirations, not assumptions

Supported by:

Group consultation for staff (Lohrbach framework) and individual supervision

The Three Dimensions of a Child's Life

Dimension 1: Whether and how child's needs are being met
Dimension 2: Parenting capacity to meet needs
Dimension 3: Extended family and community's capacity to meet the child's needs and/or support parent/carers to meet
those needs

Also consider child's additional needs in relation to Dimension 1:

- Children with Disabilities and Complex Health Needs
- Children from Ethnic Minorities

Domains

- Physical Development and Basic Care
- Medical Care
- Supervision and Safety
- Relationships, Attachments Affections and Resilience
- Intellectual and Social Development
- Self-Care, Independence, Autonomy
- Identity

Knowing the Child: Describe a day in the life of a child

Additional Considerations in relation to Dimension 2……

- Impact of alcohol and drug use
- Impact of Mental Health Difficulties
- Impact of a parent/carer having a disability or complex health needs
- Impact of Domestic Violence

Impact of parenting alone

Summarise key information from assessment with family on Signs of Safety/Group Consultation Summary Sheet:

Danger/Harm *Safety*(strengths demonstrated over time)
Use referral information and information from assessment with Family

Identify presence of safety factors.

Risk Statement *Strengths/Protective Factors*
The social worker is worried that… Presence of research based risk factors

Complicating Factors *Agency Goals/Outcomes*
Note presence of research based risk factors. . (must relate directly to the risk statement)

NEXT STEPS *Family Goals*

1.
2.
3.

Scale Safety 1-10, assess willingness, confidence, capacity

And Issues Impacting on Parent/Carer Capacity

- Impact of having a child with disabilities or complex health needs
- Impact of being Adolescent Parent/Carer(s)
- Impact of being a member of an Ethnic Minority Group
- Impact of parent's own experience of being parented/history of abuse

Impact of Social and Economic Factors

Appendix B - Key events related to Social Work services in North Dublin prior to DRM implementation		
Changing the duty system	Duty was split from a single base (Coolock) with one team leader to two team leaders and initially four social workers that rotated weekly – two based in Coolock and two in Airside, Swords. Four full time dedicated SWs were later assigned following and internal competition in May 2009. The two duty teams were then supported by a rotational social worker from the wider team who was rostered to be on duty for one week at a time. The number of cases open to duty at this time was in excess of 400.	Summer 2008 May 2009
Allocation of additional temporary staff to the duty teams	As part of the pre-DRM implementation, two temporary full-time social workers were also appointed to assist clearing the backlog on duty. One was assigned to Coolock and one to Airside.	June 2009
HIQA Inspection	HIQA inspection of the fostering service took place over 3 months in late 2009. This caused considerable additional demands on staff in terms of requests for information and compliance with HIQA recommendations and HSE action plans. The recommendations arising from the HIQA report resulted in increased demands on SW time.	Sept 2009-January 2010
Allocation of additional staff to deal with S.36 assessment	Two additional temporary staff were assigned to deal with uncompleted relative carer assessments arising from the HIQA inspection.	Oct 2009 –July 2010
Statement of requirements report for the implementation of DRM	A report was prepared for the LHM by the Project Manager which indicated that at least 8 additional SW posts were required to support DRM implementation and ensure all cases were allocated in the Department.	October 2009
Secondment of Social Worker posts to support DRM implementation from Daughters of Charity	The recruitment of 8 Social Workers by the Daughters of charity commenced in late 2010. 1-2 were appointed in early 2011, however, all 8 were not in post until September/October 2011, prior to DRM commencement	Jan-Sept 2010
Appointment of 'Ryan Report' Social Worker posts	As part of the implementation of the Ryan report recommendations, Dublin North was assigned 7	Jan- Sept 2010

	additional permanent SW posts and 2 team leaders. These posts were gradually allocated during the year. 3 social workers also left during 2011 but were replaced from the permanent HSE SW panel	
Appointment of temporary Social Work staff to cover maternity leave during 2010/11	Approval was granted to cover 3 maternity leaves during 2010	July 2010-Mar 2011

