



Responding To Needs, Driving Change

# Antenatal to Three Initiative (ATTI): Interagency Working Baseline Research



Neil Haran • January 2015

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## FOREWORD

It is widely accepted that many agencies, both statutory and voluntary, are involved in the lives of children aged from birth to 3 years of age. What is not clear however, is how these agencies work together effectively to address the needs of young children; or how parents become aware of the existence of such services and are motivated to engage with these services.

The Antenatal to Three Initiative (ATTI) process seek to shed light on this complex process in order to build on the already strong history of interagency work in Tallaght West. Given that young children up to the age of three years are growing-up through the most critical stages of their development and that the parents, in pregnancy and through the first year are often most vulnerable in terms of their emotional well being, it is essential that primary and secondary services can support families through the use of best practice methodologies and strong interagency work.

Some of the themes the ATTI is seeking to address in Tallaght West include the need for more joined up services for young children and their families; the need for improved access to clear information for parents; increasing staff capacity to respond to the complex needs of families and involving fathers and men in a more meaningful manner in this work.

These are challenges that can only be overcome by a collective response by those engaging with children aged from birth to three years of age and their families. The overall aim of ATTI is that parents and young children living in Tallaght West will be informed about and able to access a continuum of coordinated, quality services and supports. The Interagency Working Baseline Research and the accompanying report which is compiled by Neil Haran, is the start of this journey to enhance how agencies work together.

**James Parkin**  
Project Leader, Barnardos

## ACKNOWLEDGEMENTS

CDI would like to thank all the residents, service providers and stakeholders in Tallaght West who participated in both the initial consultation process for ATTI and this baseline study.

We especially thank the members of the Steering Group for their time and commitment to improving outcomes for parents and young children in Tallaght West. They are: James Parkin (Barnardos), Anne Genockey (An Cosan), Barbara Whelan (Coombe Women and Infants Hospital), Anne Holland (HSE Primary Care Psychology), Catherine McIntyre (South Dublin County Childcare Committee) and Julie Cahill (Tusla). We would like to particularly acknowledge the work of Jackie Austin (HSE Public Health Nursing) for her assistance in, and commitment to supporting the project.

Thanks to the CDI staff who have been central to leading this process so far. In particular Emma Freeman (ATTI Coordinator), and Grainne Smith (Senior Quality Specialist).

Finally, this report would not have been possible without the funding of the Irish Government and The Atlantic Philanthropies through the Area Based Childhood Programme. Their ongoing commitment to prevention and early intervention to support children and families has provided a solid policy context within which CDI has been able to develop its work. We acknowledge and thank them for both the resources provided and their support for using evidence-informed approaches to improving outcomes for children and families.

**Dr. Suzanne Guerin**  
Chair  
Board of Management  
CDI

# 1. INTRODUCTION

This report is presented to the Antenatal to Three Initiative (ATTI) of the Tallaght West Childhood Development Initiative (CDI). It outlines the findings of a short *baseline research into interagency working* as it pertains to children in the antenatal to three years age cohort and their families in the four communities of Tallaght West, (Brookfield, Killinarden, Jobstown and Fettercairn).

The report represents the first key output of the evaluation process of ATTI. The purpose of the research was to gather a comprehensive picture of the nature and extent of interagency working relating to children and families in the ante-natal to three cohort. It was envisaged that this would, in turn, enable ATTI stakeholders to:

- understand current levels of interagency working and identify how ATTI could further support the development of interagency working in support of ante-natal to three;
- connect with service providers' perspectives on interagency working – both current experiences and future aspirations; and
- Identify a baseline of current interagency working in Tallaght West against which to evaluate the effectiveness and impact of ATTI in the coming years.

## 1.1 Methodology

The research was undertaken through a survey of the experiences and perspectives of individual service providers providing services to children in the 0-3 age group in Tallaght West and/or their families. A standardised questionnaire was prepared and issued to relevant agencies in i) Tallaght West and ii) settings outside of Tallaght West but serving the four communities. This included, for example, the Adelaide and Meath National Children's Hospital and the Coombe Women and Infants Hospital.

Questionnaires were completed by **61 individual service providers** catering to the needs of children and families in Tallaght West, cutting across approximately **50 services**<sup>1</sup>. The baseline research sought to focus on the **experience of interagency working of individual providers** and not the agencies per se. In effect, service providers are the ones who experience interagency working, not the institutions. In this way, the perspectives of all respondents are relevant to the research and data from all respondents has been included in the research.

### Questionnaire

The research questionnaire primarily involved a series of closed, multiple-choice questions. Respondents were invited to tick answer(s)<sup>2</sup> that applied to their respective contexts. The majority of these responses are quantified in the report in graph and table format, alongside a narrative analysis of what the data tell us.

The questionnaire also contained a number of open-ended questions, seeking respondents' opinions/viewpoints/perspectives on a range of issues. The diversity of perspective presented by respondents has resulted in these responses being summarised and categorised under key recurring themes in the report.

---

<sup>1</sup> There were multiple respondents from certain agencies and certain individual services within those agencies.

<sup>2</sup> More than one answer in the case of certain questions.

In addition to representing the responses to the questionnaire, the report also records certain vignettes relevant to the research and ATTI that emerged from conversations at the time of gathering the data. These vignettes are integrated into the main body of the report.

## 1.2 Report Structure

The research report is divided into a total of seven sections. Section 2 outlines a profile of the 61 respondents who contributed to the research.

Section 3 examines respondents' experiences of interagency working from a variety of perspectives, including agency policy and history around interagency working, the basis for interagency working, and an in-depth exploration of service providers' experience of interagency referral.

Section 4 examines successful or positive experiences of interagency working as perceived by respondents. It identifies the sectors 'engaged with' in these positive interagency experiences as well as identifying the factors – both internal and external to the respondents' respective agencies – that facilitated the success of these experiences.

Section 5 conducts a similar examination of negative experiences of interagency working as perceived by the respondents.

Section 6 looks to the future of interagency working in relation to the 0-3 age cohort in West Tallaght West. It explores respondents' perspectives of current service gaps for this cohort (and their parents/guardians) and seeks to understand how ATTI might address some of those gaps within the limitations of ATTI's function and purpose.

The report concludes in section 7 with a summary of the key findings and conclusions drawn from the baseline research.

Appendix One shows the logic model that drives the objectives and outcomes for the ATTI programme.

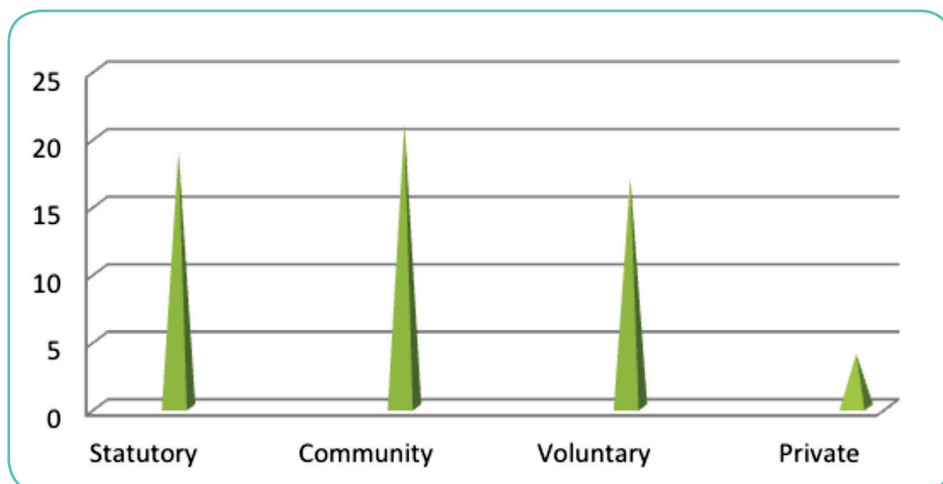


## 2. PROFILE OF RESPONDENTS

### 2.1 Total respondents by Sector/Type of Agency

As noted above, a total of 61 individual service providers responded to the ATTI interagency baseline research. Figure 1 below provides a breakdown of the sectors or agency types in which those service providers were operating.

**Fig 1: Respondents by sector/agency type**



As can be seen from the graph above, one in three respondents was working for a community organisation. The majority of the 19 respondents from statutory services were HSE employees and, in fact, the number of statutory respondents would have been significantly lower if not for the presence of HSE service providers. Just over ¼ of respondents operated in the voluntary sector with service providers from the Coombe Women and Infants Hospital making up the bulk of these. The four respondents from the private sector were all operating out of GP practices.

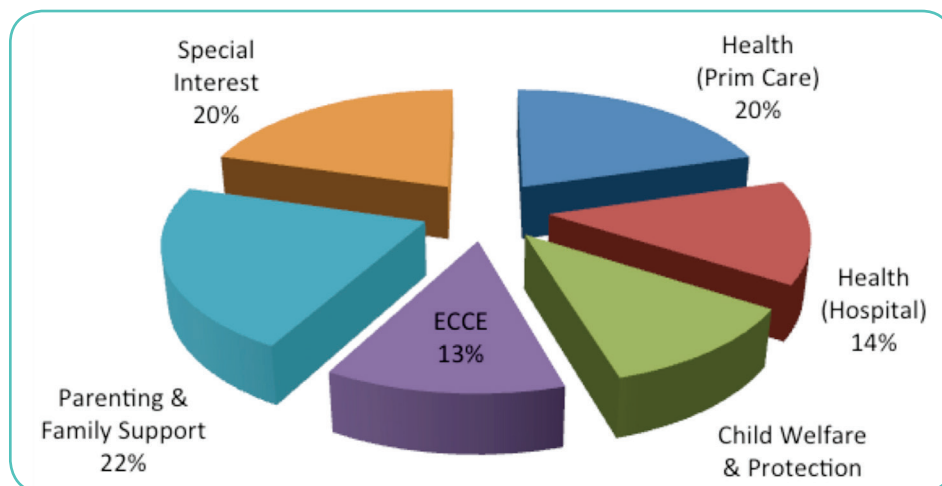
### 2.2 Respondents by Service Category

Each respondent was invited to identify the categories of services they provide in their respective roles for their respective agencies under 5 specific headings as follows:

- Health (inclusive of Primary Care provision and Hospital Care)
- Child Welfare and Protection
- Early Childhood Care and Education (ECCE)
- Parent and Family Support
- Special Interest

Initial examination of the responses suggested that some individuals may have misplaced responses<sup>3</sup>. The researcher has reviewed all responses and attempted to ensure a more accurate portrayal of the sectors represented by the 61 respondents. This revised portrayal is presented in Figure 2.

