The Ballymun Network for Assisting Children and Young People: A Local Model for Inter-agency Working

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Summary: The Ballymun Network for Assisting Children and Young People (‘the Network’) began as an initiative of the Ballymun Local Drugs Task Force (BLDTF) in 2005 and was formally handed over to youngballymun in September 2008. It comprises 17 agencies including Young Persons’ Probation and its aim is to promote the welfare and protection of children and young people at risk in the 10–18 age range through better inter-agency cooperation. Its ethos is to place paramount importance on the best interests of the child and young person, and membership of the Network is open to any organisation in Ballymun that shares this aim and ethos, and is committed to implementing the articles of its protocol. This paper gives an overview of the policy framework in which the Network was developed, the case for inter-agency work with those at risk of youth offending, and an overview of the model – the practical development, implementation and factors that have supported it.

Keywords: Interagency, partnership, co-operation, joint working, risk factors, case management, prevention.

Policy framework

At a policy level the need for inter-agency work is well supported in documents such as the Children First Guidelines (1999), the National Children’s Strategy (2000) and the Agenda for Children’s Services, which states:

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there needs to be joint working through the identification of lead responsibility towards specified outcomes. This is necessary from senior levels in the Departments of the State through to the interagency planning, service-level agreements and integrated service delivery to individual children and their families. (Office of the Minister for Children, 2007, p. 13)

Those involved in children’s and young people’s services are increasingly recognising that no one service can effectively meet the complexity of needs in society (Hallett and Birchall, 1995; Baginsky, 2000; Davis and Race, 2006; Morrison, 1996; Barter, 2001). The Children First guidelines state that ‘All agencies and disciplines concerned with the protection and welfare of children must work cooperatively in the best interests of children and their families’ (Department of Health and Children, 1999, p. 23). Sadly, almost all public child abuse inquiries in both the UK and Ireland have highlighted the failures of services to work co-operatively and the failures of individuals to liaise and communicate with professionals both within and external to their organisations (Corby, 1995; Reder et al., 1993; Campbell, 1997; Duncan and Reder, 2003; Richardson and Asthana, 2006; Easen et al., 2000; Barter, 2001; Buckley, 1996).

While policy clearly outlines the need for more integrated work and the establishment of the Office of the Minister for Children is a significant advancement, there is a shortage of resources or supports to practically implement interagency work, which, as documented in the literature, is complex. Issues including lack of respect and mistrust; role identifications; status and power; competition for resources; professional and organisational priorities; stereotypes; value systems; and disrespect for the other experts have all been cited as challenges to achieving inter-agency work (Duncan and Reder, 2003; Richardson and Asthana, 2006; Hallett and Birchall, 1995; Easen et al., 2000; Corby, 1995; Reder et al., 1993; Stevenson, 1989).

**Inter-agency work and young offenders**

Many studies on youth centre on one specific behavioral domain, for example drug and alcohol abuse, promiscuous sexual behaviour, and
other forms of antisocial behaviour (Dryfoos, 1993; Irwin, 1993; Wyn and White, 1998; Mayock, 2002; Burt et al., 1998). Burt et al. (1998, p. 28) write that ‘all adolescents have a certain mix of vulnerabilities and protective factors that ultimately determine the likelihood that they will experience problems’. It is also noted that certain risk behaviours appear to be associated with each other, such as substance use and sexual activity (Irwin, 1993; Green et al., 2000). A narrow focus tends not to be successful, as high-risk youth face a number of adversities and, as noted by Jack (2000), it is the accumulation of these adversities rather than one isolated incident that puts young people at risk (Wyn and White, 1998; Muncie, 2004; MacDonald and Marsh, 2002). The Ballymun Local Drug Task Force recognised this when addressing the issue of young people’s drug use, forcing it to rethink the approach and begin to look at inter-agency working.

The work of Hawkins and Catalano (1989, p. 2) focuses on the ‘risk factors’ rather than the ‘risk behaviour’, calling for ‘Interventions that target those children that seem to be most problem-prone, and address multiple risk factors across multiple domains – cultural, environmental, community, family and individual’; this is the approach taken by the Network, working across the ecology of a young person’s life. Dryfoos (1993) identifies the following common characteristics in youth at risk: low school achievement and basic skills, lack of parental support, low resistance to peer influences, early acting-out and residence in disadvantaged areas (Kagan, 1991; Ungar, 2004; Li et al., 2002; MacDonald and Marsh, 2002; McCrystal et al., 2007). The value of the Network as a preventive tool is recognised: ‘what the Network has done in terms of risk is that it has lowered the threshold … you can refer them in and hopefully avoid them getting referred on to the social work cases or the probation cases’ (McGowan, 2008, p. 21).

Dryfoos (1993) identified some of the common characteristics of successful prevention programmes targeting risk youth. These include intensive individual attention, early intervention, focus on schools, services provided in schools by outside organisations, comprehensive multi-agency and community-wide programmes, parents having a defined role, peers having a defined role, social skills training, and arrangements for training. The Network aims to address a number of these specifically and to support member agencies whose core work includes these types of intervention.
Ballymun: The need for inter-agency work

Ballymun is a disadvantaged area in Dublin of approximately 1.5 square miles, which in 1997 began a regeneration programme (Headstrong, 2007). Ballymun suffered hugely during the heroin epidemic of the 1980s and is a designated Local Drugs Task Force area.