Appendix C - Information on the Development and Design of DRM provided by Social Work Management		
CAAB DRM seminar	Rob Sawyer, Sue Lohrbach and Foyle Trust, Derry provided presentations to HSE. Expressions of interest requested afterwards from HSE areas to come forward as pilot site.	May 2008
National HSE pilot site identified	CAAB agree national pilot site with HSE, Lead for children and families Dublin North East and this is approved by HSE National Steering Group for Children and Families. Meeting with the Child and Family Research Centre, NUIG to draw up project plan.	September 2008
Visit to Minnesota and Derry	Members of HSE management team, CAAB and two senior managers from Derry undertake site visits.	January 2009
DRM Project Manager Appointed	DRM project manager appointed to work with North Dublin Social Work Team to implement DRM model.	April 2009
DRM stakeholder workshop	Stakeholder workshop held to explore DRM model and request key partner to work with HSE in DRM development.	May 2009
Daughters of Charity agree to work with HSE as principal partner	DoCCFS undertake to plan re-configure services to support DRM implementation as part of Service Level Agreement with HSE.	July 2009
Focus Groups within SW team	Focus groups established with staff (as per DRM model design) to explore all aspects of DRM development. Stakeholder consultation group also convened.	July-Dec 2009
Signs of Safety Training	Initial Signs of Safety Training with Viv Hogg held. DoCCFS invited to attend training also.	Sept 2009
Social Work Staff commence using Group Consultations	All staff across the department facilitated to commence using Group Consultations in their teams. DRM PM attends group consults to provide support.	September 2009
Decision to re-structure Social Work Dept and establish dedicated Children	Decision to plan re-structuring of SW Department made.	October 2009

in Care Team made		
Training with Sue Lohrbach from Minnesota	All SW staff provided with presentations on DRM by Sue Lohrbach and training in Group Consultations	October 2009
Start date for DRM identified	February 2010 identified as start date for DRM implementation.	November 2009
IMPACT Industrial Action delays DRM implementation	Impact instructs its members across the HSE not to co-operate with any reform and modernisation proposals until further notice.	February 2010
IMPACT Industrial Action lifted	Industrial action ends.	July 2010
Re-configuration of Daughters of Charity Service finalised	DoCCFS agree final structure for the re-configuration of their service. Dedicated assessment team, practice co-ordinator and 'rapid response'/ outreach service to be developed.	July 2010
Final start date for DRM Implementation agreed (18th October 2010)	Due to Industrial Action, revised implementation date set to prepare for implementation due to departmental restructuring.	July 2010
Re-structuring of Social Work Department finalised	Structure of 3 PSWs for referrals, welfare and protection and children in care finalised. Transition to new structures to coincide with start date for DRM implementation. The management team intends this re-structuring to facilitate the implementation of DRM.	Sept 2010
Team Day held re: DRM commencement	Presentation re: DRM preparing for implementation.	Sept 2010
Half day training workshop on DRM assessment model held	Training provided for staff in the DRM assessment model by the DRM PM	Sept 2010
Appointment of PSW Children in Care further to internal interview	PSW CIC appointed. Responsibility for management of children's residential centres (alternative care manager responsibilities) re-assigned to residential services manager for the North East	Oct 2010
Delay in appointment of DRM PM to PSW post for	DRM PM due to be re-assigned responsibility for new PSW post for child welfare and	Oct 2010

child welfare and protection to allow additional time to manage transition to new DRM processes	protection. Request made by Dublin North management team to delay this due to need to manage DRM transition. Need to hold internal competition to fill this post also raised.	
One day Training for SW Team leaders and DoCCFS Manager on Safety Planning with Viv Hogg	Training for all members of social work management team and DoCCFs assessment manager in Safety Planning	Oct 2010
DRM commences 18th October 2010.	To facilitate all staff to gain experience in the completion of initial family assessments under DRM, where capacity allowed, initial assessments were allocated across the department in the initial stages of implementation.	Oct 2010-April 2011
Internal competition for Manager of Children and Family Social Services held	Manager Appointed. Role of CCM discontinued, however, responsibilities of CCM retained. Management intends this appointment to facilitate implementation of DRM.	Nov 2010
2 consultation days held with Rob Sawyer and Sue Lohrbach, Minnesota	Review of DRM model for North Dublin and training with Rob Sawyer and Sue Lohrbach to SW and DoCCFS staff.	Nov 2010
Data Protection concerns delay commencement of Daughters of Charity	Data Protection concerns delay involvement of Daughters of Charity by one month from DRM commencement date until data protection agreement completed further to consultation with the Data Protection Commissioner The management team consider this process essential to DRM implementation.	Oct-Nov 2010
Follow-up Signs of Safety Training for all staff	Three one day training sessions delivered by Vivienne Hogg on Safety Planning for all SW and DOC staff	January 2011
PSW Child Welfare and Protection appointed	Further to internal competition, PSW for child welfare and protection appointed. New social work management structures complete. The management team intends this appointment to facilitate the implementation of DRM.	Late January 2011
Title of Manager of Children and Family Social Services changed to General Manager	Title changed to General Manager for Children and Family Social Services in order to facilitate former line responsibilities of General Manager	January 2011