<sup>3</sup> For example a number of individuals involved in providing education to parents on nurturing and caring for their children in the early stages of their childhood recorded their services as falling under the category of early childhood care and education. ECCE is understood, however, to refer to settings such as crèche and pre-school facilities.

**Fig 2: Respondents by Service Category**

Over one in three respondents was providing health services to children and families. 20% of all respondents were operating in the Primary Health Care arena while a further 14% were providing services in hospital settings.

Child Welfare and Protection services were least represented in the survey with 11% of respondents. 13% of respondents were working in the ECCE sector while just over one in five was offering services in Parenting and Family Support. Exactly 20% of respondents were providing services in the Special Interest category.

## Special Interest

Those responding as service providers in the *Special Interest* category indicated services covering a wide range, including:

- Crisis accommodation for women experiencing domestic violence
- Service provision through medium of Irish language
- Counselling for parents experiencing difficulties
- Respite in the home and end of life care
- Crisis pregnancy counselling
- Traveller health
- Info and support relating to deafness and hearing loss
- Supports to migrant communities
- Bereavement care
- Infectious diseases
- Family support for families experiencing substance misuse.

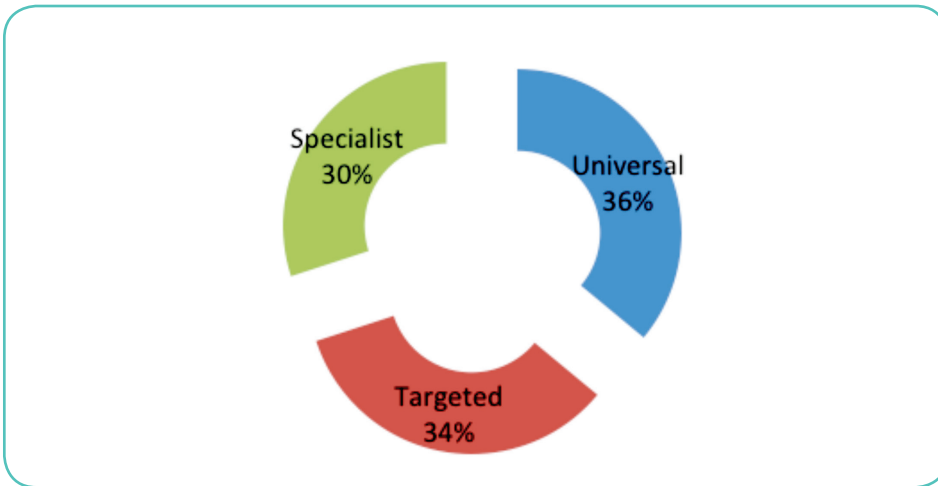
## 2.3 Respondents by level of service

Respondents were asked to note if their services were universal, targeted or specialist services. The responses across the three levels was almost evenly divided. Once again, some of the responses suggest some misunderstanding of levels of services<sup>4</sup> but responses were inserted as given<sup>5</sup>. The data clearly indicate that many of the responding services cut across more than one level.

<sup>4</sup> Particularly targeted.

<sup>5</sup> Re-examination of completed questionnaires – without full knowledge of the services involved and their respective contexts – would make corrections in this area difficult and overly time consuming. In essence, the responses don't interfere with the primary data of the report contained in later sections.

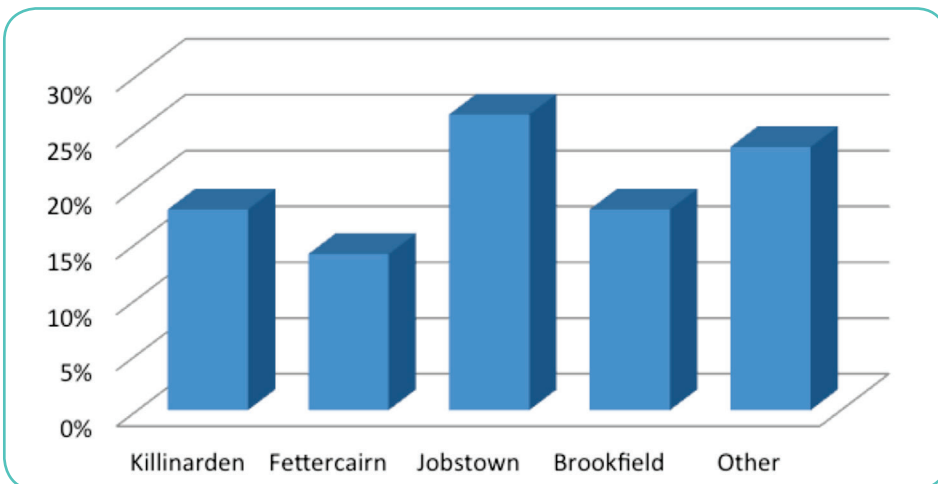
**Fig 3: Respondents by Service Level**



## 2.4 Respondents by Service Location

Figure 4 presents a breakdown of the respondents according to the location of their respective work settings. A number of service providers noted that their services cut across communities. Almost one in four respondents provides services to children and families in West Tallaght from locations outside of the four communities. Respondents providing services from Jobstown represented 27% of all respondents whereas Fettercairn represented just 14%. It is unclear to the research if this figure demonstrates less participation in the research by service providers in Fettercairn or a lower concentration of service in this community.

**Fig 4: Service Location**



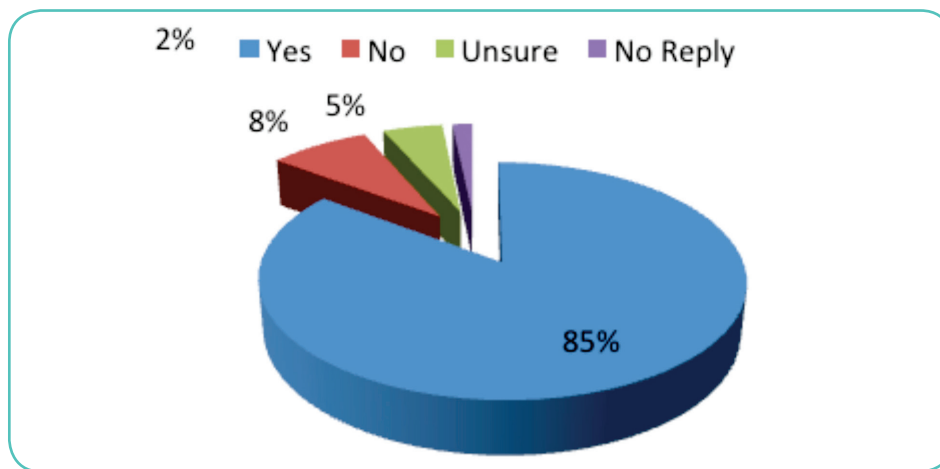
### 3. LEVELS OF INTERAGENCY WORKING

Section 3 examines respondents’ experiences of interagency working in relation to the 0-3 age cohort from a variety of perspectives, including agency policy, history of interagency working, the basis for interagency working, and an in-depth exploration of service providers’ experience of interagency referral.

#### 3.1 Named Principle

85% (n=52) of all respondents noted that interagency working was a named principle in their respective agencies. This represents a very high policy commitment to interagency coordination and collaboration among agencies serving families in the Tallaght West area. 8% (n= 5) reported that interagency work was not stipulated in organisational policy while a further 7% were either unsure on this matter or didn’t reply to the question.

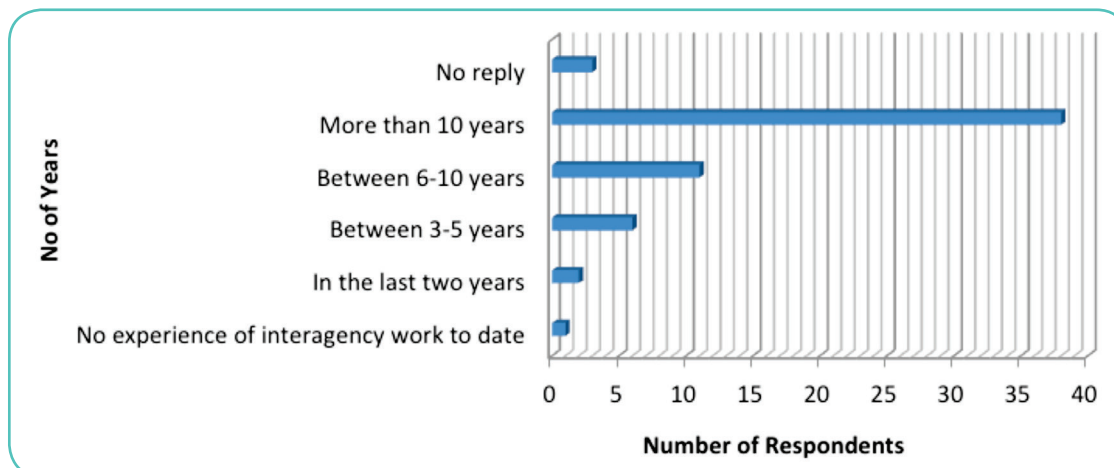
Fig 5: Named Principle: Interagency Work



#### 3.2 History of Interagency Working

As can be seen in Figure 6 below, well over half the 61 respondents (n=38 or 62%) claimed their agencies had been engaging in interagency practice in relation to the cohort for more than 10 years. A further 18% of respondents noted that their agencies had a history of interagency working dating between 6 and 10 years. The data present evidence of a considerable history of interagency working in Tallaght West, yet later comments by respondents suggest the need for improvement in ‘how’ this interagency working is taking place in the context of the 0-3 age cohort.