In early 2004 the Ballymun Local Drugs Task Force (BLDTF) brought together 30 individuals from a broad range of organisations and groups who work face to face with young people in a consultation on the nature of youth at ‘high risk’ in Ballymun. Young people at ‘high risk’ were identified primarily as being teenagers but some reports were made about children as young as eight years of age. A variety of negative behaviours involving girls and boys were named. The following were included: drug dealing/running; muggings; intimidation; exposure to inappropriate behaviour; teenage drinking in the parks and blocks; ecstasy, cannabis and cocaine use; young boys involved in prostitution; and the stealing/driving of cars/motorcycles (McKeown, 2006):

The range and prevalence of the risky behaviours was worrying as was the fact that these young people were ‘falling through the cracks’ despite the large number of agencies and support services in Ballymun. It became clear that a new and more coordinated approach to inter-agency working was required to address the challenging needs of these vulnerable young people. (McKeown, 2006, p. 5)

A recommendation was made to commission research, to develop a practicable model for information sharing and service coordination for Ballymun, and that the end result would be a real commitment from all relevant agencies and a model for co-ordination and joined-up working between statutory, voluntary and community agencies for the good of identified young people at high risk. Dr Kieran McKeown (2006) was commissioned to do this research and to facilitate the three steps that followed: consultation, development and implementation. The consultation phase showed there was substantial co-operation and networking but little co-ordination in service delivery. It identified fears and preconceptions that impeded participant agencies’ attitudes to inter-agency co-ordination. These were summarised as organisations forgetting that each agency wants the best for their clients; agencies may fear that their self-interest, or remit, is threatened by closer collaboration; there
may be different perceptions of organisational efficiency and professional practices; some agencies may be seen as less caring than others; agreements made through the inter-agency project may not be delivered by front-line staff; agency representatives may not find the time to attend every meeting and follow up on commitments; and misconceptions about their lack of power to share information due to data protection and confidentiality rules.

Following the consultation phase, seven facilitated meetings were held (April–November 2005) lasting half a day and attended by managers. Membership of the Network includes a mix of community, voluntary and statutory bodies (see the appendix). Each agency (through its senior local manager) committed to: attend every meeting and follow up on actions; involve front-line staff; focus on the needs of clients rather than on services; be open and honest about the problems of inter-agency working; respect difference; and find solutions.

The end result of this process was the production of a protocol for inter-agency working, which is now being implemented. The purpose of this protocol is to promote best practice in services for children and young people, and the Network’s understanding of best practice is informed by the National Guidelines for the Protection and Welfare of Children and the National Children’s Strategy. The protocol was signed off at an open day attended by all the members of the Network and their front-line staff in April 2006. The first referral was made in June 2006 and this case management approach has been in operation since. The key tool employed, the network case meeting (NCM), is not unlike the Health Service Executive’s (HSE) case conferences.

Services in Ballymun are mindful of the statutory responsibility of the HSE Social Work department to deal with those cases that present with child protection concerns. The cases referred to the Network concern young people who are at high risk but do not have identified child protection concerns. The Network provides a unique structure to address these young people’s issues, which are wide ranging in nature and description and beyond the scope of the intervention of one service.

The model in operation

Any member of the Network may call a meeting with other members of the Network to discuss concerns about a child or young person. This meeting is an NCM and its purpose is to share information about the
child or young person, to see if further information is required, to decide on the appropriate service response, and to agree on the role of different agencies in making that response. Staff often make referrals when their agency has exhausted its own resources: ‘when it comes to a case when we can’t actually solve some of the issues ourselves or we feel it needs more of a wider inter-agency involvement, that’s when we refer it’ (McGowan, 2008, p. 21). If a member of the Network has a concern about a young person who they feel needs an inter-agency response, they can refer this young person by filling out a referral form.

It is incumbent on all members of the Network to ensure that information about children and young people is kept safe and secure. Staff in all agencies will be aware that information about children and young people is shared on a ‘need to know’ basis, and only where it is in the best interests of the child or young person.

The agency that organises the NCM is called the lead agency. The HSE Social Work Department is informed of NCMs only where it has already been established that the child or young person is known to it, the case is open, and there is an allocated social worker. The Network Coordinator contacts the Social Work Department when a referral to the Network is made to ascertain this information. Following the NCM, the lead agency prepares minutes of the meeting detailing who and what agencies attended, what decisions were made, who will carry them out, and whether and when a further NCM is planned.

Agencies that attend the NCM may be working with the young person or a member of their family currently, have worked with them in the past or have a service that could meet the needs identified in the referral form. At the NCM the agencies work together to develop an integrated service plan for the young person and in many cases their siblings. At the meeting agencies discuss their current involvement, share information and identify issues – education, behavioural, social, etc. The young person’s needs are not addressed in isolation. For example, an issue around school non-attendance may also involve a need for intervention around a negative peer group, drug use and possibly some family support.