	PCCC to be reassigned to this post. The management team intends this reassignment to facilitate the implementation of DRM.	
Discontinuation of 'rotational' duty social worker	In order to provide greater continuity for clients the system whereby a social worker from the wider social work team undertakes a week 'on duty' was discontinued. Full-time dedicated duty social workers now undertake this task.	January 2011

Appendix D - Operational Report

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Daughters of Charity
Child and Family Service

Tosach Nua – Update Report

Introduction

The Differential Response Model Pilot Project commenced on 18th October 2010. Since this date there has been considerable progress made in progressing and embedding the approach within the social work department and in establishing a strong working relationship with our principal partner the Daughters of Charity Child and Family Service. There have been inevitable challenges which are to be expected when embarking on a change project of this scale, as well as some early successes in terms of greater efficiencies in the manner in which referrals to the social work department have traditionally been dealt with. Progress has also been made in relation to the development of greater co-ordination and working relationships with key stakeholders. It is important to emphasise that a change project of this magnitude requires time to develop and is very early in its development.

The purpose of the pilot site for the HSE is to influence and inform the development of a new national model for the delivery of children and family services into the future. DRM seeks to develop a clear operational model for child protection which seeks to put into practice national policy goals and objectives, particularly those relating to child protection and family support.

This report will be broken down into two sections:

Section 1 – Statistical information

Section 2 – Challenges and Developments

Section One

Total Number of Referrals Received from 15.10.10-30.4.11

Total	Physical	Sexual	Emotional	Neglect	Welfare
395*	**64**	**74**	**22**	**81**	**154**

*Does not include 126 'information and advice' given by duty social worker on the day and 4 referrals categorised as adult sexual abuse/assault.

A total of 396 child abuse and welfare referrals were received by the social work department in Dublin North since the commencement of the DRM pilot on the 18th October. A further 126 calls related to the provision of general information and advice and did not necessitate a formal referral being made.

Number of Referrals screened out before RED team: 76
Of those referrals which were accepted by the duty social work team, 76 were closed after further screening enquiries were made. Where appropriate, referrers were provided with contact details for other services. Examples of these would include custody and access disputes, some behavioural problems which were dealt with by direct referral to another service eg family centre, or where an unfounded allegation was made

Referrals brought to RED Team 15.10.10-30.4.11

Total	Investigation	Family Assessment	Not accepted	No. of Re-referrals
319	76 (24%)	209 (66%)	34 (10%)	4 (1.25%)

Total requiring Assessment = 285
Total undertaken by HSE = 224
Total undertaken by DoCCFS = 61

A total of 319 referrals accepted by the social work department were brought to RED team from 18th October 2010. 34 of these following presentation were not accepted (see table below). Of the 285 referrals requiring assessment, 76 (27%) were dealt with as investigations and these consisted primarily of referrals relating to child sexual abuse. One non accidental injury case was also dealt with. The remaining 148 (73%) received a family assessment. Of these, 61 were referred to the DoCCFS and the remaining 87 were assessed by the HSE. Of the 285 referrals requiring an initial assessment, only 4 of these (1.4%) were cases which had already been referred since the 18th October 2010. In the first two months, cases requiring investigation where CSA was the primary referral reason did not differentiate between cases of intrafamilial and extrafamilial CSA. It is expected that this will result in a decrease in the number of cases receiving an investigative response over the year.