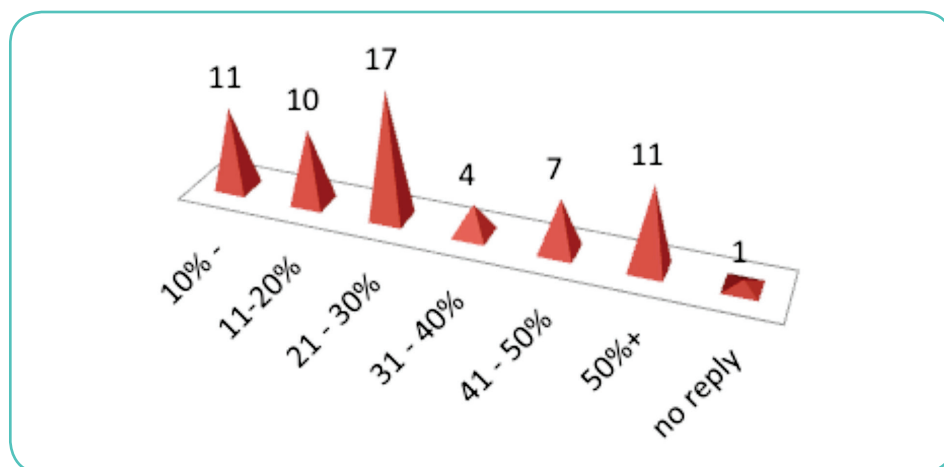
Fig 6: History of Interagency Working in relation to 0-3 age cohort



### 3.3 Percent of staff time devoted to interagency working in relation to the 0-3 age cohort

When asked to quantify the proportion of staff time devoted to interagency working in relation to children in the 0-3 age cohort and their parents/guardians, respondents provided a variety of answers, as outlined below in Figure 7. While 18% of respondents, for example, claimed that interagency cooperation accounted for over 50% of their working time, an equivalent number stated that it accounted for less than 10% of their working life. The highest rating for this question was in the 21-30% category with 17 of the 61 respondents (28% of total) choosing this option. Overall, 62% of all respondents claimed to devote less than 30% of their working time to interagency working while 30% of respondents claimed to devote in excess of 40% of their time.

Fig 7: Percent of time devoted to Interagency work

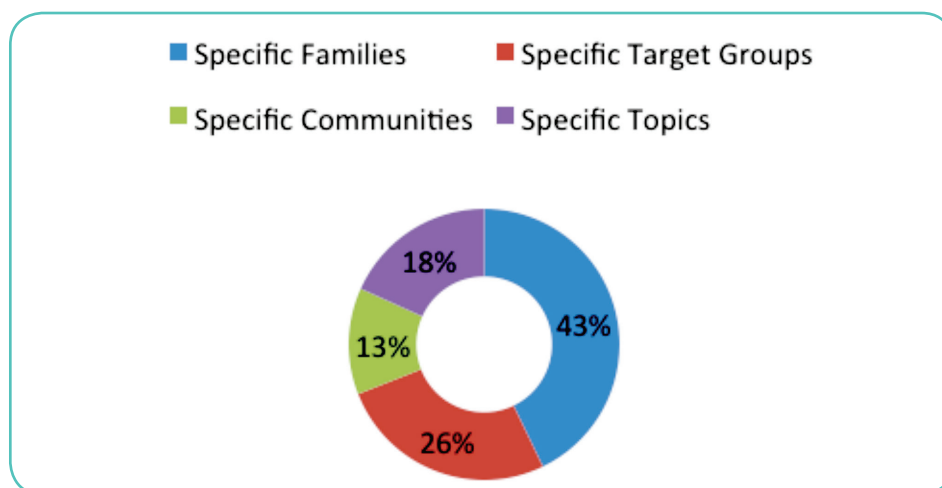


### 3.4 Basis for interagency working

Respondents were asked to identify when and where interagency working is most likely to take place in relation to the 0-3 age cohort. A list of options was offered as follows:

- Around specific families, e.g. individual families experiencing difficulty
- Around specific target groups, e.g. traveller/migrant families, teenage mothers
- Around specific communities, e.g. Killinarden, Brookfield, etc
- Around specific topics, e.g. breastfeeding, post-natal depression, perinatal depression/psychosis
- Mix of the above.

As the majority of the 61 respondents are direct service providers, it is unsurprising that the highest concentration of interagency working was likely to be based around the needs of individual families.

**Fig 8: Interagency more likely around**

Cumulatively, working with families was three times more likely than communities, over twice as likely as specific topics and 2/3 more likely than target groups.

These data suggest that interagency working pertaining to the 0-3 age group and their families is more likely to happen at a direct service level and perhaps less obviously at a policy level<sup>6</sup>. In many ways this validates the need for an initiative such as ATTI to support the building of a more strategic and cohesive collaboration policy in the area pertaining to the age cohort and ensuring that interagency collaboration in this regard is on a more stable and sure footing.

## Target Groups

Within the responses to this question the following were noted as among the key target groups worked within interagency settings:

- Teen parents
- Parents with addiction difficulties
- Members of minority ethnic communities (Travellers, Roma)
- Families at risk of homelessness
- Families experiencing domestic violence
- Families experiencing mental health difficulties.

## Specific Topics

Specific topics that acted as a focus for interagency working with the age cohort and their families also included the following<sup>7</sup>:

- Topics relating to named target groups
- Developmental/behavioural issues
- Child health and wellbeing
- Trans-generational parenting skills
- Child death and family bereavement
- Children with various disabilities, etc.

<sup>6</sup> Though this could be as much to do with i) the way in which the question was framed and ii) the profile of respondents (operating more at service provision than management/policy levels).

<sup>7</sup> This set of bullet points should be viewed as providing a flavour of topics and not a comprehensive list.

### 3.5 Referrals in last 12 months

Respondents were invited to consider whether or not they had i) referred children and/or families to the services of other agencies in the previous 12 months and ii) accepted child and family referrals from other agencies. They were also asked to identify the sectors to which they had referred families and/or from which they had accepted referrals.

Table 1 below attempts to capture the level of interagency referral sought in the above questions.

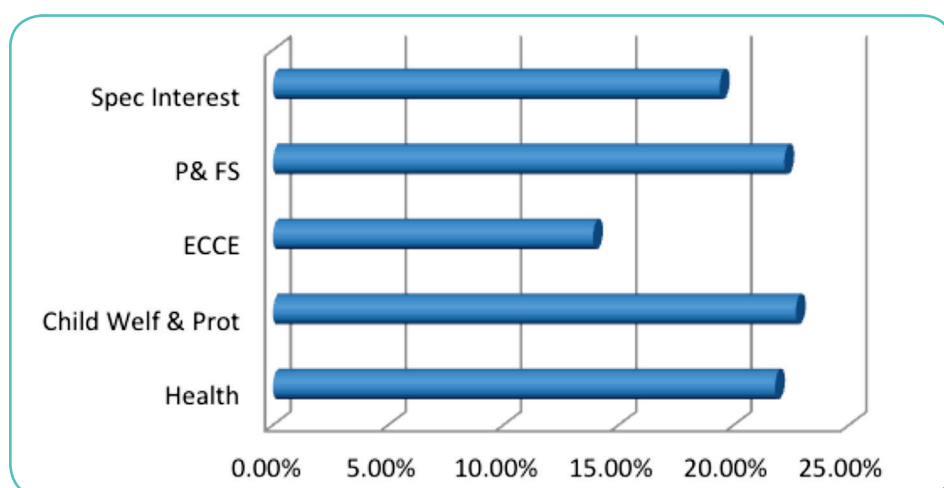
#### Total Respondents (n=61)

	<i>Referred child(ren)/family(ies) to services of agencies in</i>	<i>Accepted child/family referrals from other agencies in</i>
<i>Health (Primary Care and Hospital)</i>	47 (77%)	44 (72%)
<i>Child Welfare &amp; Protection</i>	49 (80%)	34 (56%)
<i>Early Childhood Education &amp; Care</i>	30 (49%)	19 (31%)
<i>Parent and Family Support</i>	48 (78%)	31 (51%)
<i>Special Interest</i>	42 (69%)	33 (54%)

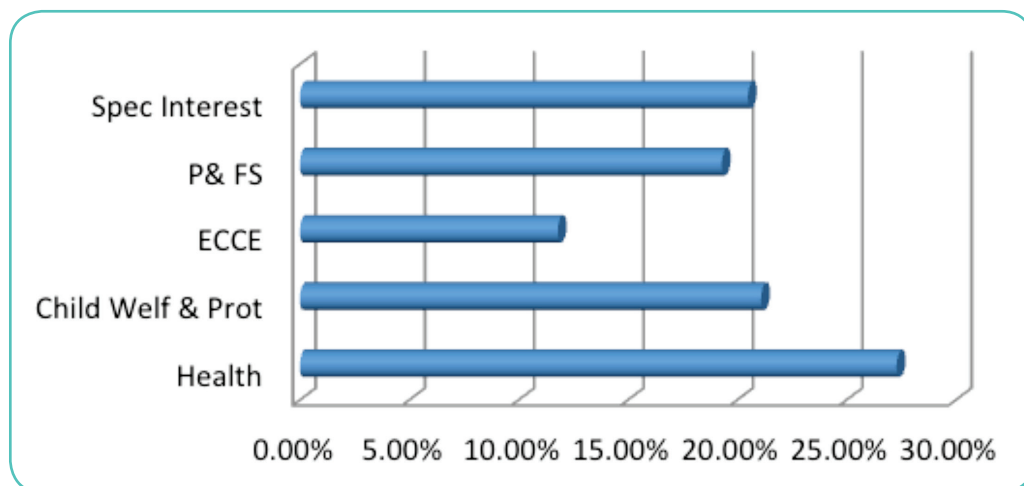
In absolute terms, clearly a lot of referral has been taking place with regard to the age cohort over the previous year. For example, 47 of the 61 respondents noted that they had referred children to health services in the previous year, accounting for 77% of all individual respondents. The figures were slightly higher in the context of referrals to Parent and Family Support Services and Child Welfare and Protection services.

Similarly, over 70% of respondents, for example, noted that they had received referrals to their services from health professionals. These figures are further analysed in Figures 9 and 10 overleaf which present a cumulative representation of outward and inward referral patterns over the previous year.

**Fig 9: Cumulative Referrals - Outward**



**Fig 10: Cumulative Referrals - Inward**



The above data illustrate considerable referral of children and families to Child Welfare and Protection services (80% of individual respondents, representing 23% of all outward referrals) with referrals to Public Health and Parenting and Family Support following shortly behind. These figures are endorsed by further data presented in subsequent sections of the report.