The individual practitioners from the member agencies often have to work with a narrow focus (Dryfoos, 1993; Irwin, 1993; Wyn and White, 1998; Mayock, 2002; Burt et al., 1998) and cite the Network as being a framework for addressing the multiple domains in a young person’s life in partnership with other agencies (Jack, 2000; Wyn and White, 1998;
Muncie, 2004; MacDonald and Marsh, 2002): ‘it would have been those who are at risk of eviction … you would need the other agencies’ support because our remit is very narrow’ (McGowan, 2008, p. 21). A referral to the Network is seen to provide a rounded response to multifaceted needs: ‘I would love to do all those things but I would get a slap on the wrist if I played social worker or the teacher … we all come in with our agenda and hopefully the idea is that all the needs get met’ (McGowan, 2008, p. 21).

Where appropriate the young person and their family should always be informed that an NCM is being held and invited to attend. When a child or young person is in detention, the lead agency remains engaged with the young person and asks to be kept informed by the detention centre about case conferences and other meetings as well as details of release. On release, the lead agency calls an NCM to facilitate the reintegration of the young person. When a person reaches the age of 19, an exit meeting is called for the purpose of linking the young person to other services, if required; wherever possible, these other services are invited to the exit meeting. The overriding aim is to achieve progression for the young person.

What the Network means to practitioners in Ballymun

Factors that have supported the Network’s effectiveness include a formalised structure; good communication; clear understanding of roles and responsibilities; and understanding and respecting different professional and organisational priorities (Corby, 1995; Hallett and Birchall, 1995; Davis and Race, 2006; Richardson and Asthana, 2006; Department of Health and Children, 1999).

‘On a very basic level it is the work we have always done but on a much more formalised way’ (all quotes in this paragraph are from McGowan, 2008, p. 22). The formalised structure of the Network is also seen as providing validity to concerns: ‘referrals to the Network are taken seriously’. The structure increases accountability and ensures monitoring of cases: ‘The coordination and the accountability of the services at the table’. It has been highlighted as an alternative to traditional referral to another service or agency, where the referring agency can lose contact with a client as they pass to another service – ‘I think the beauty of the Network is that the buck isn’t passed because you are still sitting around the table discussing the case’ – and provides alternative referral pathways:
'before you would recognise all these cases but where would you go? I didn’t know what to do, didn’t know how to refer them.’ While the success of the Network is often seen as the case management system, the Network has facilitated much more. The relationships between agencies have been significantly strengthened and there is increased professional peer support: ‘The Network is a support to you as a practitioner ... at least you are not the only one feeling like you can’t do anything’.

Other notable achievements include being chosen as finalists in the Children’s Acts Advisory Board’s Awards for Services to Children and Young People in the ‘Effective Practice in Inter-agency Working’ category in 2007; the Strengthening Families Programme that began in March 2008 and is on its fourth cycle; training in and the production of a tool kit for practitioners in the ‘Essential Elements of Communication: Marte Meo’ in October 2008; being chosen as a case study by the Children’s Acts Advisory Board as a model of inter-agency work in 2009; and finally, the Network secured funding for, and is currently going through the process of, external evaluation.

Conclusion

It is recognised consistently that in order to secure better outcomes for young people, agencies have to work collaboratively (Hallett and Birchall, 1995; Baginsky, 2000; Davis and Race, 2006; Morrison, 1996; Barter, 2001; Department of Health and Children, 1999). ‘For me the Network is a net, drawn by the different agencies to stop that young person falling through’ (McGowan, 2008, p. 22). The benefits to working in an integrated way through the Network include the pooling of resources and skills, the potential for early identification and prevention, avoiding gaps in service response, and mutual support for professionals in complex cases.

Appendix: Membership of the Ballymun Network for Assisting Children and Young People

- Aisling Project
- Ballymun Job Centre (BJC)
- Ballymun Local Drugs Task Force (BLDTF)
- Ballymun Principals Network (Primary Schools – September 20008)
- Ballymun Regional Youth Resource (BRYR)
- Ballymun Youthreach
- Ballymun Youth Action Project (YAP)
- Ballymun Education Support Team (BEST) School Completion Project
- Dublin City Council (DCC)
- Geraldstown House (HSE)
- Mater Child and Adolescent Mental Health Service (CAMHS)
- National Education Welfare Board (NEWB)
- Young Persons’ Probation
- Social Work (HSE)
- Trinity Comprehensive School
- An Garda Síochána
- youngballymun (September 2008)

References


Headstrong, the National Centre for Youth Mental Health in collaboration with REACH of Louisville Inc. (2007), The Complex Ecology of Ballymun: Contextual Factors Influencing Programme Design, Presentation to youngballymun Youth Mental Well-Being Service Design Team, Dublin (unpublished)
McGowan, C. (2008), An Exploration of Risk with Front Line Staff in the Context of the Ballymun Network for Assisting Children and Young People, unpublished diploma dissertation, Trinity College Dublin