Referrals not accepted at RED team

Referral to pre-school	1
Referral to 'Rapid Response' Outreach Service (Daughters of Charity)	12
Referral to Primary Care Social Work	2
Referral to Youth Advocate Programme Family Support Service	1

Request for Care	1
Dealt with prior to RED team by SW and closed	1
No response required	16
Total	**34**

Further to the initiative of the Daughters of Charity management team, the DoCCFS Manager of the outreach service attends the weekly RED team meeting. This enables direct referrals to be made where the meeting feels it is more appropriate for this service to be offered in the first instance. The majority of referrals relate to parent child conflict and teenage behavioural problems. The social work team leader for primary care also attends the meeting and accepts some referrals directly where a case is already open to primary care, or where a primary care response is considered more appropriate. There are eight primary care social workers in Dublin North. The social work team leader reports to the PSW for child welfare and protection.

Daughters of Charity Assessment Team, St Benedicts

Total Number of Assessments received	61
Number of Assessments completed	44
Number completed within 20 days	15
File returned/ family moved to different area	2
Number returned to HSE mid assessment for Investigation	1
Number requiring HSE Investigation post assessment & closed	1
Number of cases requiring allocation to HSE social worker	3

There was an initial delay in the allocation of assessment to the DoCCFS Assessment team due to Date Protection issues which required clarification. The DoCCFS began accepting referrals on the 17th November 2010, 4 weeks after the commencement of DRM on the 18th October. Only one case returned to the HSE due to non-engagement. Of the 44 assessments completed, only 3 required allocation to a social worker post assessment. It has proved difficult to return assessments within a 20 day timeframe. Reasons for this include difficulty contacting families and rescheduled appointments.

Assessments undertaken by HSE

Total	224
Coolock Duty Team	85
Airside Duty Team	74
Other HSE SW Team (in SW Dept only)	60
Adult Mental Health	1
Primary Care SW	4
Total	224
Number of Assessments completed	49
Number referred to Saint Clare's Unit for assessment (CSA)	18

Number closed/family moved to different area	4
Number completed in 20 days	24
Number of requiring allocation to HSE social worker post assessment	21

The Coolock duty team dealt with a greater number of family assessments (85) compared to Airside duty team (74) in the period under review. During the initial stages of DRM implementation, social workers across the department were also allocated initial assessments to complete in order to gain experience of undertaking assessments using the new practice framework and tools. A roster was established for one team leader from each team in the department to attend the weekly RED team meeting and to accept assessments for social workers on their team. A total of 60 assessments have been undertaken by social workers from the wider team to date. The rationale for this approach was also influenced by the decision to discontinue rostering social workers to do a week 'on duty' as dedicated duty social workers were now assigned to the duty teams as part of the re-structuring of the department. Whilst this was particularly helpful in the early days of DRM development in order to prevent a build-up of initial assessments awaiting allocation, and providing staff with the opportunity to be involved in the new system, pressure to allocate cases post assessment will not enable this to continue in the longer-term. Staff will, however, be facilitated in undertaking initial assessments should they wish to do so as part of their caseload. Several practice teachers in the department have also accepted initial assessments for student social workers. The establishment of the DoCCFS assessment team has also meant that assessments which were undertaken by members of the wider social work team in the initial stages due to delays until concerns about data protection were resolved, are now being undertaken by the DoCCFS assessment team. In practice, the allocation of assessments to the wider team was problematic. It required careful monitoring as there could be delays from a team leader accepting a case at RED team and allocation to social worker. Delays were also observed where other priorities emerged on a social workers caseload.

Other services, particularly primary care, where the team leader attends the weekly RED team meeting, have accepted a limited number of assessments (4). A greater number of assessments have now been allocated to primary care SW due to existing high caseloads. It is acknowledged that the presence of primary care social work staff in the area may be resulting in a reduction the referral rate to the social work department due to staff carrying some child welfare cases on their caseload and intervening at an earlier stage. Some cases not accepted at RED team have primary care social work involvement.