Interestingly, almost four out of every five respondents noted receiving referrals from health services, considerably more than any other sector. Limited referral was noted *to* or *from* the ECCE sector<sup>8</sup>. What do these data indicate? Could it be that this sector is less engaged in interagency working than others? What reasons might exist for this and is this perceived as a gap on the interagency working landscape?

### 3.6 Experience of referrals

Given the considerable experience of interagency referral outlined above, respondents were asked to describe their experience of those referral processes under six core headings as follows:

- Clarity of information on the other service(s) to which or from which referral was being made
- Clarity of reasons for referral
- Other agencies’ understanding of our service
- Realism of expectations in referral
- Communication during referral
- Follow-up post-referral.

Respondents were invited to rate the experiences of referral under each heading above on a scale 1-5 as follows:

1	2	3	4	5
Extremely Unsatisfactory	Unsatisfactory	Reasonably Satisfactory	Satisfactory	Extremely Satisfactory

Each of the six headings is significant in its own right and the emerging data from the 1-5 scale indicates that each warrants individual scrutiny.

<sup>8</sup> Which represented 13% of all respondents.



## Clarity of Information on Services<sup>9</sup>

Fig 11: Clarity of info on other services at referral

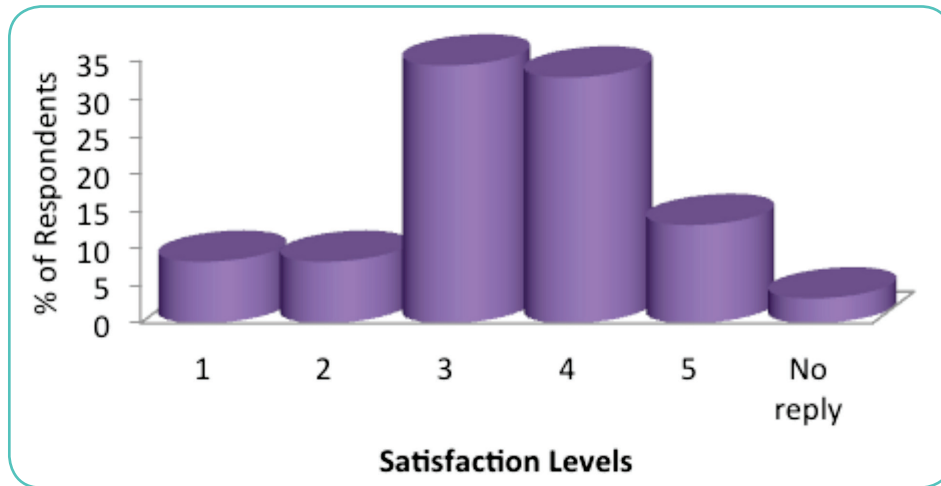


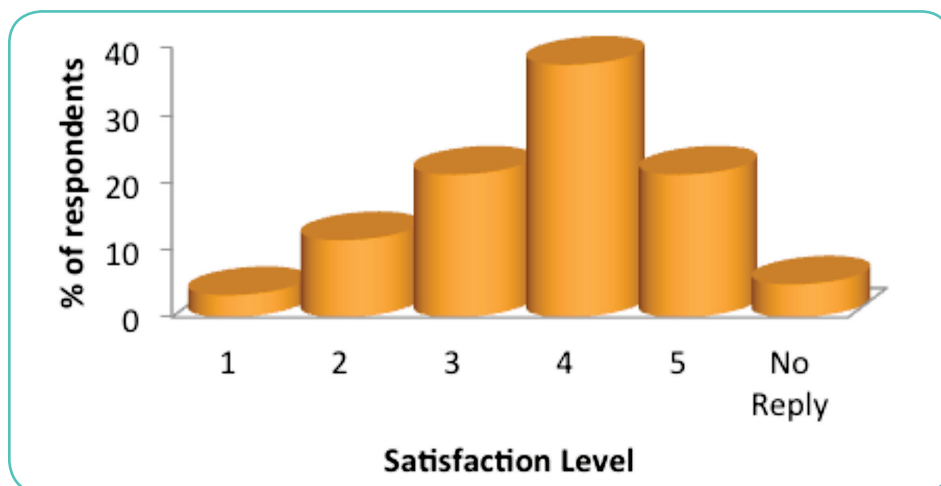
Figure 11 above demonstrates that 80% of respondents scored their responses on the aforementioned scale between numbers 3-5. This suggests high satisfaction with levels of knowledge or awareness of other services and agencies at the time of referral. One in three respondents suggest they are reasonably satisfied, one in three is satisfied and approximately one in eight is extremely satisfied. By extension, this suggests that service providers are generally clear on the agencies to whom they make referrals and/or from which they receive referrals.

That said, just under 20% or one in five respondents are not satisfied that they have adequate clarity on agencies in the referral process. This is a figure to which the evaluation will return at the final evaluation phase, given the orientation of the ATTI towards interagency working and collaboration.

## Clarity on reasons for referrals

The next section of the questionnaire sought information from participants on the levels of clarity that they and their collaborating partners had on the reasons for the referrals in question. Figure 12 demonstrates the perspective of respondents in this regard.

Fig 12: Clarity on reason for referrals



<sup>9</sup> Pertaining to 'our' service's clarity on the services offered by other agency or agencies at the time of referring or accepting referral.

80% of respondents expressed satisfaction with the levels of clarity surrounding the reasons for referral. While there may be some gaps in providers’ knowledge of other services (as outlined in Figure 11), reasons for referral - outward and inward - appear generally clear. One in seven respondents or just under 15% disagree with that assertion, offering scores in categories 1 and 2. Just under 5% of respondents did not reply to this question.

### *Other agencies understanding of our service*

Having commented on their knowledge of other services and clarity on the reasons for referral, respondents then commented on other agencies/services understanding of their services at the time of referral. Responses are more in the middle ground with this question as demonstrated in Figure 13 overleaf. While two out of every three respondents are either reasonably satisfied or satisfied (i.e. ratings 3 and 4), less than 2% are extremely satisfied. Coupled with that, just under 30% of respondents are not satisfied (levels 1 and 2) that other agencies understand their services.

Therefore, clarity of information on other services – and more importantly on their own services – is an issue for those agencies participating in ATTI. This statement is borne out in other elements of the baseline.

**Fig 13: Understanding of Our Service**



### *Realism of expectation in referral process*

To what extent have service providers experienced realistic expectations during referral of what’s possible within service provision for children and families? Figure 14 notes that three out of every four individuals scored their responses in Levels 3 (reasonably satisfied) and 4 (satisfied). While this is largely in the middle ground, the responses are positive nevertheless. Interestingly no respondent scored a 5 in this question while, once again, one in five respondents stated dissatisfaction in their scoring on this question.

**Fig 14: Realism of expectations in referral**



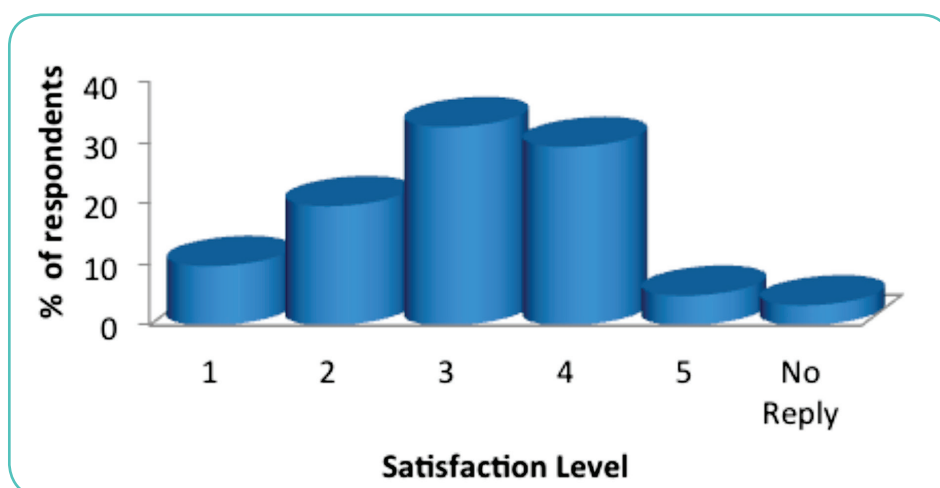
### ***Communication during the referral process***

Communication comes up as an issue throughout the data in this baseline research as one of the most significant issues impacting on interagency working. Where communication is regular, timely and appropriate, experiences of interagency working tend to be positive. When this is not the case, interagency working is hampered. Against this backdrop, respondents were asked to comment on their experiences of communication during referral.

Just under 70% of respondents are clearly satisfied with communication during referral, responding in the 3-5 categories. Almost two out of every three scored their responses in the reasonably satisfied and satisfied categories (levels 3 and 4).

However, once again nearly 30% of respondents are clearly not happy with how communication takes place during referral. Given the significance of communication in interagency working, that level of dissatisfaction is high.

**Fig 15: Communication during referral**



## Follow-up between agencies post referral

Fig 16: Post-referral follow-up

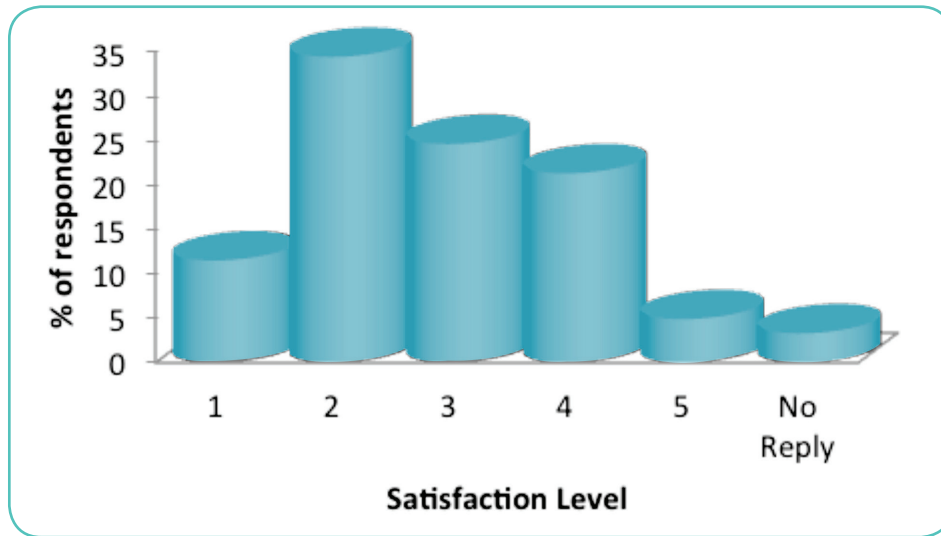


Figure 16 presents probably the most interesting graph in this section of the report, given that it bucks the trend when compared with the previous graphs pertaining to respondents’ experiences of interagency referral. While just over half of those responding scored their replies in levels 3-5, just under half of respondents highlighted their dissatisfaction with the levels of interagency follow-up post-referral. There are significant levels of dissatisfaction with this element of the referral process.