Consultation did take place with the adult mental health social work team in relation to accepting some assessments from RED team. There was agreement initially to explore this and a social worker from this team attended 3 RED team meetings. Feedback from this service has been that some of the social workers do not feel they have the requisite skills to undertake initial assessments. One assessment was accepted by this team.

It has been extremely difficult to complete the initial assessments within 20 days. This is due to several factors including delays in seeing families due to re-scheduled appointments, difficulties speaking to agencies to complete checks. 18 assessments have been referred to St Clare's unit due to allegations of child sexual abuse. It is recognised that for these cases, the initial

assessment is complete in that further specialised CSA assessment is required. These cases need to be re-categorised in future. However the most significant factor causing delay relates to the need to allocate work and respond to new referrals on a weekly basis. The decision to discontinue a weekly 'duty' roster for social workers from the wider team has resulted in the three dedicated social work staff in Airside and Coolock taking turns to answer the phones and respond to emergencies on a weekly basis. The possibility of assigning a fourth social worker to the duty teams is being considered at present.

It is important to note, however, that of the 224 assessments undertaken, all referrals have received a response, children and families have been seen and an assessment of risk to any children has been done. Delays in the completion of assessments relate primarily to the completion of case notes and writing up files for closure. Of the 224 assessments undertaken to date, 21 of these have required allocation.

Referrals to Turas Outreach 'Rapid Response' Service further to assessments undertaken under DRM: 40
This has been an important element of the development of the DRM model in Dublin North. The capacity to offer an immediate support service to families has meant that most initial assessments undertaken could be closed unless there were ongoing child protection concerns. There has been a good 'throughput' of cases to this services with no waiting lists being experienced to date. The presence of the manager of this service at the weekly RED team meetings has also meant that some referrals can be offered this service in the first instance (not accepted at RED team).

Section 2

Challenges and Developments

1. Department re-structuring
The re-structuring of the social work department has now been completed. This has been a very difficult transition for staff in terms of establishing new managers, building relationships and developing new systems of working. Management meetings are now established to plan work and address issues as they arise.

2. DRM Project Manager
The PSW for Child Welfare and Protection (former PM) retains responsibility for overseeing DRM implementation and reporting in this regard. DRM implementation is being undertaken by all members of the child care management team, and the new structures are designed to provide enhanced capacity to provide this support in an integrated way where responsibility for this task is shared.

3. Engagement with Partners and Key Stakeholders
This is being managed through the Family Resource Panel which is chaired by the PSW for Child Welfare and Protection. The Youth Advocate Programme and Mater CAMHS are now represented on the panel. The manager of Fingal county childcare committee is willing to be involved. The panel has been meeting monthly since February. Work is still underway in the development of a 'children at risk' group in the Balbriggan area. Further meeting is scheduled in May with stakeholders in the area. It is planned to develop a similar group in Swords and in the Darndale/Coolock area later in the year (Sept-Dec 2011). The purpose of this group is to identify and provide a response to families/young people where professionals and agencies have child welfare concerns with the aim of providing a response through greater co-ordination of existing services. Connecting services to the family resource panel and developing this referral pathway is an important element of this process.

4. Allocations meeting post assessment
A weekly meeting is now held with the DoCCFS, (Assessment team manager, practice co-ordinator and manager of Turas outreach service) and the HSE (PSW referrals and PSW child welfare and protection) in order to jointly discuss the outcome of assessments completed by the DoCCFS assessment team and jointly sign off on assessments completed. This forum also provides an opportunity for onward referrals to be discussed and any other practice issues which may arise.

5. Partnership with the DoCCFS
A quarterly steering group is now established to jointly agree actions and sign off joint working protocols eg Data protection, management of notifications of child abuse. A monthly meeting between the PSW referrals and DOC assessment and outreach manager has been established to address and discus practice and implementation issues. A bi-monthly meeting has also been established between DoCCFS assessment team and duty social work teams. These meetings together with the weekly allocations meeting has greatly enhanced and strengthened joint working relationships.

6. Allocation of cases post assessment requiring ongoing social work involvement
A monthly meeting is now in place between the three PSWs to manage this process. There is a small waiting list at present (2 cases) awaiting allocation. This requires careful monitoring and management in the coming months in terms of the development of any delays in the allocation of cases. A system for the management of cases awaiting allocation has been established by the child welfare and protection team.

7. Timely completion of initial assessments
There has been a high volume of initial assessments requiring allocation to the duty teams and DoCCFS assessment team in recent weeks. This affects the timely completion of initial assessments and the immediate allocation of all assessments coming in each week following presentation at RED team where a process of prioritisation is agreed. This requires careful management and monitoring. The pressure and priority for allocations in the wider social work team has resulted in other social workers not being available to undertake initial assessments.

8. **Group Consultations**
Group consultations were an integral element of the DRM model design and practice framework in Dublin North. Challenges have been experienced in terms of ensuring that consultations happen regularly for all teams in the department and that joint consultations occur with the DoCCFS. Regular group consults are now taking place with the duty social work teams and the DoCCFS assessment team.

Appendix E- **Baseline Survey Results**

Introduction

A web-based survey was conducted with all staff in the Social Work Department. Of the 70 staff, a total of 56 of them participated, leaving a response rate of 80%. The key results are presented below.

1. Demographic and Work Details

A total of 56 respondents completed the survey of which 79% were female (n=44) with the remaining 21% (n=12) being male. The average age of the respondents was 34 years. In terms of their highest level of educational achievement, 38% (n=21) had a primary degree while 55% (n=31) had a masters degree. Some 95% (n=53) of the respondents had started with the Social Work Department prior to the implementation date for DRM on 18th October 2010. Only 5% (n=3) of respondents had joined the Department after the implementation date.

As shown in Table 2.1, the majority of those surveyed belonged to Team A, B, C or D (43%), 21% were on the Fostering Team while 16% and 9% respectively, were on the Duty Teams in Airside and Coolock.

Table 2.1 – Breakdown of Team Allocation

Answer Options	Response Percent	Response Count
Duty Team Airside	15.9%	7
Duty Team Coolock	9.1%	4
Team A, B, C or D	43.2%	19
Fostering Team	20.5%	9
Family Support Team	2.3%	1
Other	9.1%	4
Totals	**100%**	**44**

(A total of 12 respondents failed to answer this question)

The three most common posts held by the respondents were social worker (55%, n=24), Team Leader (23%, n=10) and Senior Social Work Practitioner (9%, n=4). Of the 44 respondents who answered the question on the status of their position, 73% (n=32) were full-time permanent, 16% (n=7) were temporary and 9% (n=4) were part-time permanent. The vast majority (86%) of those surveyed worked five days per week. When the respondents were asked to quantify the time they spent on particular tasks per week (See Table 2.2) it was revealed that paperwork/administration accounted for an average of 11.5 hours work per week with the second most common task being direct face-to-face work with clients (8.2 hours). It was also the perception of 82% (n=36) of those interviewed that the regulatory burden from the HIQA inspection and restructuring for example, had a considerable/some impact on their work in the Department prior to the introduction of DRM.

Table 2.2 Time spent at particular tasks prior to DRM

Answer Options	Average hours per week	Response Count
Direct face-to-face work with clients	8.21	42
Paperwork/Administration	11.54	41
Phone based work	5.90	41
Travelling	5.10	42
Attending meetings	3.93	40
Court work	1.74	35
Planning and preparation	3.78	37
Other	2.33	15

(A total of 12 respondents failed to answer this question)

The respondents were then asked about whether they felt their work was valued by different groups. As shown in Table 2.3, a total of 32 of the 43 (74%) surveyed stated that they felt highly valued/valued by the families with whom they work; 68% felt highly valued/valued by non social work HSE staff while 61% felt highly valued/valued by staff of external agencies with whom they work.

Table 2.3 Perceptions of respondents as to whether their work was valued

Answer Options	Highly valued	Valued	Not valued	Don't know	Response Count
Families engaged with Social Work;	4	28	5	6	43
Other HSE Staff (Non-Social Work);	6	24	5	9	44
Staff of external agencies to the HSE.	3	24	7	10	44

The final question in this section asked the respondents about their future involvement with the Social Work Department in North Dublin. As shown in Table 2.4, the vast majority (73%) of respondents would prefer to remain working in their current position for the foreseeable future, while 11% would prefer to move out of their current position while 16% were undecided.