### Summary of Interagency Referral pertaining to the 0-3 age cohort

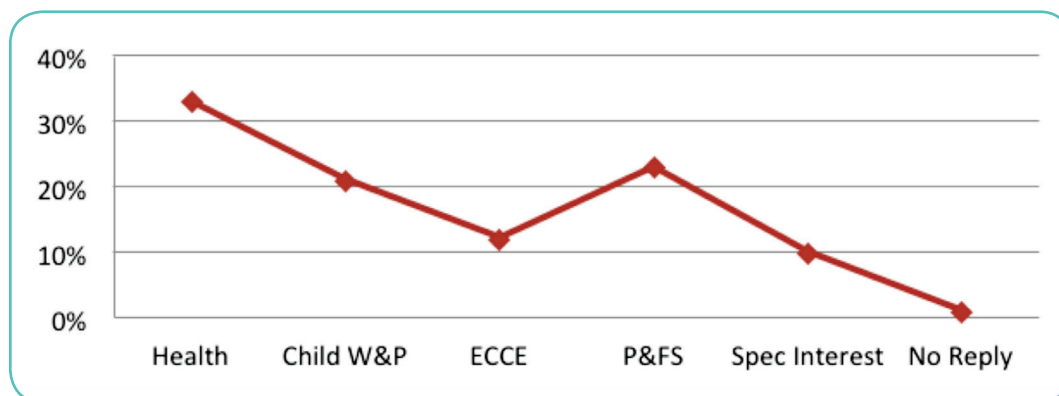
Overall, data from the baseline indicates that a lot of interagency referral is taking place relating to the ATTI target group while also suggesting reasonably high levels of satisfaction with key elements involved in the referral process. Yet, it is also evident that there is room for improvement across agencies participating in ATTI, particularly in the area of follow-up post-referral. There are many positives in the interagency referral landscape but the graphs above offer significant pointers for ATTI partners in planning programme activities, as well as offering areas of emphasis for later stages of the initiative’s evaluation process.

## 4. POSITIVE EXPERIENCES OF INTERAGENCY WORKING

This section of the baseline report focuses on respondents' experiences of positive or successful interagency working. Respondents were invited to select one practical example of successful interagency working around this age cohort in the last three years and to examine that positive experience from a number of angles. Building on the data outlined above in previous sections of the document, the purpose of this section of the baseline was to seek out a practical flavour of how respondents viewed successful interagency working.

In the first instance, respondents were asked to identify the sector(s) with which they had worked in this successful experience. Responses are summarised in Figure 17 below.

**Fig 17: Sectors engaged with in positive interagency experiences**



As can be seen from the graph above, respondents issued a very strong endorsement of providers of health services with just under 35% of responses highlighting the positive experience of working with health representatives. Child Welfare and Protection (21%) and Parenting and Family Support (23%) were also acknowledged positively.

### 4.1 Identified Need for Interagency Working

Respondents largely identified the basis for interagency working under two distinct primary categories, both of which involved case-specific intervention and/or support:

#### *Parent Support*

*(principally support of the mother) e.g.*

- Parental stress
- Family break-up
- Post natal depression
- Maternal mental health
- Wellbeing of mother experiencing domestic violence
- Support to parent in parenting role, e.g. where child may have a disability or be in receipt of important medication
- Parent with addiction
- Risk of homelessness

#### *Child welfare and Protection e.g.*

- Concerns related to neglect, abuse\*\*\*\*\*<sup>10</sup>
- Child with behavioural difficulties
- Child experiencing bereavement
- Childhood obesity
- Developmental issues

<sup>10</sup> The placement of '\*' beside a particular issue or response in this and subsequent sections of the document is made with the intention of demonstrating a frequency or weighting to the issue being mentioned by respondents over and above other issues identified.

As with earlier information emerging from the survey, positive experiences of interagency working largely evolve from family/child-specific or case-specific interventions across agencies and services.

## 4.2 Contributory Factors

What factors combine to enable effective and positive interagency working? Respondents were invited to consider this range of factors, both internal to their respective agencies and external (i.e. pertaining to the agency/agencies with which the collaboration took place). The responses to this invitation were both multiple and varied. Table 2 below attempts to summarise key emerging themes, while also offering a flavour of related comments offered by individual respondents.

Internal	External
<ul style="list-style-type: none"> <li>• <b>Communication***** e.g.</b> <ul style="list-style-type: none"> <li>○ Good, prompt, regular</li> <li>○ Commitment to building relationship</li> <li>○ Face-to-face and regular meetings</li> <li>○ Mobile contact</li> <li>○ Relaying concerns promptly</li> <li>○ Importance of pre-existing relationships</li> <li>○ Good will gestures</li> </ul> </li> <li>• <b>Information ***** e.g.</b> <ul style="list-style-type: none"> <li>○ Commitment to sharing</li> <li>○ Clarity of information</li> <li>○ Regular updates</li> </ul> </li> <li>• <b>Understanding of remits and roles ***** e.g.</b> <ul style="list-style-type: none"> <li>○ Knowledge of own service</li> <li>○ Knowledge of other service</li> <li>○ Clarity on professional roles</li> </ul> </li> <li>• <b>Openness to interagency working*** e.g.</b> <ul style="list-style-type: none"> <li>○ Willing to learn from other agencies</li> <li>○ Open to engaging with other services (even when not fully equipped to do so)</li> <li>○ Commitment to work on sustainable plan</li> <li>○ Commitment to supporting other agency</li> </ul> </li> <li>• <b>Knowledge and understanding of other services*** e.g.</b> <ul style="list-style-type: none"> <li>○ Prior relationship</li> <li>○ Know our geographical area</li> <li>○ Linking with relevant services</li> </ul> </li> <li>• <b>Client centeredness*** e.g.</b> <ul style="list-style-type: none"> <li>○ Mutual priorities for family</li> <li>○ Supportive process for client</li> <li>○ Relationship/trust with client</li> <li>○ Understanding of child/family need</li> <li>○ Provision of relevant services and supports to client</li> </ul> </li> <li>• <b>Realistic expectations and goals** e.g.</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Communication***** e.g.</b> <ul style="list-style-type: none"> <li>○ Smooth communication channels</li> <li>○ Prompt response to request</li> <li>○ Feedback on cases referred</li> <li>○ Good format for communication (checklists)</li> <li>○ Staff available and accessible – e.g. for advice</li> <li>○ Mobile phone contact</li> <li>○ Regular review meetings</li> <li>○ Listened to us</li> <li>○ Respect for our judgment</li> <li>○ Appreciation of our service remit</li> </ul> </li> <li>• <b>Openness to interagency working***** e.g.</b> <ul style="list-style-type: none"> <li>○ Shared decision-making</li> <li>○ Willing to take referral and work openly</li> <li>○ High levels of involvement by other agencies in interagency process</li> <li>○ Open and solution-focused discussions</li> <li>○ Open to working with our target group</li> <li>○ Commitment and buy-in shown to partnership process</li> <li>○ Collaborative and respectful approach</li> </ul> </li> <li>• <b>Understanding of remits and roles ***** e.g.</b> <ul style="list-style-type: none"> <li>○ Clarity of roles between agencies</li> <li>○ Arrangement of meetings to define each agency role</li> <li>○ Centralised referral system leading to cross organisational understanding of each other’s roles</li> <li>○ Clear lines of responsibility</li> </ul> </li> <li>• <b>Information ***** e.g.</b> <ul style="list-style-type: none"> <li>○ Sharing of information</li> <li>○ Systems for information and notification</li> </ul> </li> <li>• <b>Expertise and relevance of other agencies and services ***** e.g.</b> <ul style="list-style-type: none"> <li>○ Well trained staff</li> <li>○ Key agencies involved in the process</li> </ul> </li> </ul>

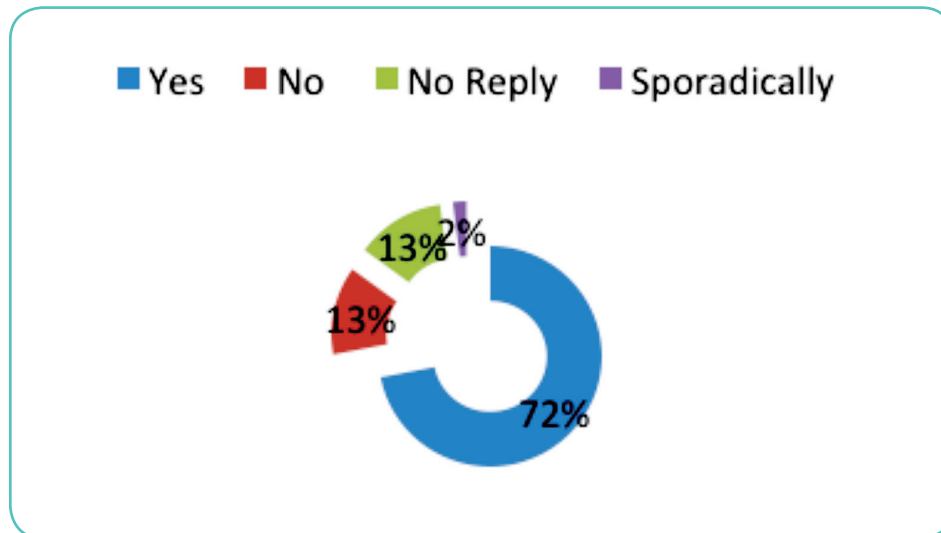
<ul style="list-style-type: none"> <li>• <b>Commitment to follow up**</b></li> <li>• <b>Policies and procedures** e.g.</b> <ul style="list-style-type: none"> <li>○ Centralised referral system in place for interagency working</li> <li>○ Policies in place for interagency working</li> <li>○ Internal systems around information-sharing</li> <li>○ Enables clear decision-making</li> </ul> </li> <li>• <b>Co-location of services* e.g.</b> <ul style="list-style-type: none"> <li>○ Assists positive relationships</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>○ Good systems in place</li> <li>○ Professionals in their own field</li> <li>○ Expertise</li> <li>○ Good structure of service</li> <li>○ Good case management</li> <li>○ Other agencies knowing the family well</li> <li>○ Clear about the issue in question</li> <li>○ Took a good lead</li> <li>○ Flexible</li> <li>• <b>Prior and positive working relationships with individuals****</b></li> <li>• <b>Agreed goals **** e.g.</b> <ul style="list-style-type: none"> <li>○ Mutual goals for child</li> <li>○ Agreement on needs</li> <li>○ Clarity and shared understanding of family need</li> <li>○ Realism</li> </ul> </li> <li>• <b>Client centeredness**** e.g.</b> <ul style="list-style-type: none"> <li>○ Committed to the issues</li> <li>○ Support for client</li> <li>○ Sensitive to the needs of the parent</li> <li>○ Advocacy for parents</li> <li>○ Needs of child prioritised</li> <li>○ Concern for client</li> <li>○ Holistic approach taken</li> </ul> </li> <li>• <b>Policies and procedures** e.g.</b> <ul style="list-style-type: none"> <li>○ Referral procedure explicit and relevant</li> <li>○ Good systems in place</li> </ul> </li> <li>• <b>Commitment to follow up**</b></li> </ul>
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As can be noted from the Table above, the contributory factors are largely consistent irrespective of whether they pertain to one's own service/agency or that of another. The themes are largely predictable, with particular emphasis placed on the quality and frequency of communication; openness to interagency cooperation; willingness to share information; and clarity around the respective roles of the participating services.