Table 2.4 Respondents' work aspirations for the future

Answer Options	Response Percent	Response Count
Remain working in your current position for the foreseeable future?	72.7%	32
Move out of your current position in the foreseeable future?	11.4%	5
Or are you Undecided?	15.9%	7
Totals	**100**	**43**

2. Risk Assessment

The survey asked the respondents about how they normally assessed the risk levels of their caseload prior to DRM. The most common method for 70% (n=30) of them was to do so in conjunction with their team leader. A further 19% (n=8) did so on their own based on their own professional judgement. Only 2.3% (n=1) did so as part of a wider group.

The respondents were then asked to comment on their overall level of satisfaction with the risk assessment of cases referred to the Department prior to DRM (See Table 2.5). At an individual level, 76% were either very satisfied/satisfied with the system of risk assessment they had used prior to DRM, while 14% were dissatisfied. When asked how confident they were that they were consistent in how they made risk assessment decisions, 81% were very confident/confident while 12% were not confident in this aspect of their work.

Less than half (49%) of those surveyed were very satisfied/satisfied with the clarity that existed in the Department on the assessment of cases referred to it, while 32% were dissatisfied (See Table 2.5). However, 78% of those surveyed believed that in general, the Department made accurate assessments of referred cases. Nevertheless, only 45% believed that there was consistency in the Department in the assessment of cases, with 41% being dissatisfied with the level of consistency.

Table 2.5 Overall level of satisfaction of respondent's with Risk Assessment of cases referred to the Department prior to introduction of DRM.

Answer Options	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know	Response Count
Accuracy of their own risk assessment with families	11.9% (5)	**64.3%** (27)	14.3% (6)	0% (0)	9.5% (4)	42
Clarity in Department in assessment of cases	7.3% (3)	**41.5%** (17)	31.7% (13)	0% (0)	19.5% (8)	41
In general, Department made accurate assessments of cases	12.2% (5)	**65.9%** (27)	12.2% (5)	0% (0)	9.8% (4)	41
Consistency in the Department on assessment of cases	9.5% (4)	35.7% (15)	**40.5%** (17)	0% (0)	14.3% (6)	42

(Figures in brackets are the number of respondents)

As shown in Table 2.6, respondents were also aware of referrals to the Department that had undergone unnecessary child protection investigations, this happening occasionally/regularly according to 64% of those surveyed, while 36% stated it never happened. The most common reason for an unnecessary investigation was insufficient information being available on the vase to the Duty Social Worker.

Table 2.6 Incidence of case undergoing unnecessary child protection investigation

Answer Options	Response Percent	Response Count
Never happened	36.4%	16
Happened occasionally	47.7%	21
Happened regularly	15.9%	7

3. Needs Assessment

The respondents were asked to comment on their overall level of satisfaction with the needs assessment processes used in Department prior to the introduction of the DRM (See Table 2.7). At an individual level, 64% were either very satisfied/satisfied with the needs assessment method they had used prior to DRM, while 29% were dissatisfied. When asked how consistent they were in doing a needs assessment, 65% were very satisfied/satisfied while 25% were not satisfied in this aspect of their work. For those surveyed, 59% believed that the Department used a strengths-based approach in the needs assessment process while nearly one third (32%) were dissatisfied. The final question in this section asked the respondents how they rated the needs assessment tools available to them in the Department, prior to the introduction of the DRM. Some 58% found the tools to be very useful/useful while 25% thought they were not useful to their work.

Table 2.7 Overall level of satisfaction of respondent's with Needs Assessment of cases referred to the Department prior to introduction of DRM.

Answer Options	Very satisfied	Satisfied	Dissatisfied	Very Dissatisfied	Don't know	Response Count
Own assessment method used accurately to identify needs	9.8% (4)	53.7% (22)	29.3% (12)	0% (0)	7.3% (3)	41
Consistency in their own approach to needs assessment	7.5% (3)	57.5% (23)	25% (10)	2.5% (1)	7.5% (3)	40
Department used a strengths-based needs assessment	14.6% (6)	43.9% (18)	31.7% (13)	2.4% (1)	7.3% (3)	41