### 4.3 Is positive interagency process continuing?

Figure 18 below indicates that established positive working relationships and experiences of interagency working have continued and are currently ongoing. 72% of respondents have highlighted that positive collaborations have been sustained.

**Fig 18: Is positive interagency experience ongoing?**



Responses in this instance reveal an interesting scenario. On the one hand the figures are very encouraging. Almost  $\frac{3}{4}$  of identified successful interagency collaborations are continuing and this is to be welcomed. Yet, it is interesting to see such a high level of reported continuation when in the previous section of the baseline respondents highlighted such high levels of dissatisfaction in relation to post-referral follow up. The responses do not appear immediately consistent.

Equally how, for example, do we interpret the 'no' responses to this question? Do we interpret that respondents were most likely referring to collaborations on particular family cases which are now resolved, completed and no longer operational – even though positive working relationships across services and agencies may still be in place? Or do we interpret that there is no longer any working relationship between the parties that were involved in the successful experience? In truth, it is not possible to be exact in this regard.



## 5. NEGATIVE EXPERIENCES OF INTERAGENCY WORKING

By contrast to the previous section of the document, this section of the baseline report focuses on respondents' experiences of negative or unsuccessful interagency working. As above, respondents were invited to select one practical example of unsuccessful interagency working around this age cohort in the last three years and to consider that experience from similar angles.

### 5.1 Sectors engaged with

Fig 19: Sectors engaged with in negative experiences of interagency working

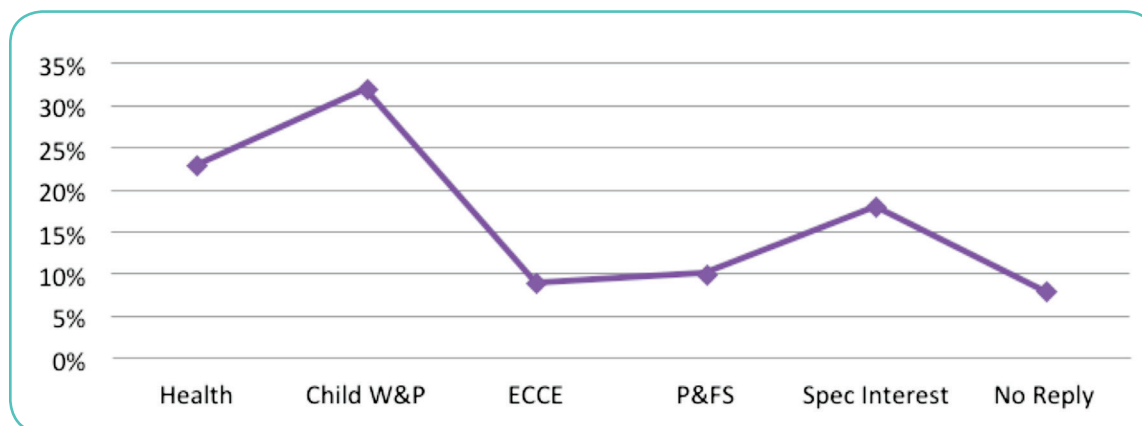


Figure 19 presents a pictorial representation of the sectors engaged with in negative experiences of interagency working. This graph highlights a number of interesting issues as follows:

- Whereas there was only a 1% *no response* rate to this same question on *positive experiences*, there was an 8% *no response* rate in relation to negative experiences. This clearly suggests that 5 of the 61 respondents had no negative experience of interagency working around the needs of the 0-3 age cohort and this situation is to be welcomed.
- Of the negative experiences recorded, one third were experienced with agencies working in child welfare and protection services, indicating that this is an area that needs to be addressed.
- While health services received a resounding endorsement for positive interagency working in the previous section of the report, health services also feature as the second most highly ranked sector in unsuccessful experiences.
- Perception of ECCE is low in both positive and negative interagency experiences, which may endorse the contention that interagency work taking place between the ECCE and other sectors may be limited.
- Responses to Parenting and Family Support services are very positive in both graphs. While 10% of respondents note their involvement with Special Interest services in positive experiences, 18% refer to Special Interest services in the context of unsuccessful experiences.

### 5.2 Identified Need for Interagency Working

As in the previous section, respondents identified the basis for interagency working under two distinct primary categories, both of which involved case-specific intervention and/or support, namely concerns over child welfare and protection – which was the predominant theme in this section – and, to a lesser extent, support for parents and family.

### 5.3 Contributory Factors

While most respondents were able to identify factors internal to their respective agencies when reflecting on positive experiences of interagency working, many found it difficult to reflect on internal challenges that may have contributed to negative experiences. Responses in this regard tended to focus primarily on gaps in the practice of the other. The most significant internal issue hampering interagency working was identified as inadequate resourcing which, one could argue, is also an external challenge.

Perhaps these responses shouldn't be surprising but they do reflect a human tendency to point to the strengths of oneself and the faults of others. Failure to analyse the gaps in one's own service or agency is potentially, in itself, a critical obstacle to effective interagency working. It could be argued that if there weren't notable gaps in our own services, there wouldn't be a need for interagency working.

As in the previous section, Table 3 offers a summary of the key themes emerging from responses to this question, also outlining some of the specific statements made by respondents under each theme.

Internal	External
<ul style="list-style-type: none"> <li>• <b>Lack of resources *****</b> <ul style="list-style-type: none"> <li>○ Time restriction</li> <li>○ Lack of manpower and resources generally</li> <li>○ No designated liaison person</li> <li>○ Workload and prep time for engaging with other agencies</li> <li>○ Lack of funding</li> <li>○ Lack of capacity</li> </ul> </li>   <li>• <b>Lack of knowledge and information ****</b> <ul style="list-style-type: none"> <li>○ Inadequate knowledge around the subject</li> <li>○ Limited information at our disposal</li> <li>○ Inadequate information on the processes of other agencies</li> </ul> </li>   <li>• <b>Lack of communication****</b> <ul style="list-style-type: none"> <li>○ Including not listening to other agencies</li> <li>○ Difficulty contacting appropriate services</li> </ul> </li>   <li>• <b>Involved in inappropriate case ****</b> <ul style="list-style-type: none"> <li>○ Accepted a referral when structure was not fit for purpose</li> <li>○ Accepted cases that shouldn't have been at our level</li> <li>○ Our service not relevant to presenting need</li> <li>○ Outside our remit</li> </ul> </li>   <li>• <b>Delays in engagement ***</b> <ul style="list-style-type: none"> <li>○ Late in seeking intervention support</li> <li>○ Parent consent for referral delayed</li> <li>○ Delay in information sharing</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>Non-responsiveness of agency*****</b> <ul style="list-style-type: none"> <li>○ No follow-up or support to parents or ourselves from other agency</li> <li>○ Agency failure to take full details of the case</li> <li>○ Reluctance of agency to accept responsibility</li> <li>○ No follow through on decisions made</li> <li>○ Low level of buy in from other agency</li> <li>○ Agency not dealing with the issue</li> <li>○ No action taken</li> <li>○ Suggested supports were not followed</li> <li>○ Lack of engagement or ownership – passing the buck</li> <li>○ Inadequate prioritisation of case</li> <li>○ Put on long finger – passed from one person to the next</li> <li>○ Child protection cases going unheard and not responded to</li> </ul> </li>   <li>• <b>Communication*****</b> <ul style="list-style-type: none"> <li>○ Lack of communication from other agency. Record re child was not sent</li> <li>○ Difficult to make personal contact with the key personnel</li> <li>○ Poor communication; breakdown of communication</li> <li>○ Phone calls not returned</li> <li>○ Key staff members in my agency were not consulted or involved in the interagency process</li> <li>○ Agency didn't listen</li> </ul> </li>   <li>• <b>Role confusion and different perspectives ****</b> <ul style="list-style-type: none"> <li>○ Lack of understanding concerning roles and failure to understand the nature of our service/my role</li> </ul> </li> </ul>

- Differences of approach
- Lack of understanding of roles and lack of role definition by other agency
- Conflicting roles of the other organisation
- Differing expectations of what was possible
- **Poor information\*\*\***
  - Inadequate information at time of referral
  - Inadequate information updates
  - No feedback provided on client
  - Didn't read the information on our service
- **Resource shortages\*\*\*\***
  - Lack of time and manpower – no follow up with family, no named staff member
  - Burn out of staff within the other agency
  - Lack of resources
  - Excessive workload of other agency – impacted on the process
- **Protocols \***
  - No agreed protocols in place to work to
  - Different protocols on the acceptance of referrals
- **Trust\***
  - Lack of transparency experienced
  - Other agency didn't trust the referral agency
  - Lack of trust from the key service in relation to the information shared by my agency

In addition to the above, some respondents made reference to the emerging Meitheal system and how it would play out locally. Some concerns were articulated though their exact nature was not specified.

Similarly, though not evidenced in the details above, certain conversations with service providers during the data gathering process suggest the need for closer working relationships with GPs. There are perceived problems in relation to GPs not engaging with/passing information on to other service providers as necessary.

## 6. FUTURE OF INTERAGENCY WORKING

Respondents were invited in the final section of the questionnaire to consider the future of interagency working as it pertains to the 0-3 age cohort and comment on the following:

- Respondents' perception and identification of current gaps in services for 0-3 year olds and their families
- The role ATTI might play in addressing those gaps
- What interagency working relating to the 0-3 age cohort might look like in two years time, i.e. at the end of the ATTI.

The diversity of response to each of these headings was as varied as the service providers who responded to the questionnaire. Consequently, this section of the baseline report highlights core themes that emerged consistently across responses. By extension, this excludes many of the responses given but trying to capture the breadth of would have been too difficult.

### 6.1 Current Gaps in Services

Nine key themes emerged in the context of responses concerning current gaps in services for children and families in the 0-3 age cohort. These themes are summarised below in Table 4 alongside a flavour of direct statements from respondents relevant to each theme.

- **Inadequate information on services for parents:**
  - Parents' knowledge of services is limited and perception of services is frequently inaccurate
  - Lack of information for parents around services in the area to support them in their parenting role
  - Lack of information on where parents can access particular services, e.g. parent and toddler services
  - Families unaware of services and how to access
  - Families have negative views of services (e.g. children will be taken from me)
  - Lack of leaflet information on services
  - Information - where to get it? what supports are available?
- **Gaps in the coordination of services for 0-3 age cohort**
  - Absence of coordinated interagency working
  - Need for coherent strategy where need is identified
  - Joined up thinking absent
  - Absence of coordinated communication process
  - No common goals for families
  - Lack of lead agency / co-ordinated approach for all vulnerable families
  - Interagency work not cohesive so client's needs not central
  - Absence of central referral system
  - Lack of interdisciplinary model of service that takes in needs of parent and child
  - A planned range of supports with clear referral pathways
- **Inadequate information for services**
  - Low information of services for services
  - Lack of knowledge re other agencies
  - Understanding of referral processes among agencies

- Limitations of confidentiality and what information can be shared across agencies

- **Housing/Accommodation**

- Greater need for housing provision \*\*\*
- Lack of safe housing when mothers and children need to flee domestic violence\*\*
- Homelessness is a big issue\*\* – so too issues of poverty
- Appropriate accommodation
- Suitable accommodation for children with disabilities – families need to start lobbying at early age

- **Gaps in Childcare Provision**

- Lack of childcare for Parents who wish to attend workshops/courses/parenting classes/appointments (i.e. shouldn't be time restricted)\*\*\*\*\*
- Childcare needs in times of crisis
- Early years education and care teachers being offered support and training in meeting the needs of children on the autistic spectrum
- Affordable childcare for parents who are returning to work and education
- Lack of childcare facilities

- **Gaps in Parenting Supports**

- Absence of Community Mothers Service
- Breastfeeding services and mental health services for mothers
- Education for parents – diet management, fever management, etc
- Insufficient number of parenting inputs for 0-3 cohort
- Social activities for parents with children in this age group
- Parenting support for parents of early years children
- Supports for parents of children with disabilities
- Support for parents around ongoing parenting and child care
- Absence of support to young mothers without partners
- Inadequate teen parent programmes
- Lack of preparation around parenting skills/expectations
- Family support is very important but also very hard to get for a family
- Greater supports for mothers with Post Natal Depression needed

- **Key Themes requiring attention from services**

- Addressing attachment issues. Parents seem to be embarrassed about playing with young children\*\*\*\* - it has a profound impact on child development
- Speech and language services needed in all crèches and for children with hearing difficulties
- Absence of play therapy
- Building awareness of importance of breastfeeding and nutrition for this age group
- Encouraging play at home
- Encouraging parents to read to and speak to their babies and small children – sense that some parents leave their babies in front of TV as a means of entertaining them
- More SLT and psychology provision

- **Key target groups being missed/not addressed adequately**

- Hard to reach families including families experiencing addiction-related difficulties

- Families that have inter-generational with difficulties
  - Poor connection with Travelling Community, Roma and foreign nationals – results in key services such as immunisations, developmental checks, etc, being missed
  - Children with disability, including autistic spectrum
  - Young/teen mothers – e.g. lack of resources to keep young mothers in education
  - Early Intervention services – e.g. for children with Downs Syndrome or intellectual delay
  - Families experiencing mental health difficulties
- **Gaps in assessment and identification of need**
    - Needs assessment takes too long
    - Need for earlier identification of children at risk
    - Preventative focus - where low level needs can be identified and addressed before escalation of difficulties

Many of the emerging themes above correspond with the priority themes identified during the consultation phase that led to the establishment of ATTI. Key themes identified in the consultation process included the need for:

- Information to build parental awareness, access to and engagement with services
- Enhanced service coordination and collaboration
- Increased provision of flexible, affordable and high quality childcare
- Greater education and support for parenting.

This consistency is to be welcomed and points to critical areas in which ATTI might play an important function.

## 6.2 How might ATTI assist in addressing some of those gaps?

Against this backdrop, respondents were invited to comment on the role ATTI might play in addressing these service gaps. Many of the responses provided indicate considerable misunderstanding of ATTI's function in the community, viewing ATTI as a funder and/or another direct provider on the service landscape. For example, some respondents expressed the view that ATTI should provide i) additional resources to agencies and ii) services to parents and families. These included:

- Becoming involved in providing parenting training specifically targeted at parents with children in this age group\*\*\*
- Funding and training to the ECCE sector (e.g. speech and language, working with children with additional needs)
- Employing more staff like Public Health Nurses, Social Workers, and Therapists.

However, responses to the role of ATTI in addressing gaps generally fell under three primary categories:

**a) Building information and awareness of services i) among agencies and ii) among families:**

***e.g. Agencies***

- Regular interagency information-sharing meetings\*\*\*\*\*
- Information days for services
- Database of services, leaflets, posters, newsletters relating to services for 0 – 3 cohort
- Updated information via email
- Better information on each service and reduce duplication as a result
- Improved information and referral pathways
- Building greater awareness of all available services - names, contact details, etc.

***e.g. Families***

- Information days for families
- Database of services, leaflets, posters, newsletters relating to services for 0 – 3 cohort and so build greater awareness of all available services
- A service index for parents of that age group which could be distributed to parents through preschools, PHN's, Life Start etc.
- Improve awareness of services

**b) Supporting Networking and Co-ordination of services for families and children in this age category**

- Better information-sharing on families – develop protocol for sharing information
- Better communication between agencies
- Develop protocols for joined up working and thinking
- Bring services together
- Better communication between agencies
- Contribute to better communication among agencies
- Networking opportunities - identify collaborative possibilities
- Reduce duplication - better sharing of roles, responsibilities, information
- Greater integration between disability services, primary care and Child and Family Agency Greater integration of adult mental health and drug and alcohol addiction services with the services of the Child and Family Agency
- Greater collaboration between GPs and addiction services.

**c) Advocacy**

- Advocate for greater focus on early intervention and prevention strategies\*\*
- Identify and advocate in relation to service gaps
- Highlight gaps and advocate for funding
- Highlighting the need for respite and palliative care for children and families in need of this support
- Advocate in wider society for the allocation of suitable accommodation to vulnerable families (pre budget submissions etc)

These three areas are more in-keeping with the vision for ATTI and reflect some of the critical issues that have been noted as impacting on effective interagency working pertaining to the age cohort in Tallaght West.

### 6.3 Where would you like to see interagency working in 2 years?

The final survey question invited respondents to comment on what interagency working in Tallaght West, relating to the 0-3 age cohort, might look like in two years time, i.e. at the end of the ATTI. The responses to this question were as varied as in other questions and so an effort is made in this section of the report to track the responses along a five-stage continuum of collaboration, beginning at interagency communication and continuing to full integration.

This is presented diagrammatically below. Each stage is represented by a specific column with the columns on the left indicating less devotion of time and trust to interagency working and higher levels of guarding agency "turf" or "patch". The columns on the right pertain to higher levels of time commitment and trust, and lower levels of minding patch.

The writing in black in each column refers to core elements of each stage on the continuum<sup>11</sup>. The comments in red reveal comments from respondents to the survey, locating them in the relevant stages on the continuum.

As will be seen from the diagram below, the bulk of responses locate current interagency working almost on a pre-communication stage of the continuum. Equally, while various respondents aspired to reaching all levels on the continuum in the coming years, it seems most realistic at this stage – based on responses - to aim for improved communication across agencies over the two year lifetime of ATTI. This statement is made not just in light of responses to this particular question of the survey but to responses throughout the survey that highlight gaps in communication and information-sharing as major stumbling blocks on the interagency landscape in Tallaght West pertaining to 0-3s.

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<sup>11</sup> As identified in literature on interagency working.



# Time Investment and Trust

Communicate	Cooperate	Coordinate	Collaborate	Integrate
Interagency information sharing (e.g. networking) for mutual benefit	As needed, often informal interaction, on discrete activities or projects	Agencies systematically adjust and align work with each other for greater outcomes	Formal, longer term interaction based on shared purpose, shared decision-making, risks, resources	Fully integrated programmes, planning and funding
Largely informal	<b>Agencies work together for benefit of families</b>	Greater organisational involvement	Cross training	Convergence of systems with single budget, management and accountability
Investigative – possible shared involvement	<b>Increased willingness for partnership work and learning about other services</b>	<b>All agencies work together and act on information shared</b>	Commit to enhance other's capacity	<b>Greater integration</b>
List of referral pathways available	<b>Knowledge of and automatic communication with relevant agencies when needs are identified</b>	<b>Reduce duplication – better sharing of responsibility and information</b>	<b>Arrive at a point of collaboration towards integration***</b>	<b>Multiannual planning and budgeting</b>
Agencies have greater awareness of each other		<b>Information sharing protocols</b>	<b>Services work towards helping one another</b>	
More linkage: networking meetings			<b>More policies on interagency working</b>	
Sharing current knowledge and expertise of each agency				
Improve communication and information sharing				
Greater awareness of each other's roles				
*****				

\* See Appendix Two for references from which this framework is adopted

## 7. CONCLUSION

This research has revealed a number of important findings relevant to the operation and evaluation of the ATTI in Tallaght West. In the first instance, it is evident that there is a strong history of interagency working in Tallaght West, though some of this coordination may not be specifically related to the 0-3 age cohort. While there is strong evidence of interagency practice, respondents assert the need for improvements in the 'how' of that practice.