4. Access to Services and Interagency Working

Those surveyed were asked to comment on various aspects of their inter-agency working prior to DRM. As shown in Table 2.8, over half (59%) of the respondents were dissatisfied with the time it took a service receiving a referral from social work to begin working on the case. For 85% of those surveyed, they had to deal with extensive levels of bureaucracy when trying to make a referral to another service. As a result, less than one third (29%) of respondents were very satisfied/satisfied with the level of interagency collaboration prior to the introduction of DRM (See Table 2.8). When asked if other agencies were clear about their own roles in relation to the referral of cases to Social Work, only 27% of those surveyed were very satisfied/satisfied that these agencies were clear, while only 16% were of the same opinion when it came to the responsibilities of these agencies (See Table 2.8) in terms of referrals.

Table 2.8 Level of satisfaction with Inter-Agency Work prior to introduction of DRM

Answer Options	Very satisfied	Satisfied	Dissatisfied	Very dissatisfied	Don't know	Response Count
New service began working with referral in timely manner	2.4% (1)	9.8% (4)	58.5% (24)	22% (9)	7.3% (3)	41
Level of interagency collaboration on cases	2.4% (1)	26.8% (11)	46.3% (19)	12.2% (5)	12.2% (5)	41
Clarity among outside agencies on their roles in relation to referral of cases to Social Work	7.7% (2)	19.2% (5)	46.2% (12)	15.4% (4)	11.5% (3)	26
Clarity among outside agencies on their responsibilities in relation to referral of cases to Social Work	0% (0)	16.1% (5)	58.4% (17)	22.6% (7)	6.5% (2)	31

5. Interventions

The respondents were asked to comment on their work prior to the introduction of DRM. As shown in Table 2.9, some 93% of those surveyed believed that their work makes a difference, with 73% stating that this work was aided by the system in which they worked. Just over two thirds (67%) of the group indicated that their work adequately helps to meet children's needs and has a long lasting impact on these children (68%). However, 77% agreed that the lack of improved co-ordination of services made it difficult for them to do their job.

Table 2.9% Perceptions of Respondents' on work completed prior to DRM

Answer Options	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know	Response Count
I believe I make a difference in my work.	15% (6)	77.5% (31)	0% 0	0% (0)	7.5% (3)	40
The system is too complicated for me to make a difference.	2.5% (1)	7.5% (3)	72.5% (29)	7.5% (3)	10% (4)	40
I believe my work adequately helps to meet children's needs.	7.7% (3)	59% (23)	20.5% (8)	0% (0)	12.8% (5)	39
The amount of difficulties the children have whom I work with, makes it difficult to deal with in the absence of improved co-ordination of available services.	23.1% (9)	53.8% (21)	10.3% (4)	0% (0)	12.8% (5)	39
My work has a lasting impact on children.	7.5% (3)	60% (24)	7.5% (3)	0% (0)	25% (10)	40

When asked how much of the work they did with children and families was informed by research evidence prior to the DRM, 73% stated that it was somewhat informed with 8% seeing it as highly informed. A total of 18% of those surveyed did not see their work as being research informed. When asked if they routinely measured the effectiveness of the interventions they provided, 49% said they did sometimes, with 17% always doing so. However, over one third (34%) failed to engage in this task. In relation to their work with families, 65% of those surveyed indicated that families were sometimes involved in decision-making regarding the intervention needed to address their specific issue; a further 28% always involved families while 5% of those surveyed never involved families in this process.

6. Support and Development

Those surveyed were then asked about their support and development needs. The results revealed that 41% (n=16) of the group had attended between 4 to 6 training and development events in the past 12 months, with 31% (n=12) attending from 1 to 3 events. A total of 5% (n=2) of respondents had not attended any training and development event over this period. When the group was asked if they thought their practice could be improved, 90% ticked yes.

The vast majority of respondents received supervision once monthly (69.2%, n=27) with 15% (n=6) receiving it less frequently than that. Some 95% of all those surveyed were very satisfied/satisfied with their supervision experience as it was task centred, concentrating primarily on case management.

In terms of feeling supported, the respondents were asked to comment on how satisfied they were that the decisions they make as part of their job were supported by team colleagues and their line manager. The results showed that 80% of the group felt supported by their colleagues while 97% felt supported by their line manager.