Interagency working relating to 0-3s and their families tends to be child and family specific. In other words it involves service providers from across agencies working together to address the specific needs of individual children and/or families. Interagency work appears less obvious at a local policy and coordination level and hence perhaps the need for an initiative such as ATTI.

There is also evidence that points to considerable interagency referral around this age cohort in Tallaght West although there is equally strong evidence pointing to the need for greater efficiency and effectiveness in this area of work. While there are generally high levels of satisfaction with the key elements involved in referral (inward and outward) among service providers, there is clear room for improvement, especially in follow-up post referral, communication patterns during referral and building greater understanding of services<sup>12</sup>.

Positive experiences of interagency working are enabled by positive communication; regular, adequate and appropriate information-sharing; openness to interagency working and clarity between services around respective roles and responsibilities. Respondents in this research highlighted significant satisfaction when working with health services, while also articulating significant concern around working with child welfare and protection services.

When reflecting on gaps in interagency working, most service providers found it easier to identify gaps in the services of others and struggle to highlight issues within their own services. Failure to analyse the gaps in one's own service or agency is potentially, in itself, a critical obstacle to effective interagency working. This is one of the challenges facing ATTI stakeholders into the future.

Service gaps for 0-3s and their families identified in this research correspond largely to the core issues identified in the consultation phase that ultimately led to the establishment of ATTI. Critical issues of concern that emerged through both processes include:

- Information to build parental awareness, access to and engagement with services
- Enhanced service coordination and collaboration
- Increased provision of flexible, affordable and high quality childcare
- Greater education and support for parenting.

Against this backdrop, service providers addressing the needs of 0-3s in Tallaght West identify a number of important functions for the ATTI. Firstly, stakeholders suggest an important function in ATTI being a catalyst for greater information-sharing and awareness-building on the nature and extent of service-availability for this cohort in Tallaght West. This information needs to be made available and accessible to both parents and guardians of children and service providers in the area. It is viewed as centrally important to facilitating effective interagency working.

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<sup>12</sup> One's own and the services of others.

Secondly, ATTI should build on this information focus by supporting greater interagency networking and coordination. This is at the heart of the vision for ATTI and is fundamental to how the ATTI Steering Group wish to take the initiative forward.

And finally, ATTI should consider a potential advocacy function, perhaps in relation to gaps in funding and services but more importantly in strengthening the focus on early intervention and prevention strategies for the 0-3 cohort locally.

Reflecting on the future, this baseline suggests that current interagency working pertaining to 0-3s is almost at a pre-communication stage on a collaboration continuum. The research suggests the need to prioritise improvements in interagency communication, ultimately moving towards increased cooperation, coordination and collaboration. It has been suggested during the data gathering phase of this research that there is a need to establish communities of practice around specific issues relevant to the 0-3 cohort and for accompanying logarithms to highlight key referral points.

The data contained in this report will be revisited in the latter stages of the ATTI programme lifetime to gauge what changes, if any, have occurred in the interagency working landscape around 0-3s in Tallaght West. Those who have given generously of their time to respond to this research will be requested to do so again as this will be centrally important to evaluating the impact of ATTI. That same data will also be examined through a range of individual interviews and focus group discussions with a variety of ATTI stakeholders during the remaining phases of the evaluation process.

## Appendix One: Logic Model for ATTI Programme

**Vision/Overall Aim of Tallaght West Consortium:** Parents and children, antenatal to three, living in Tallaght West, will be informed about and able to access a continuum of coordinated, quality services and supports

**Monitoring and evaluation:** Given that this is a new initiative, drawing on best practice, but not an existing model, independent evaluation is seen as critical.

Objectives	Inputs	Key Activities and Outputs	Short-term Outcomes (by 2016)	Longer-term Outcomes
Develop and support effective systems of communication and referral among the key services for parents & children, antenatal to three;	Initiative funding; Initiative staffing; CDI programme support; Anti-Natal To Three Initiative (ATTI)	Hold consultation to agree focus; Effective governance structures and systems for ATTI are established, with agreed terms of reference between ATTI, LAP and CSC; Steering committee established to determine roles and responsibilities and to drive and support the work;	Relevant service providers have increased awareness of services in the area, their function and how families can access them; Referral and information sharing systems are improved and/or developed to enable greater access to services for families;	Parents of children, antenatal to three, living in Tallaght West: 1. Are “more” aware of the range of health and support services available and how to access them; 2. Are able to access the services they need; 3. Receive consistent quality practice and advice from all services in line with the CFA 50 key messages; 4. Understand the developmental milestones and the importance of developing a positive attachment with their child; 5. Are equipped to meet their child’s developmental needs and to develop a positive relationship with their child;
Promote identification of and engagement with families antenatal to three, hard to reach families and those with additional needs, e.g. post-natal depression, addiction, domestic violence, teen parenting, first time parenting, disabilities, premature birth;	Governance structures and systems; Programme evaluation;	Recruit a coordinator to lead and drive the work of this initiative, including: 1. Undertake a comprehensive audit and mapping of services for parents and children, antenatal to three in Tallaght West and key areas and approaches for development agreed, including agreement on roles of various stakeholders;	Strategies to improve identification of and engagement of hard to reach/vulnerable families developed, implemented and demonstrating greater access;	
Support responses to gaps and challenges identified through an audit in relation to assessment, referrals, support and education for parents and children, antenatal to three;	Existing services for Tallaght West parents & children, antenatal to three; Services’ participation in the ATTI Network; (HSE; CFA; Maternity Hospitals; NGO’s)	2. Deliver training, support and information to address issues identified in the audit; 3. Produce and distribute materials to support improved referrals and access, through appropriate media; 4. Document processes, learning, strategies, develop an implementation guide and disseminate appropriately; 5. Liaise with and support independent evaluation.	All relevant services in the area working together to: 1. Develop, support and promote best practice; 2. Enhance quality provision, coordination of service provision and effective communication with parents and other services; Service integration is maximised.	
Identify and develop accessible ways of providing the information parents & children (antenatal to three) need at different stages and from different services, drawing on evidence and best practice;	Services’ participation in the Steering Committee; Data from the audit of needs and services.			Statutory, voluntary and community organisations providing services to this target group are working in a co-ordinated and collaborative way to ensure a targeted universal early identification and intervention approach.

<p>That education and support provided to parents &amp; children (antenatal to three) in relation to developmental milestones and attachment is accessible, appropriate and effective;</p> <p>Build the motivation and capacity amongst key service providers for inter-agency working;</p> <p>To inform similar processes elsewhere.</p>	<p>Establish a Network of Statutory, Voluntary and Community Agencies with the following functions:</p> <ol style="list-style-type: none"> <li>1. Progress inter-agency work on CFA 50 Key Messages; referrals; communication; training; attachment, streamlining assessments for hard to reach families in line with short &amp; long-term outcomes;</li> <li>2. Work with the South Dublin Children's Services Committee (SDCSC) Local Area Pathways (LAP) working group in auditing and mapping services for parents and children, antenatal to three, living in Tallaght West, with a particular focus on levels of integration, communication and collaboration.</li> </ol> <p>Commission an iterative independent evaluation.</p> <p>Implementation Guide developed and evaluation completed and widely available, informing similar, targeted interventions</p>		
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**Evidence:** Local consultation showed a lack of awareness and collaboration on the range of services available and how to access them; approximately 1,000 babies born per year in TW; LAP initiative c/o CSC – engagement with the HSE and CFA re: developing targeted structures for this age group.

## Appendix Two:

The Continuum for Collaboration presented in the Baseline Report document is an amalgamation drawing on the following sources:

- Himmelman, A (2002). Collaboration for a Change: *Definitions, Decision-making models, Roles, and Collaboration Process Guide*. Accessed at [https://depts.washington.edu/ccph/pdf\\_files/4achange.pdf](https://depts.washington.edu/ccph/pdf_files/4achange.pdf)
- Zorich, D., Waibel, G. & Erway, R. (2008). Beyond the Silos of the LAMS: Collaboration among Libraries, Archives and Museums. OCLC Research. Accessed at <http://www.oclc.org/content/dam/research/publications/library/2008/2008-05.pdf?urlm=162914>
- Continuum of Integration. Adapted from: *Integrated Health Promotion: a practice guide for service providers* (2003). State Government of Victoria, Melbourne, Australia. Accessed at [http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.sparc.bc.ca%2Fresources-and-publications%2Fdoc%2F362-continuum-of-collaboration.pdf&ei=wifkVbm1C\\_CR7AbkyIKYCw&usg=AFQjCNHVxrnwvH8hEoXN7TkJtzEpqmCeA&bvm=bv.93990622,d.ZGU](http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCEQFjAA&url=http%3A%2F%2Fwww.sparc.bc.ca%2Fresources-and-publications%2Fdoc%2F362-continuum-of-collaboration.pdf&ei=wifkVbm1C_CR7AbkyIKYCw&usg=AFQjCNHVxrnwvH8hEoXN7TkJtzEpqmCeA&bvm=bv.93990622,d.ZGU)

Act for Youth. Collaboration Continuum. Accessed at [http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.actforyouth.net%2Fresources%2Fydm%2Fydm\\_collaboration.ppt&ei=0CJkVeOjNuTV7gbv4oGYBw&usg=AFQjCNGmnHlvdpfNP\\_wB5aUtZL1MPaG3w&bvm=bv.93990622,d.ZGU](http://www.google.ie/url?sa=t&rct=j&q=&esrc=s&source=web&cd=1&ved=0CCMQFjAA&url=http%3A%2F%2Fwww.actforyouth.net%2Fresources%2Fydm%2Fydm_collaboration.ppt&ei=0CJkVeOjNuTV7gbv4oGYBw&usg=AFQjCNGmnHlvdpfNP_wB5aUtZL1MPaG3w&bvm=bv.93990622,d.ZGU)





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